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# The factors impacting on the well-being of Intensive Care employees at the Chris Hani Baragwanath Hospital

## Mini-dissertation presented by

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## Submitted for the partial fulfilment of the requirements for the degree

## Master of Social Work
## Specialising
## in
## Employee Assistance Programmes
## MSW (EAP)

## in the

## Department of Social Work and Criminology
## Faculty of Humanities

## University of Pretoria

## Supervisor: Dr C.L. Carbonatto

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> **UNIVERSITY OF PRETORIA**
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> **RESEARCH PROPOSAL & ETHICS COMMITTEE**

# DECLARATION

Full name : **Gayle Anne Schmidt**

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Title of thesis/dissertation:

**The factors impacting on the well-being of Intensive Care employees at the Chris Hani Baragwanath Hospital.**

I declare that this thesis / dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

I understand what plagiarism is and am aware of university policy in this regard.

SIGNATURE ⟨signature: Schmidt⟩   DATE 20/05/2010

# ACKNOWLEDGEMENTS

# ABSTRACT

**Title: The factors impacting on the well-being of intensive care employees at Chris Hani Baragwanath Hospital**

**Candidate: Gayle Anne Schmidt**

**Supervisor: Dr C.L. Carbonatto**

**Department: Social Work and Criminology**

**University of Pretoria**

**Degree:  Master of Social Work specialising in EAP - MSW (EAP)**

The **goal** of this study was to explore the factors impacting on the well-being of ICU employees.

The **objectives** of the study were:

- To theoretically conceptualise the factors impacting on employees in a hospital ICU..
- To explore the role of personal factors such as personality, behaviour risks and resilience that impact on the well-being of ICU employees.
- To explore the organisational and work related factors that impinge on ICU employees and the impact these factors have on their well-being.
- To make recommendations regarding the implementation of proactive strategies.

The **research question** of the qualitative study is:

**What are the factors impacting on the well-being of intensive care employees at the Chris Hani Baragwanath Hospital?**

This is an **applied, qualitative** research study. The **research design** used was a **collective case study** using **focus group interviewing**. The research study was conducted at **Chris Hani Baragwanath Hospital Intensive Care Unit.** The **sample** was selected using **non-probability, purposive sampling.** The sample consisted of ten doctors, thirteen nursing personnel and seven allied professionals (four physiotherapists and three dieticians). A pilot study was conducted with two doctors, two nurses and a social worker to test the interview schedule. This group did not form part of the sample.

The researcher did her best to adhere to ethical considerations. Participants were informed of the nature of the research and completed informed consent forms. Anonymity was ensured through presenting responses collectively. No individual names or responses will be identified. A semi-structured interview schedule was used to collect data during focus group interviewing. The four focus group sessions were tape recorded. After completion of the focus group interviewing, the data was transcribed verbatim and then the data was organised into themes and sub-themes. The findings were released in a mini-

dissertation. The report is accurate and reflects the true facts. All sources, references and assistance are acknowledged.

The **themes and sub-themes** identified were:
- Theme one: Job Satisfaction and sub-themes-Fulfilment, Meaning to Work, Emotions experienced, Changes healthcare workers would like implemented.
- Theme two: Stressors and sub-themes- What the stressors are, Control over the Stressors, Self-care techniques utilised, Personal Resources and Ways of de-stressing.
- Theme three: Trauma
- Theme four: Interpersonal Relationships and sub-themes- Connectivity amongst team, Impact connectivity has on functioning and Teamwork.
- Theme five: Role Demands and sub-themes- Job Description, Role Conflict and Balance between work and personal life.
- Theme six: Job Resources and sub-themes- Adequacy of resources, Resources Lacking and Impact job resources have on functioning.
- Theme seven: Job Conditions and sub-themes- Work Overload, Job Security and Working Conditions.

The **findings** of the study were as follows:
- CHBH employees experience high job satisfaction as they are doing what they want to do. They feel that they make a difference and enjoy trauma work. They are where things happen and where they want to be.
- The stressors faced by ICU employees can be divided into emotional and physical/resource stressors. The physical stressors were found to be: long working hours, lack of resources, untrained staff, budget, procuring equipment and resources, lack of human resources, equipment and linen shortages. The emotional stressors were related to having to deal with trauma and the impact thereof, dealing with death and dying, decisions regarding the switching off of life support machines, not always knowing if you did the right thing and wondering if you did everything you could for the patient to save their life.
- Daily, employees are faced with dealing with trauma and the impact thereof. This has an impact on well-being and can lead to compassion fatigue or soul weariness.
- It is important to examine the interplay of job resources and job demands. If job demands are high and job resources lacking, well-being is impacted. Job resources may buffer the impact of job demands and thus reduce burnout, exhaustion and increase motivation.
- If job demands are high and job resources low, job demands will exceed the individuals' capacity to cope and overtax or stretch ability to cope. ICU employees experience being overstretched and overtaxed due to high job demands and being under-resourced. Work overload results in exhaustion.
- Relationships are an important aspect of organisational support. Employees value their relationships with colleagues and this provides opportunities for discussing patients, sharing knowledge and obtaining

assistance with patient care. By pooling resources the team has additional resources to resolve complex situations.

- The working conditions of ICU employees are impacted by shortages in human and equipment resources.

**Recommendations** arising from the study are:

- A lifestyle and health management program dealing with issues of nutrition, exercise, relaxation, self awareness and disease management.
- An educative stress management program which is presented at induction and orientation.
- Preventative programs that enhance knowledge and skills on coping and self-care.
- Self awareness programs designed to assist employees in understanding their own stressors and reactions, enhance their self-esteem by developing strengths, resilience and coping.
- Human capital management- developing strategies to attract retain and reduce staff shortages.
- Facilities for exercise and relaxation- the provision of a gym facility.
- Program to reduce fatigue and recovery time.
- Group sessions focussing on catharsis and ventilation of feelings.
- A comprehensive Employee Wellness Program.

## KEY WORDS

Compassion Fatigue

Employee Assistance Programme (EAP)

Intensive Care Unit (ICU)

Job Demands

Job Resources

Personal Resources

Resiliency

Self-care Techniques

Stress

Trauma

Well-being

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# CHAPTER 1
# INTRODUCTION TO THE STUDY

The focus of this exploratory research study is on factors impacting on the well-being of Intensive Care Unit (ICU) employees at Chris Hani Baragwanath Hospital (CHBH). Factors such as stress, trauma, job resources and job demands will be examined. Once these factors have been identified, change strategies can be formulated and programmes implemented to enhance the functioning of ICU employees.

## 1.1    INTRODUCTION

The work of helping people can be both rewarding and gratifying. Daily, caring professionals come face to face with the fact that the world is full of death, hate, evil and violence. Stamm (1999: xv) states that professionals "are not protected from others' pain by scientific postures and white coats. Rather, they are called upon to show compassion and empathy. This is the core of their work and it is this aspect that can lead to woundedness and the soul weariness." This researcher is of the opinion that compassion fatigue arises from empathic caring for patients on the part of employees from various disciplines in healthcare settings.

Caregivers face the challenge of frequent exposure to human trauma, which may increase their own vulnerability, helplessness and hopelessness in the face of trauma. Figley (in Stamm 1999: 3) states that being a helper is fraught with risks for the caregiver, while Williams and Sommer (in Stamm 1999: 231) advise that "those who work with traumatised persons must recognise that they are instruments of healing and hurting, but need to be aware of their own vulnerabilities." Professionals who work in a hospital's ICU, as will be referred to subsequently, are exposed to trauma on a daily basis and need to take care of themselves to prevent "soul weariness" and burnout. Pearlman (1999: 66) found that compassion fatigue is an occupational hazard, and that exposure to traumatised clients affects the well-being of the helper. In addition, Pearlman (1999: 66), Cunningham (2003: 451) and Williams and Sommer (in Stamm 1999: 233) concur that many factors impact on how the caregiver reacts to trauma, arguing that there is a need to find a balance between healthy practices and

preventative measures, to protect the caregiver or healthcare worker who is caring for the patient, from developing symptoms of compassion fatigue or burnout.

Williams and Poijula (2002: 245) also note that many factors impact on how an individual may react to a traumatic event: while pre-event, event and post-event factors play a role, personality traits, coping skills, level of exposure, the existence of ongoing trauma, the presence of social support and finding meaning in suffering should all be taken into account.

The researcher believes that individual, external and situational factors play a role in enhancing well-being and helping to reduce or prevent compassion fatigue amongst employees. In this regard, Shepherd and Hodgkinson (1990: 6) state that internal factors such as self-efficacy, a sense of coherence, hardiness, strengths, internal locus of control and resilience may help caregivers cope. In addition, external factors or self-care techniques – such as support, training, organisational factors, debriefing and caring – may buffer negative effects.

Pearlman (1999: 67), as well as Williams and Sommer (2002: 246), stress that caregivers need to find ways of preventing compassion fatigue. The researcher believes self-care strategies are essential for enhancing the emotional functioning and well-being of caregivers. To this end, caring for yourself as a caregiver is the first and essential step in caring for others. Self-care techniques are defined by Pearlman (1999: 53–55) as "strategies utilised by helpers to reduce the impact of vicarious traumatisation". The researcher believes that all caregivers, of necessity, utilise certain strategies to enhance their functioning, and reduce compassion fatigue and burnout. Although these strategies vary amongst caregivers, certain such strategies are recognised as being uniform or universally acceptable. Pearlman (1999: 55) views self-care strategies as the antidotes to vicarious traumatisation, arguing that these strategies consist of techniques used to balance work, play and rest. In addition, such strategies help the individual to remain grounded, in that they can renew an individual's cherished sense of identity.

Rothmann (2005: 1) states that changes in the world of work have an impact on the health and wellness of employees, whereas work itself may have both positive

and negative outcomes. Rothmann's focus is on the management of human capital, the holistic wellness model and the dual-process model, which are becoming integrated into studies of occupational well-being. Whereas the dual-process model centres on the assumption that job demands and job resources impact on well-being, the holistic model incorporates a broad range of demands and individual variables, and examines the stress response which is expected to produce differential effects on health.

Nelson and Simmons (in Rothmann 2005: 8), who focus on work-related experiences, believe factors such as role demands, physical demands, workplace policies, job conditions and interpersonal demands should be taken into consideration when examining work experiences. The dual-process model of Demerouti, Bakker, Nachreiner and Schaufeli (2001: 6) focuses on job demands and job resources. Demerouti *et al.* (2001: 6) define job demands as the physical, psychological, social or organisational aspects of the job that require sustained physical and/or psychological effort. By contrast, job resources are the physical, psychological, social or organisational aspects of the job that may be functional in achieving work goals and stimulating personal growth and development. In this study, the researcher will examine the individual, work and organisational factors that impact on the well-being of employees at a hospital ICU.

The researcher is employed by the Gauteng Department of Health (GDoH), at Chris Hani Baragwanath Hospital (CHBH) in Soweto, as an Assistant Director for Employee Wellness. The drive to do research on the factors impacting on the well-being and functioning of employees arose out of the expressed needs of trauma management employees in the ICU at the aforementioned facility. As caregivers or healthcare professionals are exposed to individual, work, situational and organisational factors on an on-going basis, these factors, of necessity, have an impact on their well-being and functioning. The researcher believes there is a need to examine these factors, so that preventative/proactive measures can be implemented – in the ICU in particular. To this end, the researcher has explored specific factors within the workplace, such as roles, physical demands, workplace policies and job conditions, as well as individual factors such as resilience and the self-care strategies utilised to cope with everyday life.

CHBH is a pilot site for the development of a Trauma Management Programme for the GDoH. The researcher observed that caregivers/employees employed in the ICU experience low morale, apathy and a lack of motivation, and manifest behavioural problems (such as exhaustion, overwork, blunted emotions and absenteeism). In turn, the ICU caregivers/employees requested assistance in managing harmful conditions in the unit. This, the researcher believes, necessitated an exploration of the factors impacting on caregivers, in order for proactive measures to be implemented.

Consultation with three experts – Mr. A. Davies, Managing Director of ICAS (2008); Ms M. Borcherds, Director of Integrated Health and Wellness, Gauteng Department of Health (2008); and Ms. M. Taubkin, Trauma Co-ordinator of Netcare (2005) – revealed that there is a need to explore the factors impacting on ICU caregivers/employees. In his research, Davies (2008) found that personal resilience impacts on coping and may act as a buffer in adverse conditions. Taubkin's (2005) research revealed that while trauma caregivers develop methods for coping with trauma, the workplace setting plays an important role. The research by Borcherds (2008) confirms that factors impacting on well-being need to be explored, so that preventative measures can be implemented timeously. The data collected from this study may assist in the future planning of any "care for caregivers" (healthcare professional/worker) programmes implemented by the Department of Health (DoH).

A study to determine the factors impacting on the well-being of CHBH's ICU employees was therefore conducted, with a view to making recommendations for future planning and the implementation of trauma management strategies in the ICU.

## 1.2 PROBLEM FORMULATION

Kumar (2005: 16), who likens the research process to a journey, states that on the research journey there are two important decisions to make: the first is to decide "what you want to find out about" or "what research question you want to find answers to". Next, you have to explore "ways of finding the answers", i.e. decide

on the research methodology. Kumar further states that "formulating a research problem is the first and most important step in the research process. The research problem identifies your destination and should tell you and others what you intend to research."

Fouché and Delport (2002: 78) note that the research process originates with a problem and ends with a conclusion, and that the entire process is based on observable facts. Leedy (in Fouché and De Vos 2002: 78) argues that the process of research, which is circular in configuration, begins with a problem and ends with that problem being resolved. The researcher working on the present study agrees with the authors: problem identification and selection are vital steps in the research process.

Fouché (2002: 95) notes that in order to conduct research, one must have a clear definition of the research problem and ensure that the problem is researchable. According to Creswell (in Fouché 2002: 96), the researcher must determine "the need for the study" or "consider the source of the problem". While Fouché (2002: 96) avers that most research problems arise from a concrete problem observed in reality, Robson (1993: 90) endorses this idea, stating that "finding the focus involves identifying what it is that you want to gather information about. Until this is done, further planning is impossible. It is legitimate to select a focus which leads you to branch out and gain experience of a strategy or technique not already in your tool bag."

The problem identified by the researcher of the present study, is that ICU caregivers/employees are exposed to secondary trauma in the course of their daily work – something which is also referred to as 'vicarious trauma'. Figley (in Stamm 1999: 4) defines secondary trauma as the natural, predictable, treatable and preventable unwanted consequence of working with suffering people. Caregivers are exposed to events that can be described as "outside the range of usual human experience and they are thus exposed to the traumatic material of others that has the potential of producing traumatic stress in the caregiver". This has an impact on the functioning and well-being of caregivers. Figley (in Stamm 1999: 4) stresses that something must be done to help caring professionals cope more effectively

with the costs of caring for ill, dying or traumatised patients, without it affecting their own well-being.

Employees working in the ICU at CHBH are thus exposed to secondary trauma on a daily basis. This seems to have an impact on their general well-being, as is reflected in their expressed need for counselling as well as the compassion fatigue they exhibit. This study will thus focus not only on exploring the factors impacting on caregivers/employees in the ICU, but also on determining how these factors impact on their well-being and functioning. Currently, the lack of confirmed knowledge of the factors influencing the well-being of ICU employees at CHBH prevents the employer from taking the necessary curative and preventative actions, to ensure maximum productivity and the optimal social functioning of those employees.

## 1.3 GOALS AND OBJECTIVES OF THE STUDY

The goals and objectives of this study can be outlined as follows:

### 1.3.1 Goal

Fouché (2002: 107) defines a goal as "the end toward which effort or ambition is directed". An objective, on the other hand, is "the more concrete, measurable and more speedily attainable conception of the goal". The researcher believes that the goal is the dream or destination, whereas the objectives are the steps on the journey en route to the destination. Kumar (2005: 46) states that objectives grow out of the research question and transform these questions into action-orientated words or behavioural aims. The goal represents the thrust of the study. Since the goal and objectives of research determine the nature of the data to be collected, objectives must be specific, measurable, attainable, realistic and time-orientated.

The goal of the present study is to explore the factors impacting on the well-being of ICU employees at CHBH.

### 1.3.2 Objectives

Fouché (2002: 107) defines objectives as the more concrete, measurable and more speedily attainable conceptions of the end towards which effort or ambition is directed. This incorporates the steps which need to be taken in order to attain the final, envisaged end. As the researcher was conducting exploratory research, the objective was to gain insight into the various phenomena impacting on employees.

In order to attain the goal of the study, the following objectives were identified:

✓ To theoretically conceptualise the factors impacting on employees in a hospital ICU;

✓ To explore the role of personal factors such as personality, behaviour risks and resilience, as these relate to the well-being of ICU employees;

✓ To explore the organisational and work-related factors that impinge on ICU employees and the impact these have on their well-being;

✓ To make recommendations regarding the implementation of proactive strategies to enhance the well-being of CHBH's ICU employees.

## 1.4 THE RESEARCH QUESTION

Kumar (2005: 40–46) states that the formulation of the research question is an important step in the research process. The research problem can be compared to the foundation of a building – it must be well designed and strong. Bless and Higson-Smith (1995: 18) argue that once the researcher has gained insight into a situation, phenomena, community or persons, and become familiar with that situation, the problem has to be reduced to one (or more) specific, precise and well-delimited question. According to Neuman (2000: 142), research questions refer to the relationships between a small number of variables. To expand on this, Robson (1993: 141) adds that researchers should refine and narrow topics into a problem or research question, as there is a need to narrow the focus.

The researcher, agreeing with the authors, concludes with a statement by Fouché (2002: 118–119), namely that "research must explicitly delimit the focus of the study and define the problem specifically enough to know what to include and exclude in the research study". The researcher therefore decided to focus on the

emotional functioning and well-being of ICU employees at CHBH (the dependent variable) and to explore the factors impacting on their well-being and emotional functioning (independent variable). As this is a new area of interest and the researcher will be breaking new ground, a research question will be posed, but the researcher is unable to make a causative statement regarding the independent and dependent variables.

The research question for this study is as follows:

**What are the factors impacting on the well-being of Intensive Care employees at Chris Hani Baragwanath Hospital?**

## 1.5   THE RESEARCH APPROACH

Fouché and Delport (2002: 79) note that the qualitative paradigm stems from an antipositivistic, interpretative approach, and aims to understand social life as well as the meaning people attach to everyday life. This approach attempts to elicit participant accounts of meaning, experience or perceptions, and the data produced are descriptive, thus allowing the researcher to be concerned with meaning. Neuman (2000: 144) states that while qualitative research attempts to explain how people attach meaning to certain events and learn to see events from multiple perspectives, qualitative data involves the documentation of real events, recording what people say and observing specific behaviour.

For the purposes of this research, the focus is on exploring the factors that impact on the well-being of ICU employees. Through collective case studies, using focus groups, the factors were explored in-depth in a group situation, where caregivers and employees could openly discuss real events, and their behaviour could be observed and documented. Given that the emphasis is on the employees' descriptive accounts, the perspectives of the ICU employees were taken into account. In this study, the researcher focused on the meaning employees attach to events – of particular concern was understanding the factors involved in an ICU, and how these relate to individual well-being. A more philosophical mode of operation was therefore adopted. Use was made of group interviews, i.e. focus

groups, to acquire in-depth knowledge. The qualitative approach was selected, as the nature of the enquiry dealt with the exploration of factors for which an in-depth analysis was required.

## 1.6 THE TYPE OF RESEARCH

Neuman (2000: 22), Babbie (2001: 91–94), as well as Bless and Higson-Smith (1995: 41–62) identify the goals of research as being exploratory, descriptive and explanatory. While Neuman classifies the functions or 'use' of research as being labelled either 'basic (pure)' or 'applied', Babbie (1992: 89) underlines the fact that exploratory studies satisfy the researcher's curiosity and desire to gain insight into people's perceptions and perspectives, as well as a better understanding of a particular situation. In order to accomplish this, the researcher has to enter the subject's "life world" or "life setting", and in effect place himself in the shoes of the subject. In the words of Fouché, "applied research is the scientific planning of induced change in a troublesome situation" (2002: 108).

Kumar (2005: 9) states that the "research techniques, procedures and methods that form the body of research methodology are applied to the collection of information about various aspects of the situation, issue, problem or phenomena, so that information gathered can be used in other ways, such as the enhancement of understanding of a phenomenon". In the study under consideration, the researcher conducted applied research, as the focus was on solving the problem (in practice) of professionals/employees working in stressful healthcare settings.

## 1.7 THE RESEARCH DESIGN AND METHODOLOGY

Mouton (in Fouche & De Vos 2002: 137–138) defines research design as a plan or blueprint of how one intends to conduct the research. While the research design focuses on the end product, the formulation of the research problem is the point of departure. Rubin and Babbie (in Babbie 2001: 17) focus on the logical arrangements to be selected – the actual design – and on the act of designing. For Kumar (2005: 20), the main function of a research design is to explain how one

would find answers to certain research questions. To this end, the research design sets out the logical flow of the inquiry.

The researcher in the present study will focus on the design to be used, the logistical arrangements to be undertaken and the methods of data collection and data analysis.

Fouché and Delport (2002: 272) propose that in qualitative research the researcher's choices and actions determine the research design or strategy: it is up to the researcher to create the research strategy best suited to the research. Creswell (in Fouché 2002: 272) identifies five strategies of enquiry that can be used to design qualitative research, namely biography, phenomenology, grounded theory, ethnography and case study.

Creswell (in Fouché 2002: 275) states that a case study can be regarded as an exploration or in-depth analysis of a bounded system, where such a system is bounded by time and/or place. Babbie (in Fouché 2002: 275) notes that the case being studied can refer to a process, activity, event, programme or individual, or even to multiple individuals. When multiple cases are involved it is referred to as a collective case study. According to Fouché (2002: 275), the exploration and description of the case takes place through detailed, in-depth data collection methods involving multiple sources of information that are rich in context. In this study, interviews were conducted to gain access to information. The researcher had access to the participants and gained their confidence in order to freely discuss the identified issues. Babbie (in Fouché 2002: 275) stresses that the researcher needs to enter the field with knowledge of the relevant literature, before conducting the research. In this instance, the collective case study furthered the researcher's understanding of those issues affecting ICU employees' well-being.

### 1.7.1    Data collection methods

The data collection method in this qualitative design was the use of focus group interviews to collect information from ICU employees. The focus of the interviews was to investigate the factors impacting on individuals in the work setting. Bless and Higson-Smith (1995: 110) describe focus groups as consisting of between four

and eight respondents; they are interviewed together and must be carefully selected according to explicitly stated criteria. Greeff (2002: 305) defines focus groups as group interviews which are focused, since they involve some kind of collective activity. Krueger (in Greeff 2002: 305) defines a focus group interview as a carefully planned discussion designed to obtain participants' perceptions on a defined area of interest, in a permissive, non-threatening environment. While data are collected through group interaction on a topic determined by the researcher, focus groups – when used in a multi-method study – assist in obtaining a multitude of perceptions on the area of interest. Greeff (2002: 291) points out that focus groups are useful and meaningful when studying a new topic, or when exploring thoughts and feelings.

The researcher drew up a list of broad questions and topics to elicit discussion amongst participants. Having researched the topic beforehand so as to gain a thorough understanding, the researcher developed an interview schedule for the focus groups.

Morgan & Krueger (in Greeff 2002: 309) outline four steps in a research plan: when using focus group interviews, the researcher must *plan* the process by defining the purpose of the groups, the timeline and the participants for the study. The next step is to *recruit* participants (in this instance the researcher has determined three target populations of participants, namely medical professionals, nursing personnel and allied professionals – dieticians, physiotherapists, speech therapists and social workers). Next, *sampling* methods are employed so that the researcher can conduct the groups. The final step is to *analyse* the data collected.

According to Morgan & Krueger (in Greeff 2002: 308), when planning for the focus groups the researcher must determine the purpose of the groups; develop a timeline; identify the participants; determine the location, dates and times; and draw up a recruitment plan. In this study, the researcher had to define the target population (ICU employees) and identify the composition of the four focus groups. Questions for the interview schedule were developed and a pilot study was conducted to test the appropriateness of the questions. The venue for the focus groups was Chris Hani Baragwanath Hospital. The focus group interviews were

tape recorded with the permission of the participants, and field notes were utilised for data analysis. Greeff (2002: 317) advises that field notes should include the following: seating arrangements, the order in which participants speak, non-verbal behaviour, themes and the in-group dynamics. The written account of what the researcher hears, sees, experiences and thinks in the course of collecting data in the study, forms an essential component of focus groups. Here, use was made of a research assistant to take notes and operate the tape recorder, so that the researcher could facilitate the interviews.

### 1.7.2    Data analysis methods

Morgan & Krueger (in Greeff 2002: 318) note that data analysis is systematic, sequential, verifiable and continuous, and seeks to enlighten. Data analysis incorporates the complexities of the group interaction, and occurs post-data collection. Creswell (in De Vos 2002: 340) views the process of data analysis as a spiral, where the researcher moves in analytical circles: the steps in this circle consist of collecting and recording, managing, reading, memo-ing, describing, classifying, interpreting and, finally, representing and visualising the data.

In this study data from the focus groups were recorded, transcribed verbatim and then analysed for themes and sub-themes (see the chapter on research findings). Verbatim quotes were recorded in the findings according to themes and sub-themes, and were substantiated with literature.

The analysis of the qualitative data consisted of:

**Preserving the data**
Data were collected in the focus groups and preserved on tapes and in written format, in the form of field notes.

**Transcribing the data**
The data were transcribed verbatim from the focus groups and then coded from the transcripts and field notes. The field notes recorded the seating arrangements of the group, the order in which participants participated, non-verbal themes and cues, as well as the level of participation.

**Analysing the data**

Data were collected through field notes and tape recordings of the focus groups. This data were organised and transcribed, which facilitated the reading of the data, prior to it being classified and interpreted. Managing data consists of organising the data (coding) – usually manuscripts are read several times, to familiarise the researcher with the data. In the phase of describing, classifying and interpreting the data, the researcher is involved in taking the information apart, so to speak. Themes are identified and reduced to manageable sets, before being written into the final narrative. Seven themes were identified in the research under review. Under each theme there were sub-themes (see the chapter on research findings). Interpreting the data involved making sense of the information by presenting it in text, tabular or figure form.

## 1.8 THE PILOT STUDY

According to *The New Dictionary of Social Work* (2000: 45), a pilot study is defined as "the process whereby the research design for a prospective survey is tested. The pilot study can be regarded as a small-scale trial run of the aspects planned for use in the main inquiry." The researcher believes a pilot study fine-tunes the research for further inquiry and helps determine whether the methodology, sampling methods and analysis are adequate and appropriate.

The researcher agrees with Babbie (2001: 220) that a pilot study is a "miniaturised walk-through of the entire study design". According to Strydom (2002a: 211), the pilot study can be viewed as the dress rehearsal for the main investigation. Albeit that the planned investigation is conducted on a smaller scale, the researcher believes the pilot study is an integral part of the research process. The process will commence with a literature review to update existing knowledge on the prospective subject and to help orientate the researcher.

### 1.8.1    The feasibility of the study

The researcher studied relevant literature and conducted interviews with experts to determine the exact modus operandi of the research. Cilliers (in De Vos 2002: 213)

states that "interviews are conducted with experts to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the prospective research endeavour". The researcher consulted with the experts listed earlier in the rationalisation of the study.

The study was conducted within the Gauteng Department of Health (GDoH). Written permission was obtained from the Department of Health, Chris Hani Baragwanath Hospital, to conduct the research. Being employed by the GDoH, the researcher had access to the subjects who participated in the focus group interviews. As the researcher had noted awareness amongst ICU staff of the need to conduct research regarding those factors impacting on their functioning, their cooperation was enlisted. The researcher utilised her annual leave to conduct the research.

As the researcher is studying part-time, the time frame for said study was set at five years. The researcher covered the costs of the study. The ICU employees, who had requested therapeutic intervention regarding their stress, expressed a willingness to participate in the research study.

### 1.8.2    Pilot-testing the measuring instrument

Strydom (2002a: 215) states that the purpose of the pilot study is to improve the success and effectiveness of the investigation, therefore some explication must be given of the data collection method used. The researcher has to execute a pilot study in the same manner as the planned main investigation. Prior to interviewing, the required information must be defined and an interview schedule drawn up. Because focus groups are designed to promote self-disclosure, the researcher conducted a pilot test with ICU employees who were eventually not included in the sample, using the focus group interview schedule. Permission was obtained from the Chief Executive Officer of CHBH to conduct the research. The pilot study assisted the researcher in determining the order and appropriateness of the questions asked, acting as a dress-rehearsal for the focus groups that ultimately formed part of the study.

There were 30 participants in the study: ten doctors, 13 nurses and seven allied professionals.

Babbie (2001: 216) states that if a measuring instrument has been thoroughly tested during the pilot study, certain modifications can be made before the main investigation, if necessary – this helps to improve the measuring instrument and ensures a more meaningful main investigation. The researcher believes testing the measuring instruments helps determine their applicability to the situation, as well as their validity, reliability and sensitivity.

The interview schedule was tested on a homogeneous group of nurses, doctors and allied employees at CHBH. The suitability of the data collection procedures and sampling procedures (sampling frame) was tested. Hoinville *et al.* (in Strydom 2002a: 216) state that "this helps to prune the questionnaire". The pilot study helped determine the appropriateness of the predetermined questions. The order of the questions asked and the phrasing of some of the questions needed to be explained to participants.

## 1.9 DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHODS

### 1.9.1    The population

Arkava and Lane (in Strydom and Venter 2002: 198) define population as "referring to individuals in the universe who possess specific characteristics". Seaberg (in Bless and Higson-Smith 1995: 85) refers to a research population as "the total set from which the individuals or units of study are chosen". The researcher is of the opinion that population, as defined by Bless and Higson-Smith (1995: 85), provides an all-encompassing description, namely that "population would be defined as the total set of elements or entities which are the measurements of interest to the researcher and [which] the researcher focuses on and the obtained results should be generalised to". The population in this research study is all the doctors, nurses and allied professionals employed in CHBH's ICU in Soweto, Gauteng. This population comprises 150 professionals.

## 1.9.2 The sample

The term 'sample' always implies the existence of a population or universe from which that sample is drawn, and constitutes a smaller section of the population. Robson (1993: 135), Bless and Higson-Smith (1995: 85), and Strydom and Venter (2002: 198) emphasise that a sample is a subset of the whole population which is investigated by the researcher, and has properties which make it representative of the whole and allow for generalisation. To ensure representativeness, the researcher must use the complete and correct sampling frame. The researcher believes sampling is a practical way of collecting data when a population is large, and as a method it is less costly and time consuming. The sample in this study will be the doctors, nurses and allied professionals selected from the population of ICU personnel of all races, ages, genders, religions and countries of training. The sample will comprise of 30 respondents. Four focus groups, totalling 30 participants, were conducted. One group comprised of nursing healthcare employees, one of doctors, and two of allied employees (one of physiotherapists, and one of dieticians working in ICU). The sample met the requirement of being representative of the population.

## 1.9.3 The sampling method

The purposive non-probability sampling method was used. Non-probability sampling is defined by Strydom and Venter (2002: 203) as "sampling done without randomisation". In addition, Strydom and Venter (2002: 202) define probability sampling as the method of drawing a sample of a population, so that all possible samples of fixed size *n* have the same probability of being selected. Creswell (in De Vos 2002: 334) defines purposive sampling as the purposeful selection of participants, chosen because they illustrate some feature or process that is of interest to the particular study. The researcher must identify and select the criteria for the study, which are as follows:

Participants had to be:

✓ employed in the ICU of CHBH;
✓ selected from the allied, nursing and medical professional groups, on all levels;
✓ representative of all races, genders, religions and countries of training.

There were four homogeneous groups:

- ✓ One group consisted of nursing staff;
- ✓ One group consisted of doctors;
- ✓ Two groups consisted of allied professionals (one of physiotherapists and one of dieticians).

Kumar (2005: 23) states that the objective of sampling is "to minimise, within the limitation of costs, the gap between the values obtained from the sample and those prevalent in the population".

Kumar also believes sampling must be guided by two principles:

- ✓ Avoiding bias in the selection of the sample;
- ✓ The attainment of maximum precision for a given outlay of resources.

The concepts of generalisability and representativeness are stressed in the literature. Findings can only be generalised when the following assumption is made: that what is observed in the sample would be observed in any other group of subjects from the population.

## 1.10 ETHICAL ISSUES

Strydom (2002b: 63) states that ethical guidelines serve as standards and as the basis on which each researcher ought to evaluate his own conduct. Ethical principles should be borne in mind continuously, and internalised in the personality of the researcher, so that ethically guided decision making becomes part of his lifestyle as a whole.

Babbie (2001: 470) points out that anyone involved in research needs to be aware of general agreements as to what is proper and improper in scientific research. Levy (in Strydom, 2002: 63) states that ethics implies preferences that influence behaviour in human relations, and also deals with matters of right and wrong.

Babbie (2001: 61) concurs, but adds that ethics is typically associated with morality. According to Kumar (2005: 216), being ethical means "adhering to the code of conduct that has been evolved over the years for an acceptable professional practice", adding that ethical issues in research can be looked at as they relate to participants, researchers and organisations.

The researcher will discuss the following ethical issues that prevail in social research:

### 1.10.1 Harm to subjects/respondents

According to Strydom (2002: 64), subjects can be harmed in a physical and/or emotional manner. Dane (in De Vos, 2002: 64) states that the researcher must rule out physical injury or any form of physical discomfort on the part of participants. McKinney (in Babbie, 2001: 68) views emotional harm as psychological distress, which includes issues of disclosure on sensitive and personal information. Babbie states that respondents may be asked questions that elicit anxiety, embarrassment and loss of self-esteem, dredge up unpleasant memories or cause them to evaluate themselves critically. The author (Babbie, 2001: 471) further states that the researcher should have the firmest of scientific grounds when extracting sensitive and personal information from subjects: "Unless such information is crucial for the research goals, it should not be included in the measuring instrument". Strydom (2002: 65) notes that "a researcher is ethically obliged to change the nature of his research rather than expose respondents to the faintest possibility of physical and or emotional harm of which he/she may be aware".

For the purpose of this study, the researcher minimised the risk of harming subjects by restricting the obtaining of sensitive information only to what was relevant for the study. The researcher believes the potential for emotional distress may be reduced by wording sensitive questions carefully, and also offered subjects the opportunity to withdraw from the investigation if they so wished, in addition to doing debriefings with participants, upon completion of the focus groups. Counselling was offered – if required, employees would be referred to the EAP professionals at the CHBH, but nobody required any counselling.

## 1.10.2  Informed consent

The principle of informed consent refers (see Babbie 2001: 64; Strydom 2002: 64) to "providing all possible information on the goals, procedures to be followed, possible advantages, disadvantages and dangers to which subjects may be exposed, as well as the credibility of the researcher, to potential subjects". The information must be accurate and complete, and subjects must fully comprehend the scope of the investigation. Subjects must voluntarily participate in the research and be psychologically and legally competent to give consent. The researcher believes no subject should be coerced to participate in a research study, and participants should be aware that they are at liberty to withdraw from the study at any time, thus the right to self-determination would not be impaired. The researcher did not offer incentives for participation.

The researcher agrees with Strydom (2002: 66) that it is important to develop an appropriate informed procedure of consent for each investigation. For the purpose of this research study, the researcher covered all the aspects of the research procedures and voluntary participation in the letter of informed consent, inviting participants to attend the focus groups. Subjects' permission was also requested to tape record the focus groups and/or take field notes. Each subject could decide if they wished to participate in the study, before giving their written consent. Each respondent was given a copy of the signed informed consent letter, while the researcher kept one in a confidential file. Permission was obtained from the Chief Executive Officer CHBH to conduct the research.

## 1.10.3  Deception of subjects

Deception of subjects is described by Loewenberg and Dolgoff, Corey and Neuman (in De Vos 2002: 66) as "deliberately misrepresenting facts in order to make another person believe what is not true, violating the respect to which every person is entitled". This includes withholding information or offering inaccurate information to ensure participation and deliberately misleading or deceiving subjects. Strydom (2002: 67) points out that a distinction can be made between deliberate deception and deception that creeps into the investigation unnoticed. When unforeseen developments do occur, Strydom believes, such

incidents must be discussed with the subjects after or during the debriefing interview.

For the purposes of this study, the researcher did not deliberately deceive subjects, and dealt with misconceptions as they arose. All information concerning the study was dealt with when explaining the letter of informed consent to participants, who were advised that the tapes would be stored at the University of Pretoria for 15 years, and that CHBH would not have access to the recordings.

### 1.10.4 Violation of privacy/anonymity/confidentiality

The right to privacy, self-determination and confidentiality are viewed by Strydom (2002: 67) as synonymous. Sieber (in Strydom 2002: 67) defines privacy as "that which normally is not intended for others to observe or analyse". For Singleton (in Strydom 2002: 67) it is the individual's right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. The researcher believes it is important to safeguard the privacy and identity of subjects. The privacy of subjects was, therefore, ensured through proper, scientific sampling. Access to collected data was also controlled, and will continue to be controlled, as the focus-group tapes will be stored in a safe at the Department of Social Work and Criminology, at the University of Pretoria, thereby restricting access to the data.

Confidentiality, which refers to handling information in a confidential manner, includes limiting access to private information. Babbie (2001: 472) advises that only the researcher – and possibly a few members of his/her staff – should be aware of the identity of participants, and should be committed to the principle of confidentiality. In addition, Babbie states that anonymity implies not revealing the identity of the subject afterwards. In this study, the researcher ensured that information revealed during the focus groups was handled in a highly confidential manner, and that the identity of subjects was not revealed. To this end, code names were used for each participant in the research report, thus ensuring confidentiality and anonymity.

### 1.10.5 The actions and competence of the researcher

Strydom (2002: 69) states that researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation. The researcher conducted the research under the adequate supervision of a supervisor, and refrained from making value or bias judgements, basing the research on scientific principles. The researcher undertook to evaluate "all possible risks and advantages of the investigation and assume responsibility for honouring promises made to subjects" (Strydom 2002: 70). Ethically correct actions and attitudes were adhered to. The researcher had previous research experience from her BSW studies, having completed a research project and mini-dissertation, as well as the postgraduate module on Research Methodology (MWT 864) at the University of Pretoria. The researcher was also supervised by her supervisor at the university, who has 21 years of research supervision experience.

### 1.10.6 Cooperation with collaborators

Strydom (2002: 71) emphasises that the relationship between the researcher and the sponsor can sometimes raise difficult issues. Bailey (in Strydom 2002: 71) identifies the following areas of potential conflict:

- ✓ The sponsor acts prescriptively towards the researcher or expects him/her not to disclose their identity;
- ✓ The suppression or falsification of findings in order to concur with the expectations of the sponsor;
- ✓ Camouflaging of the real goal of the investigation;
- ✓ The involvement of colleagues in the research study and acknowledgement of each participant's contribution.

Strydom (2002: 71) adds that a formal contract should be agreed upon to avoid any misunderstandings. For the purposes of this study, the researcher was granted permission by the CEO of CHBH regarding the research and the conditions of the research. The GDoH did not sponsor the research project. Approval for the research was also granted by the Research Proposal and Ethics Committee of the Faculty of Humanities of Pretoria University.

### 1.10.7 The publication and reporting of research results

Strydom (2002: 72) states that the findings of the study must be introduced to the reading public in written form, and must be reported as accurately and objectively as possible. The information also must be formulated and conveyed clearly and unambiguously, to avoid misappropriation by subjects, the general public and colleagues.

Babbie (2001: 69) states that findings should be released in a manner that encourages utilisation by others, and should convey honesty while avoiding ego-based deception. He advises that researchers make shortcomings known to readers and avoid 'embroidering' shortcomings with fictitious information.

Subjects must be informed of the findings in an objective manner, without impairing the principle of confidentiality. Huyshamen (in Strydom 2002: 72) suggests presenting the findings to subjects as a form of recognition, and maintaining good future relationships with all concerned.

One copy of the mini-dissertation will be kept in the University of Pretoria library and one will be given to CHBH. The researcher will give feedback to the subjects at CHBH's ICU. An article will be written by the researcher, with the research supervisor as a co-author.

### 1.10.8 The restoration of subjects

Babbie (2001: 68) and Strydom (2002: 73) concur that debriefing subjects after the study is one way of helping them work through their experiences, and alleviate or minimise harmful effects. In this way, subjects are able to discuss their feelings and the researcher can rectify possible misconceptions. Strydom (2002: 73) advises that the termination and withdrawal of therapy be handled with the utmost sensitivity. In this regard, the researcher provided debriefing for subjects after the focus group interviews. Throughout the research study, the researcher endeavoured to uphold ethical principles and maintain a professional code of conduct.

## 1.11 DEFINITIONS OF KEY CONCEPTS

### 1.11.1 Healthcare provider/ worker/ employee

*The New Dictionary of Social Work* (2000: 6) defines this as the person responsible for providing care to other persons. Care is defined as making provision for people's physical, psychological and material needs when they are unable to provide for themselves. *The Oxford Dictionary* (1982: 460) defines a healthcare provider as a trained person who renders services that promote soundness of body or mind. For the purposes of this research, a healthcare provider is referred to as a CHBH employee who cares for patients who are unable to care for themselves. This definition includes doctors, nurses and allied health professionals. The term CHBH healthcare worker and employee are used interchangeably throughout the research as they denote the same persons.

### 1.11.2 Intensive Care Unit

*The Oxford Dictionary* (1982: 522) defines intensive care as medical treatment necessitating constant observation of the patient. *The American Heritage Dictionary* (2004: 234) defines an ICU as a specialised section of a hospital containing the equipment, medical and nursing staff as well as the monitoring devices necessary to provide intensive care. The researcher defines the ICU as the unit at CHBH which is responsible for providing constant, specialised care to patients.

### 1.11.3 Well-being

Barker (2003: 463) defines well-being as a dynamic state of physical, mental, spiritual and social wellness; a way of life that equips the individual to realise the full potential of his or her capabilities and overcome weaknesses. *The Oxford Dictionary* (1982: 1222) defines well-being as a contented state of being happy, healthy and prosperous, or a state of being well, healthy and contented. The researcher refers to well-being as the physical, mental, spiritual and social state of employees, where those employees are attempting to reach their potential.

### 1.11.4 Employee

The Occupational Health and Safety Act (Act No. 85 of 1993) defines 'employee' as a person who is employed by or works under the direction or supervision of an employer or any other person, for remuneration. An employee is any individual who has entered into or works under a contract of employment. According to *The Oxford Dictionary* (1982: 316) an employee is employed for wages. The researcher refers to an employee as any individual who is in the employ of the GDoH, and is contracted to work for CHBH. For the purposes of this research an employee refers to a healthcare worker employed by CHBH, working in ICU.

### 1.11.5  Allied health professional

The Health Professions Act (Act No. 56 of 1974) defines an allied professional as any person who is not a physician, nurse or pharmacist, and who works in a health-related field. This includes any person practising alternative healing methods. Allied professionals are seen as related to or connected with the medical profession. For the purposes of this research, an allied professional is any occupational therapist, dietician, physiotherapist or social worker employed by CHBH.

### 1.12    LIMITATIONS OF THE STUDY

The limitations of the research study are as follows:

- ✓ The research study was conducted with a sample of 13 nurses from two of the four shifts from CHBH's ICU, which may limit the generalisability of the study;
- ✓ The study is qualitative, therefore no causal relationships between factors can be inferred;
- ✓ The study is exploratory, and data obtained are descriptive in nature;
- ✓ Some participants did not feel free to discuss their opinions openly, as they feared their voices could be identified on tape. The motive for recording responses was explained to the participants, who were aware that CHBH would not have access to the tapes. However, some doctors still did not feel free to discuss their opinions. Tape-recording the focus groups did, in some instances, restrict the sharing of opinions;

✓ The smaller groups of allied professionals allowed for open discussion and the sharing of individual opinions. In the larger groups, participation was more restricted;

✓ During the focus groups for allied professionals, the social workers and speech therapists were on leave, and were therefore unable to participate in the research study;

✓ Some doctors felt uncomfortable when the discussion focused on their emotions, and therefore did not openly discuss this aspect;

✓ The physical layout of CHBH's ICU cannot be changed due to space restrictions, and this factor had to be taken into consideration when making recommendations for change.

✓ The time factor of obtaining approval from the University of Pretoria Ethics Committee and reviewing the research topic to be implemented influenced the time taken to conduct and complete the research.

## 1.13    THE CONTENTS OF THE RESEARCH REPORT

**Chapter One**, an introductory review of the research, includes the following aspects: The motivation for choosing the research topic; the problem formulation; the goals and objectives of the research study; the research type, design and methodology; the research approach; the pilot study; a description of the universe, population, sample and the sampling methods employed; ethical issues; the feasibility of the study; as well as its limitations.

**Chapter Two** focuses on the literature review. The concepts of trauma, well-being, resilience, self-care techniques, job demands, job resources and emotional functioning in an ICU will be explored and discussed. The focus will be on the documented factors in the literature that impact on well-being and functioning.

**Chapter Three** outlines the empirical study and the interpretation of findings. The empirical findings are presented in tables, descriptive and narrative data.  The findings are explained and interpreted and compared to existing data in the literature.

**Chapter Four** comprises the summary, conclusions and recommendations, which are based on empirical results.

# CHAPTER TWO

# FACTORS IMPACTING ON THE WELL-BEING OF EMPLOYEES

## 2.1    INTRODUCTION

The focus in this chapter will be on defining key concepts related to working in an ICU. Stress, trauma, job resources, job demands and personal resources will be discussed. How these factors impact on well-being, will be explored and elaborated on.

Work plays a central role in the lives of most people. It fulfils different needs and is a means of self-expression. Healthcare professionals spend most of their day at work, and the environment in which they work plays a role in their personal job satisfaction. Healthcare professionals working in an ICU are responsible for providing care to critically ill patients, whose condition is unstable and who are often unable to make decisions for themselves. Intensive medicine is a particularly stressful speciality, as there is greater exposure to death; a demand for technical knowledge, skills and rapid thinking; as well as the emotional control to deal with issues of death and dying. Personal well-being plays an important role in how an individual copes.

## 2.2    DEFINITIONS OF KEY CONCEPTS

In this section key concepts will be defined.

### 2.2.1  Burnout

Maslach (in Levert, Lucas and Ortlepp 2000: 36) defines *burnout* as a syndrome of physical and emotional exhaustion, seen in caring professionals. Brauteseth (1993: 781) defines burnout as any condition in which the energy expended fails to produce the expected reward. Felton (1998: 237) views burnout as the exhaustion of physical or emotional strength, due to prolonged stress or frustration. For the purposes of this research, burnout will be defined as the physical and/or emotional condition arising from prolonged stress or frustration, which results in exhaustion.

### 2.2.2 Compassion fatigue

Stamm (1999: 12) defines *compassion fatigue* as the costs of caring for others, in terms of emotional or physical pain. Compassion is viewed as a feeling of deep sympathy for another who is stricken by suffering or misfortune, with a concomitant strong desire to alleviate or remove the pain/cause of the pain. Fatigue results from caring in the line of duty. Figley (in Stamm 1999: 7) states that caregivers are emotionally drained by caring so much, that they may become adversely affected by their effort. Compassion fatigue is a state of tension and a preoccupation with the individual or cumulative trauma of patients, where the caregiver may experience one of the following symptoms: re-experiencing the traumatic event, avoidance, numbing reminders of the event, or persistent arousal. The researcher defines compassion fatigue as the physical and emotional costs of conveying empathy with a patient, and thus experiencing the effects of trauma personally.

### 2.2.3 Debriefing

Mitchell and Everly (2001: 10) define *debriefing* in terms of critical incident stress debriefing (CISD), i.e. the process of psychological interventions applied after a crisis event. Mitchell and Everly (2001: 136) define CISD as a group meeting or discussion, employing both crisis intervention and educational processes targeted towards mitigating or resolving the psychological distress associated with a critical incident. For the purposes of this research, debriefing is defined as the psychological process provided to employees who have experienced or witnessed a critical event, to prevent the development of PTSD (post-traumatic stress disorder/syndrome).

### 2.2.4 Job demands

Jones and Fletcher (in Schaufeli & Bakker 2004: 295) define *demands* as the degree to which the environment contains stimuli that require attention and response**.** Demands are tasks that have to be performed. Bakker *et al.* (2003: 170) define *job demands* as those physical, social and organisational aspects of the job that require sustained physical or mental effort, and are therefore associated with physiological and psychological costs. The researcher defines job demands as tasks – physical, social, organisational and psychological – that have to be

performed in the workplace, in order to achieve workplace objectives. These demands require effort which may have an impact on the individual.

### 2.2.5 Job resources

Bakker *et al.* (2003: 170) define *job resources* as those physical, social, psychological or organisational aspects of the job that are functional in achieving work goals, and reduce job demands as well as the associated physiological and psychological costs, or stimulate personal growth and development. Hobfoil (in Schaufeli, & Bakker 2004: 296) views resources as vital for dealing with job demands and getting things done. The focus is on performance feedback, support from colleagues, and supervision and coaching. For the purposes of this study, the researcher differentiates between physical resources (equipment, technology, human resources); social resources (relationships); psychological resources (personal resources, resilience and self-care techniques) and organisational resources (performance feedback, supervision, coaching and support) – all essential for achieving goals and objectives in the workplace.

### 2.2.6 Stress

Mitchell and Everly (2001: 2) view *stress* as a response characterised by physical and psychological arousal, as a direct result of exposure to any demand or pressure on a living organism. The more significant the demand, the more intense the stress reaction. *The New Dictionary of Social Work* (2000: 63) defines stress as the totality of physical and psychological reactions to detrimental and/or unpleasant internal and/or external stimuli, characterised by the disturbance of the homeostasis between individual and environment. The researcher defines stress as a response which is characterised by arousal, or a reaction to stimuli, which results in the individual cognitively assessing their reaction to the stimuli.

### 2.2.7 Stressors

Mitchell and Everly (2001: 2, 10) define a *stressor* as "any event acting as a stimulus which places a demand upon a person, a group, or an organization". *The New Dictionary of Social Work* (2000: 63) defines a stressor as an event or process which, because of its demands on people, brings about a change in their bio-psychosocial condition and influences their social functioning, should internal

and external resources not be able to meet their needs. The researcher defines a stressor as any event, process or demand/stimulus that places demands on an individual and impacts on their functioning.

### 2.2.8 Trauma

*Trauma*, as defined by Mitchell and Everly (2001: 4), is an event outside the usual realm of human experience that would be markedly distressing to anyone who experiences it. *The New Dictionary of Social Work* (2000: 65) defines trauma as a shock or unpleasant experience which temporarily or permanently affects the physical and/or psychological functioning of a person. The researcher defines trauma as any event outside the realm of usual human experience, which poses a threat to the individual and impacts on their functioning.

### 2.2.9 Traumatic stress

*Traumatic stress* is the stress response produced when a person is exposed to a disturbing traumatic event (Mitchell and Everly 2001: 4). Anschuetz (1999: 2) defines traumatic stress as the end result of being exposed to a traumatic incident. It is the body's normal response to an abnormal event. The researcher defines traumatic stress as the normal reaction/response to a traumatic event or the effects of a traumatic event.

### 2.2.10 Vicarious or secondary trauma

*Vicarious trauma*, according to Figley (in Stamm 1999: 3), is exposure to the traumatic material of others, which occurs unintentionally and inadvertently while caring for others. Vicarious trauma may occur either indirectly or secondarily. Pearlman (in Stamm 1999: 31) states that vicarious traumatisation is not an event, diagnosis or experience; it is a fluid, ever-changing process where the effects are pervasive and result from doing trauma work. The researcher defines vicarious trauma as the end result of being exposed to the traumatic material of others.

### 2.2.11 Well-being

Barker (2003: 463) defines *well-being* as a dynamic state of physical, mental, spiritual and social wellness; a way of life that equips individuals to realise the full potential of their capabilities and overcome weaknesses. *The Oxford Dictionary*

(1982: 1222) defines well-being as a contented state of being happy, healthy and prosperous, or a state of being well, healthy and contented. *The Stanford Encyclopaedia* (2008: 1) states that 'well-being' is used to describe what is ultimately good for a person.The researcher refers to well-being as the physical, mental, spiritual and social state of an employee who is attempting to reach their potential.

## 2.3   THE WORK ENVIRONMENT

Rothman (2005: 2) points out that in order to prosper and survive in a continuously changing environment, organisations need healthy and motivated employees. The focus in the world of work is on the management of human capital. In managing human capital, employees' health and well-being play a primary role. The workplace should provide employees with the opportunity to do what they do best, on a daily basis. The strengths and abilities of human capital need to be utilised.

People engage in work for various reasons, and work for mainly intrinsic and/or extrinsic reasons. Intrinsic reasons centre around goals, aspirations, a sense of accomplishment and achievement. The individual experiences a sense of purposefulness and meaning which results from an engagement in work. ICU employees experience a high sense of achievement as they work with critically ill patients in need of constant, vigilant care. Treatment procedures are life transforming for the patient, and when the patient is moved from ICU to a general ward (post-recovery), employees see a visible change in the patient, and know that as a team they have made a difference. Extrinsic reasons centre around rewards, income and security. Work meets people's needs of self-esteem, affiliation, satisfaction, mastery and individual growth. The researcher believes it is often the intrinsic rewards that play a role in the life of the healthcare worker. Despite extrinsic rewards not always being present, most employees remain committed to their calling and to quality patient care.

Maslach (in Skidmore, 1983: 161) notes that work may meet the following needs:

- ✓ Physiological needs: remuneration; being able to provide shelter, food, clothing and basic needs. In the workplace it is important that the working conditions meet individuals' needs through salary/remuneration, rest and relaxation, and the work methods employed;

- ✓ Safety and security: the individual needs to feel safe and secure in the workplace, thus job security and a safe working environment are critical factors. Bosman, Rothmann and Buitendach (2006: 48) found that if an individual fears losing their job, it can result in stress and may increase levels of burnout and decrease work engagement. Burnout, as defined by Maslach (in Bosman *et al.*, 2006: 49) is a psychological syndrome in response to chronic interpersonal stressors encountered on the job. It is characterised by exhaustion, distress, reduced effectiveness, decreased motivation and the development of dysfunctional attitudes. Secure employment plays a role in the health and well-being of adults. High levels of cognitive job stress result in low levels of positive affectivity, which in turn result in disengagement and exhaustion;

- ✓ Social needs: the workplace meets the need for affiliation, belonging, and feelings of recognition and appreciation. Collegial relationships play an important role in any individual's life. It is essential that work relationships enhance functioning and promote well-being. Bosman *et al.* (2006: 48) state: "Through work individuals become connected to a wider community and find structure and purpose. Employment plays an important role in the health and well-being of individuals. Work constitutes the key to social participation and recognition";

- ✓ Self-actualisation: the workplace may meet a person's needs for mastery and self-worth. If individuals experience a sense of meaning and purposefulness through engaging in work, their sense of mastery is enhanced. Being able to make a difference in the lives of others enhances meaning. Individuals may engage in work for both intrinsic needs (accomplishment and meaning), while experiencing extrinsic rewards (income and a sense of security), thus enhancing well-being.

In adopting a holistic model of understanding wellness, the entire continuum of work-related experiences (positive and negative) should be included. Rothmann

(2005: 4) states that this incorporates a broad range of demands, select individual difference variables, outcome variables, and indicators of positive and negative responses. Indicators of the stress response could be physiological, behavioural, emotional as well as psychological. Workplace stressors in an ICU may include budget constraints, overcrowded hospitals, high workloads, demanding patient contact, time pressures, a lack of support and environmental challenges. Working daily with trauma can have an emotional impact on staff. Figley (in Stamm 1999: 3) notes that the work of helping traumatised patients can be gratifying. However, being a helper brings risks: caring people sometimes experience pain as a direct result of their exposure to the traumatic material of others. Since compassion fatigue is the natural, predictable, treatable and preventable consequence of working with suffering people, professionals must be helped to cope with the costs of caring.

## 2.4 STRESS

As stated earlier, stress is a response characterised by physical and psychological arousal, as a direct result of exposure to any demand/pressure on a living organism. The more significant the demand, the more intense the stress reaction. Stress may be positive (eustress) or negative (distress). When stress reactions are prolonged or excessive, they can cause harm. Selye (in Mitchell and Everly 2001: 2) defines stress as "the sum-total of wear and tear accelerating the aging process". Stress is a mental, emotional, physical or behavioural response to a wide variety of stimulants, in response to an everyday demand placed on an individual, which results in the body becoming aroused so as to meet the demand.

Nelson and Simmons (in Rothmann 2005: 4) view *distress* as a negative psychological response to a stressor. Stressors may take the form of demands related to roles, interpersonal and physical factors, workplace policies and job conditions. As these demands vary between individuals, they elicit different reactions. Negative stressors can elicit different outcomes. Nelson and Simmons (in Rothmann 2005: 5) believe distress can be prevented and/or managed on three levels: primary, secondary and tertiary. On a primary level, distress can be managed by modifying or eliminating stressors in the workplace, through adapting

the environment to individuals. On a secondary level, it can be managed by increasing the awareness of individuals. On a tertiary level, distress can be managed through treating the symptom by means of counselling and support. In the GDoH, interventions should be implemented on all three levels.

Nelson and Simmons (in Rothmann, 2005: 5) conceptualise *eustress* as a positive psychological response to a stressor, reflecting the extent to which cognitive appraisal of the situation is seen to benefit or enhance an individual's well-being. Positive work attitudes (such as positive affect, meaningfulness and manageability) may be good indicators of eustress. Pleasurable work engagement and meaningfulness are reflected in an investment of energy, engagement and a commitment to work. Manageability is the "extent to which one perceives that resources are at one's disposal and adequate to meet the demands posed by the work situation" (Rothmann, 2005: 6). Nelson and Simmons (in Rothmann, 2005: 6) advise that eustress can be generated by identifying those aspects of work that employees find most engaging, establishing meaningful goals, allocating the job resources needed to excel, and helping employees develop the competencies to recognise and develop eustress in themselves.

### 2.4.1  Stressors

*Mild stressors* produce a mild stress reaction, whereas *severe stressors* produce excessive reactions. Stressors can be categorised as biogenic or psychosocial. *Biogenic stressors* are stimulants which cause stress by virtue of the biochemical actions they exert on the body (e.g. caffeine, alcohol, amphetamines). *Psychosocial stressors* do not directly cause stress, but set the stage for stress responses to be initiated.

The key is the cognitive interpretation of the stressor. The event must be appraised or interpreted as meaningful and potentially challenging, threatening or aversive to the individual. Potential sources of stress become stressors because we choose to (or have learned to) interpret them as challenging, threatening or aversive. Based on such a cognitive interpretation, the mechanisms of human emotion are activated. Individuals can control how they view life events.

## 2.4.2  The effects of and reactions to stress

Prolonged arousal can fatigue or harm the individual to a point of distress. An individual, when placed under strain or pressure, learns to adapt and live with stress – unless the person is unable to cope, and reaches breaking point. Continued stress places a burden on the body and mind, and affects performance. If it goes unrecognised, the person may become worn out and experience emotional and/or physical symptoms. The researcher believes employees experience both emotional and physical stress, due to the nature of ICU work. They experience psychosocial stressors and need training on how to deal with the impact thereof.

Certain organs of the body may become the target of the stress response, showing signs and symptoms of excessive stress. Cognitive signs may be confusion, difficulty in making decisions, lowered concentration, memory dysfunction and impaired cognitive functioning. Physical signs and symptoms may be excessive sweating, dizzy spells, increased heart rate, rapid breathing and elevated blood pressure. Emotional signs and symptoms may include shock, anger, grief, depression, or feeling overwhelmed. Behavioural signs and symptoms may manifest as changes in ordinary behavioural patterns, such as eating, sleeping, withdrawing from others and prolonged silence. Coping may serve to mitigate the impact of the stress response, and the individual may avoid or reinterpret the stressor, reduce arousal, vent, engage in self-defeating coping tactics, or endeavour to manage the stress response.

Selye (in Mitchell & Everly, 2001: 22) believes an individual reacts to stress in three stages:

- ✓  Alarm – the body is aroused;
- ✓  Resistance – the body tries to adapt; and
- ✓  Exhaustion – due to continued demands, the body reaches the end of its ability to handle the stress.

If a body cannot eliminate the stress or manage it in a positive way, system overload and exhaustion may result. The body engages in a fight or flight response

to the stressor, and discharging the energy built up from such activation and hyperarousal can become a problem. The individual needs to recognise the imbalance and restore balance. The nervous and endocrine systems are activated, become aroused and release adrenalin, which causes metabolic activity. The individual needs to learn to manage stress and restore homeostasis – the ways in which a person thinks, perceives, values and interprets an event, affects how they handle stress. Each individual has to understand their own stressors and stress reactions, and develop strategies for coping.

During an adrenaline high, employees operate in what Alexander (1993: 106) calls "overdrive". It is difficult to adapt to the normal routine after a major crisis, and employees may, apart from experiencing feelings of being overwhelmed, develop tunnel vision in order to cope with their duties. Alexander (1993: 106) concedes that the strategy of focusing on only the most immediate task, and ignoring what is happening around them, is one way of coping with potentially overwhelming stress. He adds that there is a widespread assumption that care providers, by virtue of their training and personality traits, are relatively impervious to the effects of distressing experiences. Fuelled by their altruism and sense of professional commitment, they dedicate themselves to harrowing tasks, without complaint. However, Alexander believes the demands on all staff are enormous and varied, and that caregivers need help coping with unusually stressful events. "The moral is clear; we must remember all our colleagues in times of stress, many of whom have, under normal circumstances, a relatively low and undramatic profile, but who may well have their own emotional needs which easily go unnoticed."

Stamm (1999: xxv) states that "dedicated workers who never give a care to their own needs are potentially dangerous. They need time to meet their own personal needs for rest, family care, self-care and professional development. They become at risk for draining or damaging their social support and for developing the negative effects of helping." The emphasis here, the researcher believes, is on being aware of the impact of stress on all ICU personnel, and on providing debriefing for them. The need for an opportunity to vent feelings and receive support is often overlooked. Care workers need a clear understanding of trauma and how it can impact on their lives. A strong foundation in trauma knowledge may help them

understand trauma and the need for self-care, supervision and mentoring. Pearlman (in Stamm 1999*: li)* argues that a strong support system strengthens the individual – it provides connections, creates meaning and creates opportunities for talking to others. Jointly, employees can find meaning, make sense of what is happening and collectively support one another.

### 2.4.3  Cumulative stress

Brauteseth (1993: 781) avers that *cumulative stress* arises from the slow build-up of both work- and non-work-related stress. Any combination of acute, sub-acute and chronic stressors can lead to a cumulative stress reaction. The onset is usually slow and subtle, and by the time it is noticed, the individual may have suffered physical illness, substance abuse, emotional problems, family/marital problems, personality changes and dysfunctional work behaviour. If left unattended, cumulative stress will threaten a person's job, family, health, and even his life. This build-up of stress can be the result of many factors of which the individual may not even be aware. In an ICU, employees may experience cumulative stress, which will impact on their well-being and functioning.

### 2.4.4  Critical incidents

Mitchell and Everly (2001: 3) define a *critical incident* as a stressor event which appears to cause, or be associated with, a crisis response. It is an event which overwhelms a person's usual coping mechanisms. More severe critical incidents may be considered traumatic incidents. Critical incident stress, which is the stress reaction a person or group has to a critical incident, is characterised by a wider range of cognitive, physical, emotional and behavioural signs and symptoms. Most people are believed to recover from critical incident stress within a few weeks, but if an individual does not recover, they may experience traumatic stress or develop post-traumatic stress disorder.

### 2.4.5  Post-traumatic stress disorder (PTSD)

PTSD is a recognised psychiatric disorder which may result from exposure to a traumatic event. The DSM-IVR (APA in Mitchell and Everly 2001: 4) identifies three characteristic clusters of symptoms:

- ✓ Intrusive recollections of the trauma;

✓ Physiological arousal; and

✓ Numbing, withdrawal or avoidance.

The key element is that the individual re-experiences an intrusive, recollective ideation pertaining to the event. Re-experiencing may take the form of recurrent distressing recollections of the event, through flashbacks, nightmares, dreams and other intrusive images. Physiological arousal may include feeling irritable or sudden anger, having difficulty sleeping, a lack of concentration, or being overly alert or easily startled. Avoiding reminders of the event means avoiding places, people, thoughts or other activities associated with the trauma. The individual may feel emotionally detached, withdraw from friends and family, and lose interest in everyday life or activities (Mitchell and Everly 2001: 32–33). In order to cope with critical incidents, debriefing should be provided.

Oher (1999: 367) brands debriefing critical to the overall functioning and well-being of the organisation. All involved – the organisation and its employees – pay a very high price if debriefing is not done properly. The goals of debriefing are to

✓ reduce the fallacy of abnormality;

✓ reassure individuals that the stress response is controllable and that prevent the development of pathology;

✓ normalise cognitive and emotional reactions;

✓ provide an opportunity for catharsis;

✓ provide support;

✓ develop networks;

✓ raise awareness of stress and how to deal with trauma;

✓ prepare people for the effects, so they have the tools for coping;

✓ mitigate against the impact of the traumatic incident on the victims of the event;

✓ accelerate normal recovery processes;

✓ identify individuals within the group who need additional services or therapy;

✓ recovery is likely.

Mitchell and Everly (2001: 5) brand critical incident debriefing a comprehensive, integrated, multi-component crisis intervention system. A seven-phase structured model of psychological debriefing is used in a structured group situation, usually 1–14 days post-crisis. The goal is to obtain psychological closure – something which is facilitated by members of a critical incident team. Speciality or other debriefings may be provided to employees, where the focus is on education, and on providing an opportunity to vent feelings. Mitchell and Everly (2001: 200) add that people generally accept help when they are most ready for it. However, they require a protective barrier to help prevent PTSD, before their world view is altered, thus there is a need for a knowledge base on trauma and for an opportunity to reprocess the experience. Memories from the past may be triggered and multiple critical incidents may trigger these memories.

### 2.4.6 Traumatic stress

*Traumatic stress* is the stress response produced when a person is exposed to a disturbing traumatic event. Mitchell and Everly (2001: 4) define trauma as an event outside the usual realm of human experience that would be markedly distressing to anyone who experienced it. The DSM-IV (in Mitchell and Everly 2001: 4) denotes a traumatic event as "directly experiencing or witnessing actual or threatened death or serious injury or experiencing a threat to one's own physical integrity or the physical integrity of someone else". The individual's response is characterised by fear, helplessness or horror. Criticism levelled at this definition is that it does not take into consideration the critical role that perception or interpretation plays in determining a traumatic event.

This definition fails to recognise environmental or ecological disasters/catastrophes that do not pose a direct threat to human life. It also needs to take into account the fact that while employees may not directly witness or experience the traumatic event, they may see or hear the consequences of that event. Mental health and medical professionals are vulnerable to secondary traumatic stress, being exposed to victims of trauma, and may experience the costs of caring for others in pain. As caregiving can be a stressful experience, it may produce a situation which is ripe for a traumatic stress response. Figley (in Stamm 1999: xxxvii) states that the traumatic stress reaction is the natural, consequent behaviour and emotions, and

conscious and unconscious actions and behaviour, associated with dealing with stressors or memories of the experience. The experience can be so traumatic or stressful that it places high demands on the person, challenging their psychosocial resources and even perhaps creating pathology. ICU employees are exposed to such traumatic stress on a daily basis, in dealing with patients who are injured, scarred, burnt or mutilated through accidents or disasters.

### 2.4.7  Compassion fatigue

Figley (in Stamm 1999: 7) states that caregivers become emotionally drained by caring so much that they may be adversely affected by their effort – this is the emotional residue of exposure to working with suffering and the consequences of traumatic events. The healthcare worker has to deal with both the emotional and physical effects of suffering. Compassion fatigue is different from burnout, in that the individual may experience a state of tension and preoccupation with the patient, or the cumulative trauma of the patient. This manifests in a re-experiencing of the traumatic event, avoidance or numbing of reminders of the event, as well as persistent hyperarousal. Since the healthcare worker absorbs the trauma through the eyes and ears of the patient, it can impact on and affect their job performance. This may result in an increased number of mistakes and decreased morale, and may even affect personal relationships. Further deterioration may lead to a decline in health. Anschuetz (1999: 5) states that the psychological impact of different stresses can have a profound effect on the individual's ability to perform.

Shepherd and Hodgkinson (1990: 104), Stamm (1999: 106) and Pearlman and Saakvitne (1995: 132) found that compassion fatigue impacts on the healthcare worker's cognitive schemas (those cognitive structures used to organise experiences and information, so as to function effectively in a complex, changing environment). When the clinician is exposed to the emotionally shocking images of horror and suffering that are characteristic of serious trauma, the healthcare worker's schemas may be affected in the following ways:

✓ **Emotional effects** – anxiety, depression, anger, guilt, helplessness and hopelessness. Raphael (in Shepherd & Hodgkinson 1990: 103) believes

helpers' reactions to dealing with death and destruction force them to face their own mortality, and they need to grieve for those who died or suffered;

✓ **Cognitive effects** – problems with memory, concentration, nightmares, intrusive thoughts and imagery;

✓ **Motivational effects** – they view and re-evaluate life from a changed perspective. Motivational levels may drop, and they may lose interest in their work, with a concomitant reduction in job satisfaction;

✓ **Behavioural effects** – substance abuse, social withdrawal, a loss of interest in everyday activities. Employees may feel drained, weakened and their health may be affected. There may be callousness, pessimism and cynicism towards others;

✓ **Relationships** – changes in intimate, sexual, social and working relationships. They become unable to share experiences with others, they withdraw and become isolated. The individual may dehumanise clients and engage in perfunctory communication;

✓ **Somatic effects** – changes in eating and sleeping patterns, and a decrease in energy levels. The individual may become lethargic and listless;

✓ **Work-related effects** – they may quit their job, work performance may decline, absenteeism increases, they become tardy and lose interest their work.

Being weakened emotionally, physically, socially and spiritually, is due to the strain of long-term involvement in someone else's struggle. By showing compassion, employees become debilitated by it.

## 2.4.8 Vicarious trauma

Vicarious trauma, as defined under key concepts, impacts on those individuals working with trauma. Dealing with this unintentional or inadvertent form of trauma, is done by learning to live with it, and by honouring, acknowledging and treating it with respect. Employees should take care of themselves and try to keep the problem from occurring.

Anschuetz (1999: 4) states that second-hand exposure to the traumatic material of others transforms the inner world of the helper. Alexander (1993: 107) notes that in

the event of trauma, employees operate in overdrive – they become excited and challenged by what they have to do. After being on a high, they find it difficult to adapt to a normal routine. They need to find ways of winding down, venting feelings and preventing the build-up of suppressed emotion. Anschuetz (1999:4) believes "we are all vulnerable to burnout or fatigue as the healthcare worker is committed, overextended, unable to confide in others and so they present an ironclad will and try to hide the costs of caring".

Sinclair and Hamill (2007: 348) found that working with trauma patients impacts on those treating them. Brauteseth (1993: 731) noted that the build-up of stress over time in caring for the sick and injured in emergency care impacts on functioning. This type of care is challenging and rewarding, but stressful as the potential reward and fulfilment is less than the responsibility entailed. – it calls for immediate decisions which have life and death implications. Mitchell and Everly (2001: 60) believe excessive stress and psychological trauma can be potentially disabling. Shepherd and Hodgkinson (1990: 103) argues that trauma work impacts on emotional, cognitive and behavioural functioning, thus it is important to ensure that protective factors (social support, training and debriefing) are in place to combat the effects. Pearlman and Saakvitne (1995: 52) acknowledge that employees are constantly confronting loss and dealing with the vulnerabilities of life – this makes the individual at risk and vulnerable. Stamm (1999: 46) stresses the importance of caring for self, as self-care plays an important role in overcoming the stressors of working with trauma.

Mitchell and Everly (2001: 60) emphasise the need for orientation to the psychological demands of a career in trauma, so that the individual can understand the impact trauma has on their functioning and can recognise the signs and symptoms of PTSD. Training on coping mechanisms will enhance personal stress management. The importance of providing opportunities for venting and catharsis is stressed, as this lowers arousal levels, brings emotions out into the open, and thus improves well-being. There is a need to talk about trauma as it helps organise feelings and thoughts, enhances insight and develops a new perspective. Caring for the individual in the work setting is a critical aspect of care. Personal resources,

self-care and coping mechanisms help enhance functioning and promote well-being.

### 2.4.9 Burnout

Burnout is the result of an imbalance between job demands and the individual's ability to cope with the unavailability of job resources. It is important to recognise the signs and symptoms of burnout, and not to ignore them. Employees need to protect themselves and understand the factors precipitating this phenomenon.

Burnout produces physical, behavioural and emotional changes and can, in some cases, result in substance abuse. As healthcare professionals are at risk of burnout, early identification of this emotional slippage is needed (Felton 1998: 237).

Penson, Dignan, Canellos, Picard and Lynch (2010: 425) state that burnout is the end result of stress in the professional life of caregivers. It can affect personal job satisfaction and the quality of service rendered. It manifests when caregivers work closely with patients with life-threatening illnesses. Halperin (in Penson *et al.,* 2010: 427) asks the question: How do you alleviate burnout? Halperin believes an effective healthcare team is important, as they help to dilute frustrations, assist with difficult patients, and help one another field calls – something which reduces stress in another individual. The focus is on being kind to yourself so that you, as a caregiver, can stay energised, restored and nourished. Self-care is vital.

Hildegard of Bingen (in Penson *et al*., 2010: 427), a saint of the Middle Ages, stated: "Professionals make themselves vulnerable through caring for others and are wounded in the process. There is a need for self-care. They need to find a way to restore themselves and find things that are soothing. Create a healthy environment where there is healing and find food for the soul. Find things that disengage you from the routine of the day and restore body and soul." Samuels (in Penson *et al*., 2010: 428) notes that self-care is a vital part of professional practice. Each person needs to find time for reflection and recovery. No one can work in isolation – everyone needs the support of a team.

Penson *et al.*, (2010: 427) believes the issues contributing to burnout in the healthcare system are: lack of time, inadequate resources and lack of training. Bakker (2005: 170) states that work overload, lack of autonomy, emotional demands, low social support and role ambiguity can lead to feelings of exhaustion. The researcher believes there is a need to provide preventative measures such as psychological support for the individual and the team, and also to enhance communication and make effective coping mechanisms a way of life.

Miller (1995: 126) notes that employees may suffer from empathy contagion – an affective response in which an observer experiences emotions parallel to those of another, i.e. feeling *with* and not feeling *for* the other. Empathy contagion may hinder effective interaction, and the vicarious experience may increase susceptibility to emotional exhaustion. Miller (1995: 126) believes it is important to examine the origin or source of burnout. Three factors are influential: job involvement, organisational role and attitude towards service recipients. The more involved caregivers are in their job, the more likely the stressor is to have detrimental effects. An individual's role in the organisation is impacted by the type and quality of interaction the individual has with the service recipient. As the trauma healthcare worker is directly involved with the patient, this can impact on functioning. The healthcare worker's attitude towards the patient being served is influenced by their responsibility to the patient and by their emotional interaction. Empathy contagion influences communication and responsiveness, which will influence burnout.

Burnout, according to Rothmann (2005: 9), is characterised by the following:

- ✓ Low personal accomplishment – this results from an inability to perform. It decreases motivation and energy and affects attitude. The healthcare worker is unable to meet the patient's needs or to satisfy essential elements of job performance. Feelings of incompetence or negative self-assessment prevail. The caregiver is unhappy and dissatisfied at work. There is reduced professional efficacy or accomplishment;
- ✓ Emotional exhaustion – this is characterised by a reduction in an individual's emotional resources;

✓ Depersonalisation – this is characterised by an increase in negative, cynical and insensitive attitudes towards patients. The caregiver may experience emotional instability and may treat others in a cold and impersonal manner. Schaufeli and Bakker (2004: 294) define cynicism as an indifferent or distant attitude towards others.

Work engagement is viewed by Schaufeli and Bakker (2004: 295) as a positive, fulfilling, work-related state of mind, characterised by vigour, dedication and absorption. Vigour is seen in high levels of energy and resilience, in investing effort in one's work and persisting despite difficulties. Dedication is characterised by a sense of significance, enthusiasm, inspiration, pride and challenge. Absorption is viewed as being fully concentrated, happily engrossed in one's work, and finding it difficult to detach oneself from work. The person is focused and determined, and displays an intrinsic enjoyment in work. Engagement is the opposite of burnout and is a state of work well-being.

Tironi, De Souza and Franca (2009: 2) conducted research in Salvador, Brazil, on intensive care physicians, exploring the psycho-social aspects of work and burnout. The variables responsible for burnout were as follows:

✓ Personal characteristics – age, education level, marital status;
✓ Employment characteristics – time in profession, type of occupation, time at hospital, relationship with patients;
✓ Organisation characteristics – physical environment, organisation changes, institutional standards, bureaucracy and atmosphere;
✓ Social characteristics – social and family support, culture and prestige.

The researcher believes a combination of factors has an influence on the individual's functioning, as no variable on its own can predict the ability or inability to cope.

Burnout results from chronic emotional tensions being endured by professionals whose roles involve intense and frequent relationships with people in need of care or treatment. Tironi *et al* (2009: 1) state that professionals who work directly with

others are more susceptible to burnout. Intensive care medicine is stressful, as there is a greater exposure to death, and ICU demands technical knowledge, skills, attention, rapid thinking and the emotional control to deal with issues related to patients and their families. The research done by Tironi *et al* (2009: 2) focused on psychological demands and workers' control over their jobs. Psychological demands refer to the importance of the job to the worker, in terms of control over the time to perform the task and over any social conflicts that may exist. The worker's control over the job relates to their skill and ability to perform the tasks assigned to them, and the extent to which they have the opportunity to participate in decision making at work. In highly demanding work with a low degree of control, the prevalence of burnout was the highest. The following factors played a role:

- ✓ Long hours – being on call, with work overload;
- ✓ Doctor had no hobby or did not engage in physical activity;
- ✓ Lack of personal time.

The results (Tironi et al. 2009) revealed that if an individual was physically and emotionally tired, they found it hard to relax and perform their duties. Often they did not feel appreciated and felt ineffective. This reduced self-confidence and increased feelings of failure, thus reducing personal achievement. Tironi *et al.* (2009) concluded that it is important to identify the main risk factors with regards to personal and job demands, and to provide measures to overcome these factors. Coping mechanisms and self-care are vital.

## 2.5  WELL-BEING

In understanding the factors impacting on well-being, it is important to know what *well-being* is. Barker (2003: 463) defines well-being as a dynamic state of physical, mental, spiritual and social wellness, where an individual can reach their full potential. *The Oxford Dictionary* (1982: 1222) defines well-being as a contented state of being happy, healthy and prosperous. *The Stanford Encyclopaedia* (2008: 1) states that 'well-being' is used to describe what is ultimately good for a person. It usually relates to health, and amounts to the notion of how well a person's life is going or what is in the best interests of that person. This term examines

contentment or life satisfaction. For the purposes of this research, well-being is defined as a state of being well – physically, mentally, spiritually, emotionally and socially – so that an individual can achieve their potential and be healthy, contented and happy.

Kinder (2008: 445) states that as a topic, employee well-being is becoming increasingly discussed by employers, as it impacts on performance and productivity. He notes that the work environment may inspire or drain the workforce. Maintaining good mental health in the workplace is, therefore, essential.

*The Stanford Encyclopaedia of Philosophy* (2008: 1) includes the aspect of emotions in its definition, and outlines *emotional well-being* as the ability to understand the value of emotions and use them to move your life forward. Well-being is, then, the absence of a disorder, i.e. a state of health. The researcher believes mental health comprises cognitive, physical, social, spiritual and emotional well-being. Emotional health is based on self-esteem, how you feel about yourself, and behaviour that is appropriate and healthy. The individual must be able to adapt to change, cope with stress, have a positive self-concept, be able to love and care for others, act independently to meet their own needs, be able to adjust to and solve problems, and derive satisfaction from life. *The Stanford Encyclopaedia of Philosophy* (2008: 8) notes that the hedonistic view of well-being sees human beings as acting in pursuit of what they think will give them the greatest balance of pleasure over pain. Well-being is what is good for that person, as they try to pack pleasantness into their life – the more pleasant life is, the better life will be. The individual should try to live a fulfilling life that is both valuable and enjoyable.

The desire theory, as stated by Crisp (in The Stanford Encyclopaedia of Philosophy 2008: 12), examines the satisfaction of preferences or desires. Well-being is viewed in terms of the overall level of desire satisfaction in someone's life. Indeed, pleasurable experiences make life good, but the researcher believes it is impossible to avoid unpleasant life experiences, therefore individuals have to learn to cope with both the positive and the negative aspects of life.

The World Health Organisation (in The Stanford Encyclopaedia of Philosophy 2008: 2) defines well-being as the soundness of a person and their state of health. The researcher believes illness and disease are an integral part of life, which each individual must learn to manage. Being ill is part of life, and can impact on well-being for the duration of any illness. The well-being of ICU employees will be impacted by factors in their personal lives, as well as factors in the workplace setting.

### 2.5.1 Factors impacting on the well-being of employees in a hospital

Caring for patients in a hospital demands a professional commitment to the needs of the patient (physical and emotional). Often patients are unable to take care of themselves and require assistance with daily tasks of self-grooming, eating and being mobilised.

Koekemoer and Mostert (2006: 87) state that a stressful working environment, where healthcare professionals have to deal with the normal demands of caring for patients, as well as additional stressors (budget constraints, overcrowding, high patient loads and exposure to immune-compromised patients), make staff susceptible to burnout and stress. There are several antecedents to stress, such as the nursing environment of demanding patients, an ever-increasing workload, time pressures, excessive working hours, shift work, inadequate salaries, a lack of support from supervisors and colleagues, inadequate resources, and a lack of opportunity for learning and advancement. Koekemoer and Mostert (2006: 87) believe "in order for South African organisations to implement preventive organisation-based strategies to tackle high job demands and increase important resources, it is necessary for these organisations to know which specific job characteristics are associated with burnout". This reveals the importance of knowing and understanding those factors in the workplace that may impact on healthcare professionals. Dealing with death and victims of trauma is something employees are confronted with on a daily basis. Patients are brought to hospital as they are ill and need medical care. As patients are usually bedridden, employees are responsible for assisting with their basic needs and demands. Family members, who want the best care for their loved one, can at times be demanding and critical of the services rendered. Employees have to ascertain the needs of the

patient and family, based on the information collected, in order to formulate a comprehensive treatment plan for the patient. In some instances the patient may not be cooperative, which hinders employees as they perform their duties.

Employees need to be mature, have sound judgement, must be compassionate and understanding, patient, and be able to remain calm in tense or crisis situations. The demands on the healthcare worker may be physical as well as emotional. Communication skills play an integral role in the healthcare setting. The healthcare worker must be able to provide informational support, as this helps reduce the psychological distress of family members. Flexibility and adaptability are essential to functioning – often during long and tiring work hours. Working in a hospital means the person must be able to deal with unpleasant sights, noise levels, the sounds of machines, odours, and bodily secretions.

### 2.5.2   Factors impacting on the well-being of ICU employees

An ICU is designed and equipped to provide care to patients with a range of life-threatening conditions. The healthcare worker must be able to work with the specialised equipment, a wide variety of technology and advanced life-support devices, and to monitor patient progress. The healthcare worker conducts assessments on patients, to determine or identify the clinical condition, decide on the appropriate treatment intervention, monitor vital signs and provide optimal care. ICU employees rely on a specialised body of knowledge, skills and experience to provide care to patients and families, and create environments that are healing, humane and caring.

ICU employees work in a closed unit, where their sole responsibility is to care for critically ill patients. This demands constant vigilance of the patient, and the ability to deal with trauma and the effects/impact thereof. There is sustained physical, mental and psychological effort, and the healthcare worker may have access to limited job resources. The researcher believes it is critical that the healthcare worker develop coping mechanisms to deal with this demanding work environment. Brauteseth (1993: 781) states that it is a stressful occupation, because potential reward and fulfilment are accompanied by high responsibility. In addition to fear of the unknown, there is the fear of knowing how to react in these situations.

Anschuetz (1999: 10) argues that the emotional costs are high when attempting to achieve the goal of helping others, as the focus is on people-oriented responsibilities. Exhaustion may result due to excessive demands on employees' energy, time, strength and personal resources. Miller (1995: 124) notes that the day-to-day provision of care to those in need requires a high degree of interaction with others: "Most service workers sell their emotional exertions for wages."

Working in an ICU means providing specialised and constant care to patients. In the researcher's view, employees are responsible for providing care to patients who are expiring, or at risk of expiring due to life-threatening conditions. Patients in ICU may have had major invasive surgery or may have been involved in an accident, may have experienced trauma, or may have multiple organ failure. Patients tend to be medically unstable and highly vulnerable, and may require continual adjustment of their treatment. Nurses and doctors must assess and monitor the patient closely in order to identify subtle changes in a patient's condition that warrant immediate intervention. They must be able to interpret, integrate and respond to a wide array of clinical information. Nurses and doctors are often confronted with end-of-life issues and ethical dilemmas related to the withholding or withdrawal of medical care. They need to ensure that the patient and their family are well informed about the treatment the patient is receiving, and that they receive the necessary information (from the patient or family) to make informed decisions about patient care. This demanding work environment places a strain on the healthcare worker, who has to deal with exposure to trauma and the effects thereof.

In order to understand the factors impacting on the well-being of ICU employees, two models will be discussed: the Job Demands-Resources (JD-R) model of Demerouti, Bakker, Nachreiner and Schaufeli (2001: 499-512), and the Dual-Process Model of Schaufeli and Bakker (2004: 293-315).

## 2.6 THE JOB DEMANDS-RESOURCES (JD-R) MODEL AND THE DUAL-PROCESS MODEL

Bakker *et al.*, (2003: 170) state that at the heart of the JD-R model lies the assumption that every occupation has its own specific risk factors associated with job stress or burnout. These factors can be classified into two general categories: job demands and job resources. Bakker *et al.* (2003: 170) define job demands as those physical, social, organisational aspects of the job that require sustained physical or mental effort, and are therefore associated with physiological and psychological costs. Job resources are defined as those physical, social, psychological or organisational aspects of the job that are functional in achieving work goals, reduce job demands and the associated physiological and psychological costs, or stimulate personal growth and development.

Job resources may play either an intrinsic or extrinsic motivational role (Rothmann 2005: 7). Job demands and job resources are negatively related, since job demands such as high work pressure (constant vigilance) and emotionally demanding interactions with patients may preclude the mobilisation of job resources. Also, a high level of job resources (such as social support from colleagues, family and friends) and feedback (appraisal, praise, recognition and gratitude) may reduce job demands.

A second assumption in the JD-R model is that job stress/burnout develops irrespective of the type of job or occupation, when certain demands are high and certain resources are limited. The demands exhaust the employee's mental and physical resources, resulting in a depletion of energy, exhaustion, or impaired health. Working characteristics may evoke two psychologically different processes – an energetic wearing out when job demands exhaust energy, and a motivational process in which lacking resources preclude employees from dealing effectively with the job demands, and mental withdrawal may occur (Demerouti *et al.* 2001: 7).

In the energetic process, people are tired by their everyday activities, but their energy resources are sufficient to meet the demands of the task. However, when a person has a heavy workload and is fatigued, extra energy to compensate has to

be mobilised through mental effort, to maintain task performance. The mobilisation of extra energy may result in acute fatigue. A subsequent return to physiological and emotional baseline levels is crucial. Incomplete recovery from workload demands disrupts the energetic homeostasis, which may, in turn, have chronic effects on health and well-being. When incomplete recovery takes place, the effects of high workload demands can accumulate gradually, to be carried over from one day to the next (Rothmann 2005: 7).

In the motivational process, when organisations do not provide or reward employees with job resources, the long-term consequences are withdrawal from work, and reduced motivation and commitment. Reduced motivation or withdrawal may be an important self-protection mechanism that may prevent the future frustration of not achieving work-related goals. If an external environment lacks resources, individuals are unable to reduce the potentially negative effects of high job demands, thus not achieving their work goals. They may also be restricted in terms of achieving further development in their job and organisation (Rothmann 2005: 8).

**2.6.1 Job demands**

In exploring job demands, the following aspects are examined:

- ✓ Role clarity/role ambiguity;
- ✓ Pace of working;
- ✓ Advancement/upward mobility;
- ✓ Overload;
- ✓ Role conflict;
- ✓ Job security;
- ✓ Working with trauma;
- ✓ Working conditions.

The researcher believes different work environments have different job demands. In an ICU, the healthcare worker may have to face the demands of role ambiguity, a fast pace of working, work overload, role conflict, and working with trauma and demanding working conditions. There may be limited upward mobility in terms of

advancement. However, employees often believe they are called to make a difference, and this overrides these factors, but does not prevent these factors from impacting on their functioning.

### 2.6.2  Role clarity

Koekemoer and Mostert (2006: 89) state that unclear expectations about roles and duties result in exhaustion or work disengagement. Demerouti *et al.*, (2005: 170) stress the importance of an adequate job description in defining the expectations, roles, duties and performance of an incumbent. A clear job description helps to dispel role ambiguity and defines what is expected of the person fulfilling the requirements of the position. Koekemoer and Mostert (2006: 89) found that receiving incompatible requests from two or more people can impact on functioning. In CHBH's ICU, as the researcher observed, employees may receive requests for admissions to the ICU and this may result in stress if the patient does not meet admission criteria or there are not enough beds available. At times employees may have to fulfil more than one role, due to a shortage of staff.

Shepherd and Hodgkinson (1990: 103) state that caregivers need a clear definition of their role – when this is diffuse, frustration can occur. Role stress sets in when the individual has a commitment to work, as well as a commitment to their family, and does not know how to balance the two – despite a commitment to both, they find it difficult to divide their time. Role strain may occur when there is case overload, role conflict and role ambiguity. The well-being of the individual then diminishes.

### 2.6.3  Pace of working

Koekemoer and Mostert (2006: 89) examined the demands of working under pressure, and found that it includes working fast, concentrating intensely for long periods of time, and having a workload which exceeds the capacity of the employee. Results from the study by Koekemoer and Mostert (2006: 89) showed that high work pressure was related to levels of exhaustion in nurses. Pressure demands in the absence of job resources can result in exhaustion, with staff feeling emotionally drained and lacking enthusiasm for their work.

Sonnentag (in Rothmann, 2005: 11) found that recovery time is related to work engagement and proactive behaviour. Experiences outside of work are crucial determinants of feelings and behaviour at work. Clinicians need to take periodic time-outs to recalibrate themselves. Time-out and self-care promote self-capacities and enhance well-being (Lutterman, 2010: 6). Rothman, Mostert and Strydom (2005: 89) note that job stress can result if the demands of work require effort, and the individual has not yet recovered from earlier demands. Any individual needs sufficient recovery during and after working. Such recovery is jeopardised if job demands require effort without the chance to recuperate, if the time after work is too short, or if the individual is slow to unwind. The researcher believes working in an ICU poses the risk of exhaustion, both physically and emotionally. Adequate time to recover, relax and recharge needs to be afforded to employees.

### 2.6.4 Advancement/ upward mobility/remuneration

Du Toit (1996) found that remuneration plays an important role in the life of an employee. An individual's salary is an important resource. Koekemoer and Mostert (2006) state that an inadequate salary and with no possibility of advancement, can lead to exhaustion. Opportunities for upward mobility play a role in enhancing self-esteem and mastery. An individual needs acknowledgement and needs to feel they are in a career with a future path. The DoH does not always pay competitive salaries to health professionals, compared to the private sector, and this can cause emotional negativity, hopelessness and exhaustion. Healthcare professionals are attracted to the private sector due to the remuneration packages and shorter working hours, thus valuable skills and knowledge are lost, and human resources are not retained.

### 2.6.5 Overload

Koekemoer and Mostert (2006: 88) stress that heavy workloads and excessive administrative duties lead to the overtaxing of resources, and concomitant health problems. Individuals need job resources to help them cope with job demands. Overtime is viewed as a time-related demand which can be related to exhaustion. Emergency and irregular hours are job demands that can impact on well-being. Research by Levert, Lucas and Ortlepp (2000: 40) shows that high workload places a stress on already stretched resources and impacts on functioning. High

workload, without sufficient job resources, can also impact on service delivery, whereas a shortage of human resources restricts the ability to cope with high workload. The individual's capacity to recover is also impacted by a high workload. The researcher believes a heavy workload over a period of time can result in cumulative stress and reduce the coping capacities of caregivers.

### 2.6.6  Job security

Bosman *et al.* (2006: 48) view job insecurity as a stressor which may result in increased levels of burnout and decreased work engagement. Fear of losing one's job results in a sense of powerlessness. Bridges (in Bosman *et al.*, 2006: 48) notes that "the identities of most citizens of industrialised countries are defined in terms of their jobs. Through jobs individuals are connected to a wider community and find structure and purpose." The perception that their current job might be lost, reduces a person's sense of well-being. Insecurity about someone's occupational future impacts on their work engagement and affect: positive affect leads to active engagement, and perceptions that the work is important and worthwhile. Work needs to be challenging and should ideally enhance skills. Maslach (in Skidmore, 1983:161) views job security as a safety and security need. If there is a threat to security, an individual will endeavour to resolve this. Currently, in the DoH there is no real threat to job security, as there is a shortage of skills. ICU employees have specialised skills, but may not be attracted or retained in the public sector due to other factors, such as remuneration or upward mobility.

### 2.6.7  Working conditions

Demerouti *et al.*, (2001: 501) found that job satisfaction is related to job demands. The working environment plays an important role in the development of stress. Job satisfaction is related to pay/remuneration, leadership and the work environment. The job demands of patient contact and time pressure impact on job satisfaction. Sveinsdottir, Biering and Ramel (2006: 75) note that occupational stress reduces job satisfaction, increases the turnover rate and decreases the quality of nursing. Strenuous working conditions, workload and job satisfaction impact on occupational stress. While and Bariball (2005: 211) found that staff shortages and the high turnover rate of nurses impact on healthcare delivery and the well-being of staff. There is always a shortage of nurses in the DoH, which impacts on service

delivery, but the recent OSD has attracted nurses back to the public sector, where salaries have become more competitive.

Working conditions play a role in the well-being of employees. Too much work to do, a lack of competitive compensation, shift work, a lack of recognition and lack of support are related to exhaustion, fatigue, emotional lability and feelings of being overwhelmed. Brauteseth (1993: 781) brands shift work stressful, as it disrupts people's biological rhythms and impacts on their social life, forcing the worker to adapt to these patterns. Fatigue reduces the ability to cope, and a chronically tired body is synonymous with a tired mind and low immune system. A tired mind can impact on judgement and cloud thinking. If the individual is over-utilised, without adequate equipment and personnel, this can result in excessive demands on their time, energy and emotional fortitude. A lack of physical resources impacts on the ability to perform. Van den Tooren and De Jonge (2008: 1) found that physical and emotional resources are important stress buffers. Job demands and job resources need to match, to diminish ill-being and poor health.

High physical demands increase complaints and emotional exhaustion, as was found in a study of Dutch nurses. Burnout happens when resources are unable to meet constant job demands, resulting in personnel feeling overwhelmed and depleted of energy. Mitchell and Everly (2001: 64) believe peer support can help to eradicate the myth of unique vulnerability or weakness, and can provide an opportunity to seek advice on effective coping. Brauteseth (1993: 783) warns that a lack of support results in exhaustion and reduces job satisfaction.

Kramer and Schmalenberg (2008:56) found that the work environment is related to job satisfaction – a healthy work environment lowers stress. This involves having the right structures, policies, processes and procedures in place. Apart from the structural layout of the ICU playing a role, sufficient staffing, resources and technology impact on outputs and job satisfaction. Successful care, at the end of the day, is dependent on the feeling that the individual has made a difference. The interplay between job demands and job resources impacts on functioning: if job demands are high and job resources are lacking, individual well-being is threatened. Job resources may buffer the impact of job demands, but if the

individual lacks the resources to cope, job demands will result in the individual feeling exhausted and overwhelmed. It is essential to examine the impact of job resources (Bakker *et al.* 2005: 170). In the DoH, job demands are high and resources are lacking, thus impacting on service delivery and on the well-being of employees.

## 2.7  JOB RESOURCES

Demerouti *et al.* (2001: 7) define job resources as including the physical, psychological, social or organisational aspects of the job that may be functional in achieving work goals, reducing job demands and stimulating personal growth and development. Resources may be located at the level of the organisation, i.e. salary, career opportunities and job security (see section on job demands). Interpersonal and social relations include supervisor and co-worker support, team climate and teamwork. The organisation of work includes role clarity and participation in decision making.

At CHBH's ICU, employees participate in ward rounds, where patient treatment is discussed. However, as the researcher observed, decisions regarding the purchasing of equipment, procurement procedures and budget are made at management level, where such staff are often not aware of the real needs. The level of the task includes performance feedback, skill variety, task significance, task identity and autonomy. At CHBH's ICU, employees receive performance feedback via the performance management and development system (PMDS). There are some recognition systems in place, but often employees do not feel acknowledged or are not recognised for their achievements. Levert, Lucas and Ortlepp (2000: 39) state that a sense of accomplishment is an important aspect of job satisfaction. Praise and encouragement are vital aspects of performance feedback. A sense of mastery promotes the development of self-esteem and self-actualisation. Autonomy, or the ability to decide how to respond to job demands, affects people's attitudes towards work. A positive attitude engenders work engagement.

In order to examine job resources, the researcher will break down resources into human resources, personal resources and equipment. Human resources include interpersonal relationships and having an adequate number of staff. Personal resources focus on the resources of the individual and their ability to cope with the demands of working in an ICU, while equipment focuses on the specific demands for specialised equipment in the ICU.

### 2.7.1 Interpersonal relationships/support in the workplace

Demerouti *et al.*, (2005: 171) state that social support is a resource that is functional in achieving work goals. Instrumental support from colleagues can help to get the work done on time, and may alleviate the impact of work overload, strain and burnout. Social support protects employees from the pathological consequences of stressful experiences, and is a potential buffer against job stress. Du Toit (1996: 18) stresses the importance of a buddy system to enhance coping. A lack of support can demoralise staff, whereas support provides affirmation and approval, and confirms that the individual is doing the right thing. James (in Mathe 2006: 1120) states that the deepest principle in human nature is the need to be appreciated. Relationships provide a vehicle for recognition and approval. Bakker *et al.*, (2005: 171) argues that constructive feedback improves communication and performance. Praise and encouragement also improve motivation.

Management support is an essential for employees. While and Bariball (2005: 211) state that doctor–nurse collaboration is essential for service delivery. Relationships enhance the flow of information and communication, and serve as a buffer to stress. Social support plays a role in alleviating feelings of exhaustion and negative attitudes towards work. Relationships enhance connectivity, promote teamwork, and foster a positive team climate. In an ICU it is critical that employees work as a team, pooling resources to enhance service delivery. Team support also provides clinical and emotional support, and helps enhance effective coping mechanisms.

Relationships meet the need for affiliation and belonging; they provide a structure for sharing feelings and experiences, and promote the venting and catharsis of feelings. Sinclair and Hamill (2007: 347) point out that it is essential to provide support for staff, and note that relationships help provide instrumental support.

Sveinsdottir and Biering (2006: 875) deem the relationship with a supervisor important, as it provides opportunities for constructive feedback as well as the appraisal of good performance, and may counter the effect of job demands (in terms of burnout). While there is a performance feedback system in the DoH, employees often experience a lack of acknowledgement, praise and supervisor feedback. Some feel they only receive criticism. The media very seldom acknowledge the positive aspects of patient care; they focus on the negative, often assigning blame to the healthcare worker.

## 2.7.2  Human resources/staff

Employees are a valuable resource. Without their presence and care, there would be no one to meet the needs of patients. In an ICU, all categories of staff play an integral role in the team, and each individual's contribution is important. Levert *et al.*, (2000: 37) state that the retention and recruitment of staff impact on job satisfaction and enhance optimal patient care. The end result is that employees can do what they do best. Sinclair and Hamill (2007), While &Bariball (2007) and Levert *et al.,*(2000) stress that staff shortages increase the workload and emotional demands, and reduce job satisfaction. This can result in feelings of exhaustion and being overwhelmed, which impact on patient care. Staff shortages can hasten burnout.

Burnout manifests as low energy, a lack of control, helplessness, decreased motivation and a negative attitude. An afflicted healthcare worker lacks commitment and is incapable of providing adequate service. Levert *et al.,*(2000: 37) state that all staff pay a heavy price, as staff shortages impact on well-being and service delivery. In an ICU, where the patient–nurse ratio is one-to-one, or in high care, where the ratio is two-to-one, staff resources are essential. The researcher believes human resources are impacted by working in an ICU, and that a lack of (or shortages of) human resources impacts on functioning. In the DoH there may be a moratorium on the advertisement of posts, resulting in staff shortages, or staff may not be replaced when colleagues terminate their services.

## 2.7.3  Equipment

It is essential that an ICU is fully equipped with the necessary equipment, medication and technology required to care for critically ill patients. Buch (2000: 179) raises the question: "What are sufficient financial resources?" There is a need to make use of current resources and to ensure that the "health slice is increased". Budget and procurement procedures need to ensure that equipment is ordered correctly, and that daily needs are met to ensure proper patient care.

As the ICU is a specialised critical care unit, specific equipment is required to sustain patients' lives. If ventilators, infusion pumps, patient monitoring, life support, emergency resuscitation and diagnostic devices are not provided, the healthcare worker is unable to provide adequate patient care. The ICU is a demanding environment due to the critical condition of patients, and the variety of equipment necessary to support and monitor patients. Patient monitoring equipment consists of physiological monitoring systems, pulse oximeters, intracranial pressure monitors and apnea monitors. Life support and emergency resuscitative equipment consists of ventilators, infusion pumps, crash carts and intra-aortic balloon pumps. Diagnostic equipment consists of mobile X-rays, portable laboratory devices and blood analysers. Disposable ICU equipment consists of urinary catheters, arterial catheters, chest and endotracheal tubes, gastrointestinal and nasogastric feeding tubes, and monitoring electrodes.

ICU staff has to pay attention to the types of devices and to variations in different models of the same type of devices, so that they do not make an error in operation or adjustment. ICU equipment is used by a team specialised in its use.

As ICU patient monitoring systems are equipped with alarms that sound when the patient's vital signs deteriorate (for instance, when breathing stops, blood pressure is too high or too low, or when heart rate is too fast or too slow), staff have to ensure that all alarms are functioning properly. This can place a strain on employees, as the noise levels in the unit are higher, the pace of working when a patient crashes is faster, and the possible, impending death of the patient creates a life-threatening situation.

An ICU cannot function without the necessary equipment, thus resource shortages constitute a life-or-death situation for patients. Faulty or ill-maintained equipment presents a high risk to patient mortality.

### 2.7.4   Personal resources

Stamm (1999: 3) states that workers who do not give a care to their own needs, or do not have sufficient time to meet their personal needs and engage in self-care, are at risk of developing the negative effects of helping. Working with people who have been traumatised changes a person. Figley (in Stamm 1999: 3) notes that caring people experience pain as a direct result of exposure to others' traumatic material. Lutterman (2010: 33) believes self-care is important, thus each person must take time out to care for him- or herself. The researcher believes job demands, job resources and personal coping mechanisms play a role in countering or buffering the effects of workplace demands, and enhancing well-being. There is a need to provide clinical and emotional support to employees, and this can be done through team meetings, the provision of individual support, and access to an Employee Wellness Programme. The researcher believes the individual needs to be supported to find a sense of meaning in the face of life's tragedies, and should be assisted in developing positive coping mechanisms.

Shepherd and Hodgkinson (1990:104) examines three aspects of personal resources: individual, environmental and relationships.

- ✓ Individual factors examine personality, coping mechanisms, past history and self-capacities;
- ✓ Environmental factors include debriefing, training, stress management and support programmes;
- ✓ Relationships provide a support network – each person should have a circle of family and friends they can turn to for assistance.

It becomes important to examine what job resources buffer the impact of job demands in terms of stress and burnout. It is also important to examine what role job demands play in inducing or reducing stress or burnout. Job demands may buffer stress in the presence of adequate job resources.

Rothmann *et al.*, (2006: 76) state that the determinants of well-being differ within working environments, depending on the unique demands and resources in the specific job context. Job demands can deplete or impact on someone's health, and result in exhaustion. Van den Tooren and De Jonge (2008: 75) argue that it is important to match resources, demands and outcomes, in order to diminish poor health and ill-being. Unfavourable job characteristics may have a profound effect on job stress and burnout (Demerouti *et al.*, 2005: 170), thus it is important to examine the causes rather than the effects of burnout.

## 2.8    HEALTH AND WELLNESS

Rothmann (2005: 10–12) has explored ways of enhancing health and wellness/well-being in the workplace, and suggests the following:

- ✓ Find meaningful work: a meaningful job helps employees remain dedicated, and a) makes a significant impact on the lives of others, b) provides intellectual challenge, c) prevents boredom, and d) the individual can cultivate their own interests in the job;

- ✓ Enhance resilience: Strumpfer (2002: 9) defines resilience as a pattern of psychological activity which consists of a motive to be strong in the face of inordinate demands. It energises goal-directed behaviour to cope and rebound. Resilience is influenced by the internal characteristics of the individual, various life contexts, circumstances and opportunities. Different situations will arouse resilient behaviour. Resilience influences how we look at problems, how we describe ourselves and the events that have a significant impact on us, and how we deal with adversity. Here, the focus is on the positive. A resilient person is able to reduce stress and choose constructive and effective ways of responding (Mathe 2006: 54). Seeing a situation as stressful and problematic means you have lost the battle before it began, therefore choose positive ways of responding. Resilience enhances coping capacities and personal resources. If an individual believes they are able to cope and deal with adversity, this positive attitude enhances hope for the future and maintains a positive outlook in difficult situations;

- ✓ Increase job resources: finding ways of increasing autonomy and intrinsic motivation and social support enhances functioning within the workplace. In this scenario the individual believes there is support, and that he or she does not function in isolation. Supervision, case conferences, opportunities to vent and a support system may play a role in providing tangible or intangible support;

- ✓ Create opportunities for recovery: this promotes self-care and enhances resilience. Restorative rest and leisure promote the ability to recover. This may include socialising, exercising, and spending time with loved ones;

- ✓ Employee assessment and evaluation: this entails ensuring that the right person is in the right job. Individuals receive feedback on their abilities and are assisted with developing their potential;

- ✓ Training: employee health and wellness training programmes need to be directed at personal growth and development. These programmes may include time management, stress management, personal effectiveness and self-management. Coaching and encouragement can enhance individual functioning.

The goal of enhancing well-being is to promote coping with job demands in a work setting where job resources may be limited or lacking. The words of Bo Bennett summance coping: "If you don't stretch, you don't grow. Attempt to try new things and expand your world view" (in Mathe 2006: 116).

### 2.8.1  Activities that promote well-being

An individual may engage in activities that help maintain a balanced outlook on life and empower the individual. Coping with adversity can be challenging, and having sufficient resources to cope aids functioning. The list below highlights activities and resources that promote coping. The characteristics are a combination of factors discussed in this chapter. No one person will have all said characteristics, but should strive to develop tools for coping. [Cf. Antonovsky ( in Rothmann 2005: 13); Brauteseth 1993: 782; Figley 1995: 144; Mathe 2006: 116; Pearlman and Saakvitne 1996: 39; Rothmann 2005: 13; Stamm 1999: 116; Strumpfer 1999: 6 and HealthInsite 2008: 4.] The resources that promote coping and develop resilience are:

- Relaxation: this provides time out for the caregiver. Activities can consist of breathing, meditation, reflection and yoga. Brauteseth (1993: 782) cautions against neglecting the spiritual side of one's personality. It is essential to have hobbies to engage in during off-time, such as visiting friends, engaging in social activities and finding ways of expressing creativity. Stamm (1999: 116) believes that balancing work, play and rest help to keep a person grounded;
- Exercise, to use up excess adrenaline. Exercise helps the individual switch off and channel their energy in a different way. It offers a stress and tension release;
- Me-time: this involves time for oneself, doing things you enjoy. The focus is on the individual. This means switching from caring for others, to caring for yourself. Time for yourself helps to combat stress;
- Debriefing after tough times;
- Laughter: laughter is healing. Individuals with a sense of humour are able to laugh at themselves and to find the humour in situations;
- Generalised resistance resources to combat stressors: each individual develops their own coping mechanisms. Pearlman in Stamm views self-capacities (1999:58) as those inner abilities that help an individual maintain a sense of self and positive self-esteem. Ego resources, according to Pearlman (in Stamm 1999: 59) include self-examination, willpower, a sense of humour, empathy, the ability to set limits, imagery and introspection;
- Sense of hope: this affirms life and the future. Mathe (2006: 42) believes you need hope in order to overcome. Each person has the key to unlock their own strengths and potential, and change their circumstances. There will always be problems in life, but seeing them as temporary and short-lived, means they can be resolved. Of importance is what people do with what happens to them – the choices and decisions they make can shape their future.

### 2.8.2  Personal characteristics which enhance well-being

Certain personal characteristics enhance the ability to cope and maintain a hopeful outlook on life. These characteristics may be developed by the individual or may form part of their generic make-up:

✓ Sense of coherence: Antonovsky (in Rothmann, 2005: 13) defines a sense of coherence as a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence. The individual believes that incoming stimuli are structured, predictable and explicable, that they have the resources to meet the demands made by the stimuli, and that these challenges are worthy of investment. Individuals with a strong sense of coherence develop the ability to use general resistance resources to restore equilibrium. They feel they are competent, and enjoy life satisfaction and well-being. A sense of coherence may assist in warding off burnout and help the individual make cognitive sense of the workplace. The individual requires the appropriate ability, skills and training to overcome situations in which they feel challenged in the workplace. This is characterised by three factors: comprehensibility, manageability and meaningfulness. Comprehensibility is the extent to which one perceives stimuli from the internal and external environment as information that is ordered, structured and consistent. Stimuli are perceived as comprehensible and make sense on a cognitive level. Manageability is the extent to which individuals experience events in life as situations that are endurable or manageable, and can be seen as new challenges. Meaningfulness is the extent to which one feels that life makes sense on an emotional and a cognitive level;

✓ Self-esteem: Mathe (2006: 35) states that self-esteem is a belief in one's own uniqueness. The individual is aware of their own needs and that their life has  purpose. Those with self-esteem understand their own abilities and talents – it is about inner abilities and how you feel about yourself, about reflecting pride and the belief that you are capable and worthy. Such people enjoy challenges, set goals and are motivated. High self-esteem helps them deal with difficult situations, as they are motivated to change, and believe they have the innate potential to overcome most situations;

✓ Locus of control: a perception that they are able to exercise control over the environment and a belief that they have control over resources, successes and the environment. Self-efficacy is related to locus of control. An external locus of control has been related to emotional exhaustion. If individuals

believe they have no control over resources (personal and in the workplace) they will not have the ability to cope with workplace stressors;

✓ Optimism and salutogenic thinking: according to Strumpfer (1995: 6), this explains why some people, despite stressors, maintain health. For them, the focus is on what can go right, and they adopt a positive rather than a negative stance, they focus on health and strength. Figley (1995: 144) believes attitude and finding value in life play significant roles, along with openness to problem solving. A belief in the positive, and that "I can" helps the individual see things in perspective. Vicarious traumatisation can change an individual's world view and frame of reference (i.e. beliefs about the world, life philosophy, morals, principles, casualty, justice and predictability), but all things must be seen in perspective. Optimism is associated with good mood, perseverance and expectancy. Rothmann (2005: 16) states that optimism promotes wellness and arms individuals with the belief that they are equipped with the resources to handle job demands. Optimism influences expectations and problem-solving abilities. Optimists will endeavour to face most challenges and difficulties;

✓ Resilience: resilient people have good relationships, the ability to see beyond the present, a focus on change, realistic goals, they take decisive actions, look for opportunities for self-discovery and do not blow things out of proportion. They have a sense of humour, are self-aware, humble, balanced, autonomous, they value others, are self-motivated, content and alive in the moment (HealthInsite, 2008: 3);

✓ Self aware: such individuals are mindful of their own emotions and motivations. They know themselves, but continue to seek to understand themselves better. They are teachable and want to know more about themselves and how they function. A self-aware person knows their limits and can recognise when they are under stress;

✓ Balanced: such individuals find a balance between their personal and work lives. They can invest their energy in work and enjoy relaxation and time off from work. They know their own personal needs are important, and engage in caring for themselves;

✓ Coping resources: the efforts made to manage situations that have been appraised as potentially harmful or stressful. The levels of stress that an

individual experiences in the workplace, and the extent to which adverse effects occur, depend on how effectively the individual copes with stressful situations. How people cope with stress affects their well-being;

✓ Sense of efficacy: Rothmann (2005: 14) brands this a belief in one's capabilities to mobilise the motivation, cognitive resources and course of action needed to meet demands. Such individuals believe they can affect their environment and control their actions to produce desired outcomes. High levels of job satisfaction are associated with self-efficacy. Ineffective thoughts could cause distress and depression, which could lower levels of job satisfaction. Self-efficacy plays a role in the workplace and enhances well-being, but if the workplace destroys the individual's self-efficacy, job satisfaction is lowered and emotional exhaustion can set in.

### 2.8.3 The role of expressing feelings and well-being

Understanding and staying in touch with feelings plays a role in enhancing functioning and developing coping mechanisms. Releasing/expressing feelings is an important way of preventing depression as innermost feelings are no longer suppressed. Venting and the catharsis of feelings provide a release for pent-up emotions. As emotional exhaustion can lead to burnout, venting is vital. Support groups play an instrumental role in sharing the burden. Brauteseth (1993: 783) stresses the importance of finding someone you can talk to – not in the same line of work – and sharing the stress with them. The concept "No man is an island" emphasises the need for the support of others. Brauteseth (1993: 783) warns that individuals should not make unreasonable demands on themselves or on others, and should know their feelings. Alexander (1993: 107) believes individuals need to find ways of unwinding and venting feelings, to prevent the build-up of suppressed emotions.

Sharing adversity with others can lead to the formation of intense bonds. Mathe (2006: 116) notes that when individuals acknowledge their emotions, they gain the strength to deal with the source and their recovery period becomes much shorter. Letting go is not a matter of forgetting, denying or giving up, but rather of accepting and moving on. Bottling up feelings can reach dangerous proportions.

The researcher believes individual factors such as personality, experience, past history and demographics play a role in developing personal resources. Situational and environmental factors, such as social support, acknowledgement, training and organisational factors impact on coping. Resilience, as a characteristic, enables employees to bounce back. However, each person needs to acknowledge their own vulnerabilities and should be aware of their limitations. Personal resources are important for coping, thus each individual should develop their own repertoire of coping mechanisms.

The researcher believes that understanding stress, trauma and personal coping resources play a role in the well-being of the healthcare worker. The impact of job demands and job resources on well-being is dependent on the levels of demand and the extent to which resources are adequate (or not). If job demands are high and resources limited, the healthcare worker can be affected.

Dedicated employees need to take care of themselves and address their own needs. They need time to meet their own personal needs for rest, relaxation, family relationships and self-care. If they do not take care of their needs, they are at risk of draining or harming themselves.

## 2.9    SUMMARY

This chapter discussed the factors impacting on the well-being of employees. The focus in this chapter was on defining theoretical concepts and exploring factors of stress, job resources and job demands that can impact on well-being. Under stress, the factors of stressors, their impact on functioning and self-care were elaborated on. This involved a discussion of cumulative stress, traumatic stress, PTSD, burnout, critical incident stress and compassion fatigue. Job resources and job demands focused on factors in the work environment that impact on well-being. Role demands include role clarity, role conflict, the work environment, working conditions, upward mobility, remuneration, overload, job security and job satisfaction. Job resources include physical, psychological, social and environmental resources. Resources include physical resources such as human resources and equipment, whereas social resources focus on relationships.

Personal coping resources examined the personality characteristics of coherence, salutogenic thinking, self-esteem, optimism, efficacy, self-awareness, locus of control and resilience. Individuals may engage in activities that promote well-being, such as exercise, relaxation, me-time, laughter and debriefing, and may develop generalised resistance resources. The role of catharsis or the expression of feelings was explored. All these concepts were related to well-being and the impact thereof.

# CHAPTER THREE
# RESEARCH FINDINGS

## 3.1 INTRODUCTION

This chapter will focuses on the presentation and analysis of the data obtained from the investigation. The research findings will be presented and the themes and sub-themes that arose from an analysis of the data will be outlined. The data from all the interviews with the participants were transcribed and analysed and will be presented under the themes and sub-themes. A summary of the findings will appear at the end of the chapter. In chapter one of this research report the researcher explained the relevance of and the method to be used to investigate the topic. Chapter two dealt with the literature study on the individual, work-related and organisational factors that impacting on the well-being of the ICU healthcare worker.

The purpose of the study was to explore and describe the factors impacting on the well-being and emotional functioning of ICU employees at the ICU at Chris Hani Baragwanath Hospital (CHBH). These findings provide insight into the factors impacting on the well-being of CHBH ICU employees and will assist in developing preventative actions to reduce any negative impact. Work-related factors such as of job demands, job resources and trauma were explored and organisational factors such as participation, decision-making and teamwork were discussed. Individual factors such as resilience, coping mechanisms, self-care techniques and reactions to stress were also explored.

## 3.2 Research Methods

The researcher conducted applied research with a focus on solving problems in practice. A qualitative research approach was adopted, as the nature of the enquiry into the exploration of factors impacting on the well-being of ICU employees, was to attempt to elicit participant accounts of meaning, experiences and perceptions. The research design for this study consisted of collective case studies.

Factors impacting on ICU employees were explored in-depth in a group situation. This offered a better understanding of the factors impacting on employees and the meaning that they attach to these events. The data were transcribed verbatim from the audio tapes and then analysed according to themes and sub-themes. These were discussed and substantiated with literature.

### 3.2.1 The goal and objectives of the study

The goal of this study was to explore the factors impacting on the well-being of ICU employees.

The following objectives were formulated for this research:

- ✓ To theoretically conceptualise the factors impacting on employees in a hospital ICU
- ✓ To explore the role of personality factors in affecting the well-being of ICU employees
- ✓ To explore the organisational and work related factors impinging on ICU employees and how these factors impact on well-being.
- ✓ To make recommendations regarding the implementation of proactive strategies to enhance the well-being of CHBH's ICU employees.

### 3.2.2 The research question

The researcher endeavoured to answer the following research question:

**What are the factors impacting on the well-being of Intensive Care employees at the Chris Hani Baragwanath Hospital?**

### 3.2.3 Methods of data collection and analysis

The method of data collection used to obtain data from CHBH healthcare employees was focus group interviewing, using an interview schedule. Non-probability, purposive sampling was used to select a total sample of 30 participants. The inclusion criteria for sampling of participants were:

- ✓ employed in the ICU of CHBH;
- ✓ selected from the allied, nursing and medical professional groups, on all levels;
- ✓ representative of all races, genders, religions and countries of training.

Focus groups were held with four groups of employees - doctors, nursing personnel and allied professionals (dieticians and physiotherapists). The breakdown of the population was ten medical professionals, thirteen nursing personnel and seven allied professionals. In total, three males and twenty seven females participated in the study. Interviews were conducted in English and the sessions were held on different days to accommodate each group.

Creswell (in De Vos 2002: 340) states that the process of data analysis and interpretation can best be represented by a spiral image as the researcher moves in analytical circles. The steps in the spiral are as follows:

- ✓ Collecting
- ✓ Recording
- ✓ Managing
- ✓ Reading
- ✓ Memo-ing
- ✓ Describing, classifying and interpreting the data
- ✓ Representing and visualising the data

According to De Vos (2002:318) data analysis is systematic, sequential, verifiable and continuous and follows after data collection. Creswell's spiral approach of data analysis was utilised. Initially the data collected/ recorded were preserved on tapes and in written format in the form of field notes. The data were subsequently transcribed verbatim for each group and then coded. Field notes were used to record the seating arrangements, non-verbal cues and the level of participation. Data were analysed and classified for recurrent themes and sub-themes. Information from the transcripts (fitting under each of the themes and sub-themes) was quoted verbatim. Pseudonyms for each group were used instead of names of participants to ensure confidentiality and anonymity. Data was interpreted and represented visually in the form of diagrams.

### 3.2.4 Ethical issues

The researcher will discuss how ethical issues were handled throughout the research study.

### 3.2.4.1 Harm to subjects/respondents

For the purpose of this study, the researcher minimised the risk of harming subjects by restricting the obtaining of sensitive information only to what was relevant for the study. The researcher believes that the potential for emotional distress may be reduced by wording sensitive questions carefully and therefore endeavoured to maintain this principle throughout the focus group interviews. The researcher offered subjects the opportunity to withdraw from the investigation if they so wished, and did debriefing with participants upon completion of the focus groups. Counselling was offered, if required – employees could be referred to the Employee Assistance Program (EAP) professionals at the CHBH, but nobody required any counselling.

### 3.2.4.2 Informed consent

For the purpose of this research study, the researcher covered all the aspects of the research procedures, voluntary participation and data storage requirements in the letter of informed consent, inviting participants to attend the focus groups. Their permission was requested to tape record the focus groups and/or take field notes. Each subject could decide if they wished to participate in the study, before giving their written consent. Each respondent received a copy of the signed informed consent letter (the researcher kept the original in a confidential file). Permission was obtained from the Chief Executive Officer of Chris Hani-Baragwanath Hospital to conduct the research.

### 3.2.4.3 Deception of subjects

For the purposes of this study, the researcher did not deceive subjects in any way and dealt with misconceptions as they arose. All information concerning the study was dealt with when explaining the letter of informed consent to participants

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### 3.2.4.4 Violation of privacy/anonymity/confidentiality

The researcher believes it is important to safeguard the privacy and identity of subjects. Privacy was ensured through proper, scientific sampling.  Access to data collected was also controlled, to ensure confidentiality. The tape recordings and field notes of the focus groups will be stored in a safe at the Department of Social Work and Criminology, University of Pretoria for 15 years, so that access to data is restricted. The researcher ensured that information revealed during the focus

groups was handled in a highly confidential manner and that the identity of subjects was not revealed by using code names for each group in the transcribed interviews and research.

### 3.2.4.5 Actions and competence of the researcher

The researcher conducted the research under the adequate supervision of a supervisor at the university, who has 21 years' research supervision experience. She refrained from making value or bias judgements and based the research on scientific principles. In addition the researcher endeavoured to "evaluate all possible risks and advantages of the investigation and assumed responsibility for honouring promises made to subjects" (Strydom, 2002:70).

### 3.2.4.6 Co-operation with collaborators

Permission was granted by the CEO of CHBH for this research, but the GDoH did not sponsor the research project. Approval for the research was also granted by the Research Proposal and Ethics Committee of the Faculty of Humanities, University of Pretoria.

### 3.2.4.7 Publication and reporting of research results

A copy of the mini-dissertation will be kept in the University of Pretoria library and one will be given to the GDoH, CHBH. The researcher will give feedback to the subjects at the ICU in CHBH, and will also write an article for possible publication in a scientific journal, with the research supervisor as a co-author.

### 3.2.4.8 Restoration of subjects

The researcher offered debriefing to the subjects after the focus group interviews were completed. Referral for counselling was also offered, but this service was not utilised. Throughout the research study the researcher endeavoured to uphold ethical principles and maintained a professional code of conduct.

### 3.3 PRESENTATION OF THE RESEARCH FINDINGS

The presentation of the findings will be done according to the following outline:
  ✓ A biographical profile of the research groups

✓ A presentation of the themes and sub-themes that emerged from the process of the data analysis. These themes and sub-themes are discussed in conjunction with relevant literature, as well as supporting narratives and verbatim quotes from the focus group interviewees.

### 3.3.1 A biographical profile of the research groups

Table 3.1 reflects the biographical profile of the participants in the research study.

**Table 3.1 Profile of research group participants**

| Research category | Number in group | Total |
|---|---|---|
| Medical practitioners Group A | 2 males<br>8 females | **10** |
| Nursing personnel Group B | 12 females<br>1  male | **13** |
| Allied professionals Dieticians (Group D) Physiotherapists (Group C) | 3 females<br>4 females | **7** |
| **Total** | **30** | **30** |

The gender breakdown was 3 males and 27 females. At the time of the conducting of the focus groups there were no males in the physiotherapy and dietician departments. Amongst the nursing professionals there were only two males in the total population of nursing employees at CHBH ICU at the time of the research study. At CHBH there are more female nurses than male nurses. Amongst the medical doctors this ratio differs and is dependent on the appointment of personnel at that specific time.

As purposive sampling was used, the allied professionals interviewed were the total sample of professionals working in ICU at that time. The allied professional groups (Group C & Group D) were smaller when interviewed, which allowed for open discussion and individuals sharing their perceptions, thoughts and feelings.

Having smaller groups allowed participants to elaborate on one another's thoughts, which resulted in responses being elaborated on in detail. The group of doctors (Group A) was more reserved and found it difficult to discuss emotional topics. Interaction was guarded, as some of the doctors felt insecure about the focus group session being tape recorded. Some doctors were on rotation in the ICU and therefore had not chosen to work there. All other participants in the study had personally chosen to work in the ICU. Three of the doctors did not share their thoughts, but listened to what their colleagues had to say. Nursing personnel (Group B) interacted freely, but were limited by the size of the group in terms of participation. They shared their perceptions and thoughts and believed that it was important that changes be implemented in the ICU. Initially the tape recorded data were transcribed, using code names for participants, before being classified into themes and interpreted per group. Once all the data had been analysed, it was found that the themes, sub-themes and thoughts shared were similar. Some responses were similar across all groups. (see the presentation of the findings according to themes and sub themes.)Responses that were group specific are presented according to the group.

### 3.3.2. Presentation of themes and sub-themes

A narrative presentation of themes and sub-themes arising from the focus groups will be discussed. Each theme and sub-theme will contain narrative accounts from the focus groups, using direct quotes. These findings will be discussed afterwards and substantiated with literature.

The following themes and sub-themes emerged from the data:

Theme one and sub-themes: Job satisfaction; Fulfilment; Meaning of work; Emotions experienced; Changes employees would like implemented.

Theme two and sub-themes: Stressors: What the stressors are; Control over the stressors; Self-care techniques utilised; Personal resources; and Ways of de-stressing.

Theme three and sub-themes: Trauma

Theme four and sub-themes: Interpersonal relationships; Connectivity amongst team; Impact connectivity has on functioning; and Teamwork

Theme five and sub-themes: Role demands; Job description; Role conflict; and Balance between work and personal life

Theme six and sub-themes: Job Resources; Adequacy of resources; Resources lacking; and Impact job resources have on functioning

Theme seven and sub-themes: Job conditions; Work overload; Job security and Working conditions.



**Figure 3.1 Diagram of interrelated themes**

Each theme and sub-theme will be discussed separately.

**3.3.2.1 Theme One and Sub-themes: Job satisfaction**

**Arising from the theme of job satisfaction are the sub-themes:**
**Meaning of work; Emotions experienced while working in ICU; Changes that employees would like to see take place in ICU and Fulfilment.**
**The following figure represents the theme and its sub-themes.**
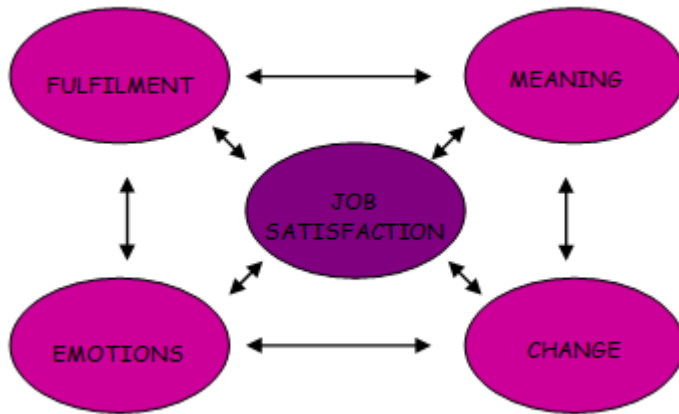
**Figure 3.2 Job satisfaction and related themes**

As employees spend a large proportion of their lives at work it is important that work enhances their satisfaction and offers them fulfilment. The work setting needs to promote positive emotions, engagement and motivation. Work plays a central role in the lives of most people. As people express something of themselves through work; work should offer them an opportunity to showcase their skills and abilities. Job satisfaction is thus an essential ingredient of successful work engagement. Rothmann (2005: 10) states that in order to promote work-related health and wellness it is essential to examine factors that combat burnout and exhaustion. These factors are:

- ✓ Finding meaningful work- a meaningful job helps employees remain dedicated.
- ✓ Finding greater autonomy and support- there is a need for a high degree of autonomy within a supportive work setting. There must be trust, confidence, recognition and feedback and the manager must convey an active interest in the setting.
- ✓ Individual factors contribute to resilience- the work setting must promote self efficacy and the accumulation of personal resources and must create opportunities for recovery. There must be a positive climate amongst team members.

A personal sense of meaning is related to job satisfaction. The JD-R model emphasises the need to identify job demands and job resources and the role that these factors play in mitigating against burnout.

- **Sub-theme one: Fulfilment**

The following quotes from participants reflect employees' job satisfaction and sense of fulfilment experienced while working in ICU at CHBH.

*Participant (Group A) "Job satisfaction is high; I am doing what I want to do and what I was trained to do. I don't want to do anything else"*
*Participants in all Groups: "You can make a difference."*
*Participant (Group C) "Visibly you see the immediate effect".*
*Participant (Group B) "You can provide optimum patient care."*
*Participant (Group A) "Treatment is more focussed; you have a reduced workload in terms of number of patients",*
*Participant (Group A) "I work in ICU because I chose to work there."*
*Participant (Group A) It provides opportunities to do what you can do best".*
*Participant (Group B) "Working in ICU means you work with the same staff."*
*Participants (Group C & D) "There is teamwork and a pooling of resources".*
*Participant (Group C) 'You learn to deal with the constraints and stumbling blocks".*

The above responses reflect that doctors, nursing personnel and allied professionals find their work meaningful and that they are doing what they have been called and trained to do. There is a personal sense of meaning and a feeling that they can make a difference. These factors enhance fulfilment and job satisfaction .Allied professionals and nursing personnel enjoy teamwork and relationships shared with their colleagues.

For some doctors ICU provides less job satisfaction than for those with a calling to work in ICU. This is reflected in the following statement:

  **Participant (Group A)** *"ICU is a means to an end. We are on rotation and fulfilling requirements".*

From the verbatim quotes of ICU employees, the responses reveal that they experience a personal sense of fulfilment- they are doing what they want to do and feel that they can make a difference in the lives of patients. They provide optimal patient care. Being able to express themselves through their skills enhances their lives and those of their patients. In ICU they experience teamwork and work in a supportive setting. These factors make work meaningful and help the employees to

remain committed and dedicated. For some doctors it merely means meeting academic requirements, but for others, it is a calling.

Lapane and Hughes (2007:12) state that work that is meaningful enhances self-esteem and an individuals' sense of mastery. Skidmore (1983: 161) elaborates on Maslow's hierarchy of needs stating that work fulfils a need for a sense of mastery and enhances self-worth and self-esteem. Meaningful work plays a role in promoting well-being. People may engage in work for intrinsic reasons as work provides a sense of meaning and purposefulness. Work also presents opportunities for affiliation, recognition and appreciation, for mastery and overcoming challenges which in turn enhances self-esteem. Work may meet the need for achievement and success, while allowing individuals to develop a sense of belonging through teamwork. Levert *et al.,* (2000: 37) state that job satisfaction plays an important role as individuals strive to make a difference and to do what they do best. This sense of accomplishment enhances well-being. The need to master situations results in heightened self esteem- the individual wants to achieve something of worth or value, to heighten feelings of competence. Participants' responses indicate that they experience job satisfaction and that their work provides opportunities for mastery while enhancing self-esteem. Fulfilment arises from making a difference- often they are able to notice a visible change in patients. However, this does not mean that there are no stumbling blocks or constraints to service delivery as reflected in the statement about learning to deal with these issues.

- **Sub-theme two: Meaning of work**

The personal meaning of work and of job satisfaction is reflected by the following participants' quotes:

Participant (Group C) "There is meaning in what we do. You can make a difference in the lives of others."
Participant (Group A) "I enjoy working with trauma."
Participant (Group A) "It is meaningful, if not I would have left."
Participant (Group A) "ICU is where things happen."

Participant (Group C) "This is why I work, there is fulfilment."

Participant (Group B) "The patient ratio is lower and you spend more time with the patient."

Participant (Group A) "You are more focussed."

The above responses reflect that working in ICU is meaningful. Doctors and nursing personnel reflected that they are able to render more individualised treatment as the patient staff ratio is lower. These responses reflect a passion for the work on the part of employees who experience fulfilment and joy in their work. The literature reflects that personal meaning and fulfilment play a role in enhancing well-being. Skidmore (1983:161) highlights Maslow's hierarchy of needs stating that the meaning of work can affect motivation and job performance. As work provides opportunities for mastery, achievement and success, individuals' need to achieve something of worth will increase their self esteem.

Working intensely with patients can however have an impact on the emotional functioning of the healthcare worker, to the extent where job demands (emotional) can impact on their well-being. Emotional demands can be associated with psychological costs. However, focussed patient care can have an emotional impact on the employees, even if they enjoy working with trauma.

- **Sub-theme Three: Emotions**

Initially it was not easy for some of the employees to discuss the feelings they experience at work. The following quotes reflect the feelings engendered by working in an ICU:

Participants in all Groups: 'You numb off or shut down or switch off to cope".

Participant (Group A) "You compensate with other things"

Participants in all Groups "Food",

Participant (Group B) "Creating a lively atmosphere to make you feel better."

Participant (Group A) "Sometimes you become desensitized in order to deal with the feelings."

Participant (Group B) "Frustration when you lack resources to do your job".

Participants (Group A&B) "Sometimes you feel helpless and hopeless."

Participant (Group B) "The feelings can be so intense it leads to stress, burnout or feeling exhausted."

Participant (Group C) "Death leads to feelings of sadness and being overwhelmed.
Participant (Group A) It is hard if you were attached to the patient."

Participant (Group C) "Fear- when the patient you are caring for crashes or worsens. You get scared for their life and for the family."

Participant (Group B) "You find you become overworked due to the physical and emotional demands."

Participant (Group C) "Sometimes you suppress your feelings- you have to be so strong to cope".

Participant (Group C & D) "Mixed emotions as sometimes you have to help criminals and offenders who are critical and they have injured people."

Participant (Group B) "You can talk things through with colleagues to help make it easier."

Participants' responses reveal that in order to cope employees may suppress their feelings, become numb (numb off), switch off or become desensitised. Having to deal with death or the fear of the patient dying results in sadness, fear or feeling overwhelmed, helpless or hopeless. Frustration may result from not having adequate resources in the workplace. Allied employees reflected that mixed feelings can occur when treating criminals. As doctors and nursing personnel work closely with patients throughout the day, they expressed feelings of attachment to patients and that they experience sorrow if a patients dies. The role of colleague support was emphasised as a means of coping.

The above quotes reflect that working with trauma on a daily basis can have an impact on well-being. Each person develops their own unique way of coping with the feelings engendered by the situation. Employees experience a plethora of feelings, but the important thing is to recognise that feelings are evoked, and for each to deal with these feelings in their own unique manner.

Mitchell and Everly (2001:16) state that the need for Critical Incident Stress Management (CISM) arose in response to the fact that excessive stress and psychological trauma exist and can be potentially disabling. The authors believe that the opportunity for catharsis and venting of emotions lowers levels of arousal. Getting emotions out into the open improves psychological and physical well-being. Bettelheim (in Mitchell and Everly 2001:61) states "What cannot be talked

about can also not be put to rest. The wounds continue to fester. It is important to talk about trauma, to organise feelings and thoughts, label feelings, lower pre-occupations, enhance insight and to develop a new perspective." The literature emphasizes the need for ventilation and catharsis- factors need to take into consideration when developing preventative measures.

The importance of catharsis and ventilation of feelings was stressed by employees. Collegial support and the role of debriefings were discussed in all the groups. Relationship support and personal resources were also underscored by the responses. Employees may become desensitised or suppress their emotions in exercising their duties. They numb off or switch off in order to cope with the painful feelings. Emotional exhaustion is one of the signs of impending burnout. Employees have developed means of coping, they try to create a lively atmosphere in ICU or bring food to comfort themselves. The importance of self-care was stressed by respondents for whom diversion may be another way of coping.

- **Sub-theme Four: Changes that employees would like to make in the ICU**

The question posed to the employees was what changes they would make in ICU. Comments varied from physical to instrumental changes. Some did not believe that change would or could happen as is reflected by the following quotes:

*Participant (Group A) "This is Bara live with it".*
*Participant (Group A) "Why say, it will never happen."*
*Participant (Group A) "No one cares or does anything about what we say."*

The above responses reflect a belief that some of the doctors believe that no one cares about the situation and that talking about change does not help. The belief that "this is Bara live with it is reflected by employees collectively." The acceptance that change does not happen indicates that the employees feel they have no control over the situation.

Some proposed changes that were common to all groups, while some were occupation specific. The common changes were:

*Participant in all Groups "Coffee shop"- (Group A) "where you can get decent food and that operates at night with a delivery service."*

*Participants (Group B) "Rest rooms for staff for relaxation that is well equipped, spacious and comfortable."*

*Participants in all Groups "The equipment needed to do our work."*

*Participants in all Groups "Technology- (Group A) "that we can have the latest/ use the latest technology that works to give proper patient care."*

*Participants in all Groups "Human resources" (Group A) "That there are enough staff per shift and that you do not have to be a cleaner, messenger and porter as well."*

*Participants in all Groups "Budget"- (Group A) to purchase goods to do your job".*

*Participant (Group B) "Change the procurement procedures. You need a person dedicated to ICU to understand our needs and requirements."*

*Participants (Group B) "An adequate proper waiting room for patients which is spacious and private"*

**The proposed changes unique to Group A participants- Doctors were:**
*"Proper sleepover facilities in the unit"*
*"The ward rounds at night and handover of shifts. There can be less ward rounds at night. "*
*"Number of overtime hours on call- it could be shorter. Set a minimum number of continuous overtime hours to be worked"*

The proposed changes focussed on sleepover facilities, overtime hours worked and ward rounds at night.

**The changes that Group B Participants- Nursing personnel would like to see were:**
*"Adequate and proper linen. You need enough sheets/draw covers as patients do not wear pyjamas due to all the machines"*

*"Attitudes of families to staff and staff to one another. There needs to be respect for one another and to treat each other with integrity."*

*"There is a lack of praise and appreciation."*

*"There should be a day and a night shift for the four groups so that you work day or night but not a combined shift of day and night."*

These proposed changes focussed on resource shortages, staff attitudes, shifts and the importance of praise and recognition.

**Groups C &D participants- Allied professionals highlighted the following changes that they would like to see:**

*"There needs to be an education of agency nurses on procedures and practices and that they maintain the same standards of nursing care."*

*"There needs to be the right feeds for patients"*

*"Equipment must be there- such as chairs for patients to sit in when doing therapy, barometers and a waiting room for patients. We should not have to re-use equipment due to shortages of resources"*

Resource needs focussed on two aspects- patient care and enhancing resources for personnel. Personnel needs included adequate rest rooms, bathroom facilities, a coffee shop and sleepover facilities. Patient needs centered on equipment, technology, patient waiting rooms, budget and procurement procedures.

Demerouti *et al*., (2005:170) state: "Job resources play a role in buffering the impact of several demands on burnout. Where job demands are high and resources low this can produce burnout, exhaustion, cynicism and reduced personal efficacy." The JD-R model states that burnout is the result of an imbalance between demands and resources. Job resources (Demerouti *et al* 2005: 170) include the physical, social, psychological or organisational aspects of the job that are functional in achieving work goals and reducing job demands and the associated physiological and psychological costs or that stimulate personal growth and development.

Irrespective of the type of job or occupation, when certain job demands are high and certain job resources are limited, the result can be depleted energy, exhaustion and impaired health. It becomes important therefore to examine what job resources buffer the impact of job demands on stress and burnout.

The researcher believes the determinants of well-being will differ within organisations and work environments as each situation is unique and has specific risk factors associated with the conditions in the unit at that time. Job satisfaction is influenced by conditions in the environment. The work environment may act as a stressor and thus impact on well-being thus affecting job satisfaction. Coomber and Barriball (2007: 298) found that stress decreases as job satisfaction increases and that work environment plays a critical role in job satisfaction. The recruitment and retention of nursing personnel also impacts on satisfaction. Findings amongst the nursing personnel in the study reinforced the importance of having adequate human resources,

From the comments it is clear that physical changes could make caring for patients a lot easier and would change the quality of patient care. Kramer and Schmalenberg (2008:58) found that a healthy work environment was related to job satisfaction. Coomber and Barriball (2007: 312) noted in their research on Icelandic nurses that staff need continuous support and that ICU structures impact on staff. The physical layout of the unit, the doctor/ nurse, patient ratio, the availability of technology and the strenuous working conditions all impact on functioning. It is important to identify structures and best practices that work to achieve quality care. From participants' comments it is evident that both resource changes (in the form of physical equipment, human resources and instrumental support) would make a difference in CHBH's ICU.

While CHBH's ICU employees experience work fulfilment and meaning, the impact of a shortage of job resources cannot be dismissed. Improving job resources could enhance job satisfaction which would reduce fatigue, exhaustion and disengagement and enhance well -being and productivity

- **Summary of Findings: Theme One: Job Satisfaction**

- **Sub-themes: Fulfilment, Meaning to Work, Emotions experienced and Changes employees would like to make.**

CHBH employees experience high job satisfaction as they are doing what they want to do. Some doctors, however are merely meeting the requirements of their studies, thus their job satisfaction is not high. For those who experience high job satisfaction, their work enhances their self-esteem and adds meaning to their work life. They feel that they make a difference and enjoy trauma work. They are where things happen and where they want to be. This passion for their work enhances their well- being. As most people spend most of their day at work, it is important that work enhances their self-esteem and well- being. Fulfilment is high when individuals do what they are called and trained for, they can provide optimal care and make a difference. They are able to express themselves through their work.

Emotions however have an impact on functioning and well- being. CHBH employees feel overwhelmed, they experience frustration, helplessness, hopelessness and at times feel numb or switch off in order to cope. Facing death on a daily basis has an impact on their well-being. It is important to manage these feelings and to create opportunities for catharsis and ventilation. Emotional wounds need to be healed. It is with this thought in mind that CHBH employees have stated the need for training on handling trauma and stress. There is a need for regular debriefings to be held on request. Ongoing exposure to trauma without taking self-care into consideration can result in burnout, exhaustion and reduce well- being. . Miller (1995:126) states that there are reasons why people choose their careers, employees are people-oriented and feel a high degree of empathy for others. Shepherd and Hodgkinson (1999:103) believe that helpers in responding to stress, experience emotional effects. Raphael (in Shepherd 1999:102) states that the reaction of employees to the death and destruction faced in their work leads to an awareness of their own mortality, and the fact that they need to grieve for those who died and suffered and also for themselves and their own future losses. Intense patient care and death lead to feelings of  sadness amongst doctors and nursing personnel.

 The changes that CHBH employees would like to see where focussed on physical and emotional aspects. Many did not believe that change would happen and felt

they had to learn to live with it. They believed that no one cared about the lack of resources. Physical changes focussed on increased budget, better equipment and technology, human resources and rest rooms and sleepover facilities as resources which would enhance their functioning and well-being. Emotional changes centred on being acknowledged, praised and being recognised. It is evident that recognition and acknowledgement would enhance their self-esteem and sense of mastery. Job satisfaction has an impact on well- being- in a positive atmosphere, work is meaningful and enhances self-esteem, and well-being where job demands and job resources influence well-being. Where job demands are high and job resources are lacking, well- being is compromised. The literature emphasises the importance of having the right policies, procedures and physical setting in an ICU to enhance functioning.

### 3.3.2.2    Theme two: Stressors

ICU employees face daily stressors in the workplace. This theme examines the stressors they experience, their personal resources, the impact of stress on their lives, their sense of control over stressors as well as their coping mechanisms.
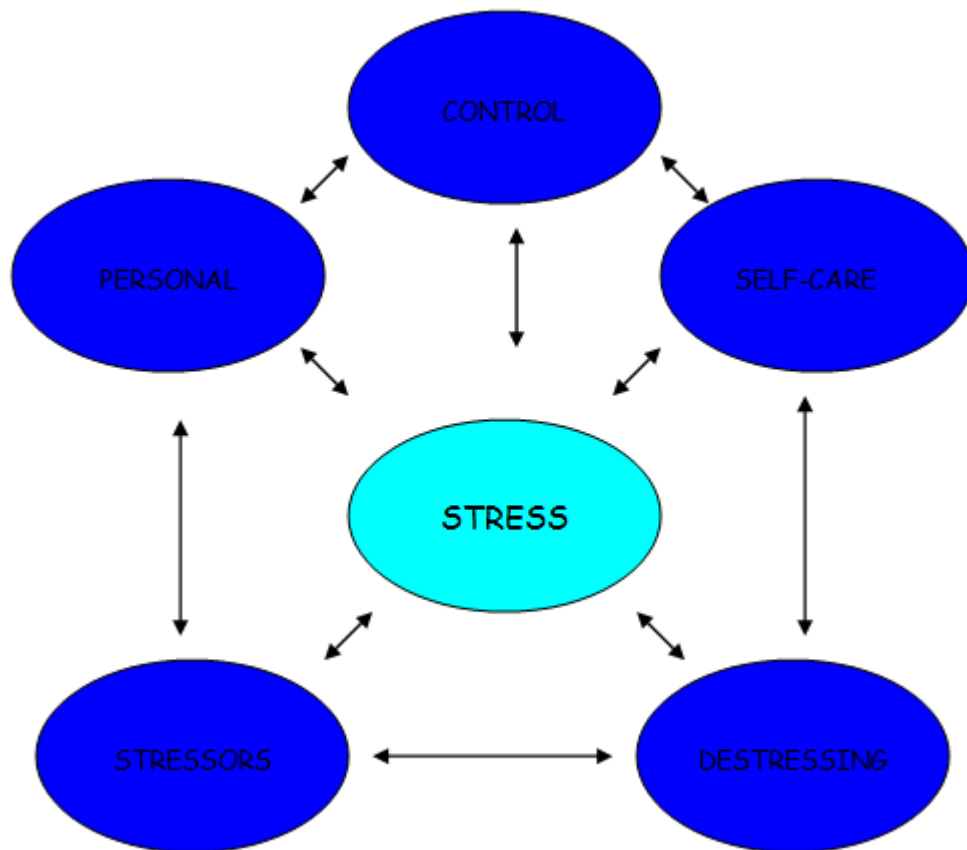
- **Sub-theme one: Type of stressors:**

Participants were asked what stressors they experience in CHBH's ICU. The identified stressors can be divided into two groups, namely, situational/ physical stressors and emotional stressors. The physical stressors were as follows:

*Participant (Group A) "Trying to get out of ICU with patients on beds and then transporting patients to CT scan"*

*Participants (Groups A & B) "The long hours we work "*

*Participant (Group A) "Having to train staff that is not adequately trained"*

*Participants in all Groups "Shortage of resources, both human and equipment"*

*Participant (Group A "Budget and the procurement procedures*

*.Participant (Group A) The person doing the ordering has no idea of what we need and want and why we need the item"*

*Participant (Group C) "When other professionals try to perform your role and think they can do it better- we are a team where we can pool our resources"*

*Participant (Group B) "Staff shortages and then you feel you have to work extra shifts because they cannot fill the shift and then the patient suffers"*

The physical stressors focussed on the layout of ICU, a lack of training of staff, a shortage of resources and a lack of budget for resources. Doctors and nursing personnel stressed the need for adequate procurement procedures. Long working hours impacted on the lives of doctors and nursing personnel.

The emotional stressors were:

*Participant (Group A) "Having to switch off the machines of a patient"*

*Participants in all Groups "Dealing with death."*

*Participant (Group B) When you have worked with a patient for a very long time it is difficult. Your contact with the patient is intense."*

*Participant (Group B) "Comforting the family is hard because you also have feelings about the patient."*

*Participant (Group C) "If the patient worsens while you are treating the patient and you worry about the patient."*

*Participant (Group A) 'Sometimes you have to make decisions about patients being admitted to ICU. You get outside requests or instructions from other departments and this puts pressure o you."*

*Participant (Group C) "It is difficult to know if you have always done the right thing for the patient"*

Doctors' emotional stressors included having to make decisions regarding admission to ICU, daily decisions about life and death issues and having to switch off machines of patients. Allied professionals found it difficult to deal with patients whose condition worsened. These stressors impact on emotional well-being. Nursing personnel face dealing with dying patients and dealing with the reactions of the patient's family when death occurs.

The following responses reflect ICU employees' feelings about control over stressors:

*Participant(Group A) "This is Bara get used to it, live with it and deal with it"*
*Participants in all Groups "There is no control over budget, procurement, staff and time"*
*Participant (Group A) "We all snap at one time or another"*

The responses reflect that employees do not feel that they have control over stressors in their workplace. This can result in staff not coping and giving vent to their feelings in an inappropriate manner. Acceptance of the situation is reflected in the statements by doctors of having to live with it, deal with it and get used to it.

Nelson and Simmons (in Rothmann 2005: 4) define distress as a negative psychological response to a stressor. Stressors, which are defined as the physical or psychological stimuli to which an individual responds take the form of role demands, interpersonal demands, physical demands, workplace policies and job conditions. Some demands are/not salient to individuals, and responses to the demands may differ. Because the stress response is complex, stressors may elicit a degree of both negative and positive responses from any individual. Distress is not healthy, and can impact on an individual's productivity and job performance, but it can be managed, according to Nelson and Simmons (in Rothmann,2005: 5) on three levels:

- ✓ Primary level- by modifying or eliminating stressors in the workplace.
- ✓ Secondary level- by increasing individuals' awareness of individuals of stress, exercise, relaxation and nutrition.
- ✓ Tertiary level- by treating symptoms through counselling and support.

It is evident that the stressors need to be identified, that employees need help finding ways of controlling stressors, learning self-care techniques and enhancing resilience and coping mechanisms. Antonovsky (in Levert *et al*.,

2000: 37) states that perceptions of events, locus of control, ways of coping, hardiness, self-esteem and a sense of coherence all play a role. Strumpfer (2001: 38) identifies a need to explore why some individuals, despite being exposed to stressors, maintain health and do not succumb to breakdown. Antonovsky (in Rothmann, 2005: 37) believes an individualised generalised resistance resources (GRR- any characteristic of the person, group, subculture or society that facilitates avoiding or combating of a wide variety of stressors) situates someone on a health ease/disease continuum. GRRs may be material (money, food), cognitive (intelligence, knowledge), interpersonal (social support) or macro (religion). These resources lead to life experiences which promote and facilitate the successful coping with stressors.

It is evident that dealing with traumatised patients can impact on those working with them. Sinclair and Hamill (2007: 348) found that nurses working with oncology patients suffered from the impact of trauma. Van den Tooren and De Jonge (2008:75) identify a need to match job demands, resources and outcomes to diminish poor health and ill-being. They acknowledge that physical and emotional resources are important stress buffers (Van Den Tooren and De Jonge, 2008: 75).

Brauteseth (1993: 781) notes that the call for immediate decisions (which have life and death implications), a fear of the unknown and how to react impact on caregivers: they are faced with cumulative stress which results from the build-up of stress over time. Although the build-up is often slow and subtle, it carries serious threats.  Factors such as shift work, long hours, a shortage of resources, and a lack of support can lead to exhaustion, fatigue and feeling overwhelmed, helpless and hopeless. Fatigue reduces a person's ability to cope with stress. Doctors' and nurses' responses revealed that having to deal with life and death issues had an emotional impact. Allied professionals face the uncertainty of not knowing if they had always provided the right treatment.

A shortage of resources impacts on ICU employees- a factor which should be addressed. Equipment and staff shortages exert strain on already drained resources. The physical layout of the ICU plays an important role: Coomber and Barriball (2005) found that Icelandic nurses were influenced by physical layout, technology, nurse/doctor collaboration and working conditions. They recommend that hospitals identify the structures, best practices and job resources that work to achieve quality patient care. In CHBH it will be important to examine the physical layout, technology and working conditions that can be changed to enhance the functioning of the ICU.

Rothmann (2005: 6) refers to the manageability of stress, as the extent to which one perceives the resources at one's disposal as adequate to meet the demands of the work situation. If a person has a can-do attitude, they will develop a positive response in a demanding situation and feel they are able to cope. However, it is difficult to cope if basic resources are lacking and staff are unable to perform their duties. ICU employees have had to learn to manage stressors in order to cope, but if basic resources are not available it is difficult to render patient service/care. Personal coping mechanisms play a role in coping with stressors. ICU employees in CHBH lack the essential resources required for patient care and thus, in order to cope numb off or harden themselves as regards their feelings.

- **Sub-theme Two: Control over stressors**

The following comments reflect ICU employees' feelings about their sense of control over the stressors they experience:

*Participant(Group A) "You have accumulated frustration and build up. You cut off or harden up."*

*Participant (Group A) "You accept that things don't change"*

*Participant (Group A) "It is learned behaviour you get from learning to cope"*

When asked how they resolve this situation, the responses were as follows:

*Participants in all Groups "We communicate with one another about it'*

*Participants in all Groups "You talk to colleagues"*

*Participant (Group A) "You learn to deal with it"*

*Participant (Group A) "You change self and adapt to deal with things"*

These responses show that employees learn to adjust to having little control over resources in the ICU and are able to control their reactions to stressors in the workplace. Communication plays an integral role in overcoming stress, and relationships provide a buffer against stressors. The cognitive aspect of responding to stressors can be controlled by one's attitude towards stressors, but coping mechanisms are critical to adaptation.

Rotter in Rothman (2005: 17) refers to locus of control as the perception by an individual of his/her ability to exercise control over the environment. A person with an internal locus of control believes that they have control over the environment and their successes. They feel that they can manage the situation. They are optimistic and hopeful, not hopeless. They are confident about outcomes. Rotter (in Rothman, 2005: 17) defines coping as the perceptual, cognitive or behavioural responses that are used to manage, avoid, or control difficult situations. Folkman and Lazarus (in Rothman, 2005: 17) refer to strategies of coping as the methods used or applied to manage certain circumstances, while results refer to the eventual outcome of applying strategies. A problem- focussed approach is one where the individual takes active steps, plans ahead and seeks social support for instrumental reasons. Such a person manages and improves unpleasant experiences (or effects thereof), seeking social support and reducing the effects of stressful feelings (caused by unpleasant experiences) through relaxation and social activities.

It is evident that ICU employees have learned ways of coping and endeavour to control how they react when they are unable to change a situation. Employees have to adopt a problem-focussed approach in order to develop strategies for coping so that they can manage their circumstances. The eventual outcome will be determined by the strategies adopted. Social support helps to reduce the effects of the stressful circumstances. Maslach (in Levert *et al.*, 2000:36) states that low energy, a lack of control, helplessness and negative attitudes can result when burnout occurs. Then

the individual is unable to meet the demands of the situation and their emotional resources are depleted. It is therefore critical to examine how individuals care for themselves. From the responses, employees believe that they have no control over resources, which can make for stressful working conditions. In turn, this can cause feelings of frustration, helplessness and hopelessness. Employees need to identify the precipitating factors and need mediating factors to buffer the effects of stress.

- **Sub-theme three: Self-Care techniques.**

When responding to the question on self-care, the following responses reflect the methods used by ICU employees.

*Participant ( Group B):"Massage"*

*Participants in all Groups "Play sport or watch sport"*

*Participants (Group A, C & D) 'Eat' – Participant (Group A) "to compensate sometimes"*

*Participant (Group A) "Treats at work and after work"*

*Participants (Groups B, C & D) "Watch TV"*

*Participants (Group A) "Switch off"*

*Participant (Group A). " Forget about Bara otherwise you worry all the time."*

*Participant (Group A) "Forget about Bara for a while"*

*Participant (Group A) "You can't worry about Bara all the time"*

*Participant (Group A) 'Bring good food when I am on call"*

There was a feeling that employees do not always care for themselves, while some suggested ways of enhancing self-care, as is reflected by the following comments:

*Participant (Group D) "We don't look after ourselves enough"*

*Participant (Group B) "There is no time- we don't make time for ourselves"*

*Participant (Group B) "We need expertise to help us find ways of coping"*

*Participants (Group B) "Resuscitate debriefings"*

*Participant (Group B) "Hold unit meetings like we used to and discuss issues worrying us"*

*Participant (Group B) "Develop and focus on self-care "*
*Participant (Group A) "Don't take work home"*

The above responses indicate that ICU employees have endeavoured to develop individual self-care techniques, and have found ways to compensate for stressors in the workplace. They recognize the need for organised activities to prevent the development of burnout or compassion fatigue. They have developed compensatory ways of coping such as the role of food. The focus is on what they can do in the workplace as well as after hours. Doctors emphasised that when they go home they switch off and forget about Bara.

Literature (Figley 1989:144; Stamm 1999:181; Pearlman 1999:53; Lutterman 2010:6) suggests the importance of practising good self-care techniques. Lutterman (2010:6) notes that being in service of others is demanding- how, one is able to remain clinically active, is a matter of practising good self-care. The most important tool is the clinician. Clinical tools need periodic care, thus, clinicians must take periodic time-outs to recalibrate. Clinical burnout is a consequence of clinicians not practising good self-care.

Figley (1989: 144) states that exercise helps use up excess adrenalin. While relaxation and me-time are important self-care techniques, it is also important to promote the development of one's own capacities, to promote physical well-being. There needs to be a balance between work and home life. Stamm (1999: xxv) states that individuals need to take care of themselves to keep self-care related problems from occurring. Pearlman and Saakvitne (1995:54) suggest that individuals develop self-capacities and self-protective strategies. This stresses the importance of individual factors in developing resilience; caring for oneself is the first step in caring for others. Munroe (in Stamm, 1999:215) states that we need to warn trauma workers of the dangers and train them how to cope. Time off, tangible support and care are important. Figley (1995:141) stresses the role of three factors; namely, individual, environment and relationships. Individual factors examine personality, coping mechanisms and past history. Environmental factors focus on debriefing, training on stress and how to do trauma work, support

structures, and individual training and self- awareness. Relationships factors focus on support from colleagues, management and outside support structures. Within each individual there is a need for connectivity and connectedness to others.

Sonnentag (in Rothman 2005: 11) stresses the importance of recovery time. An individual needs time to recover after work engagement, in order to develop proactive behaviour. Experiences outside of work are crucial determinants of feelings and behaviours manifesting at work. Levert *et al.*, (2000:41) and Koekemoer and Mostert (2006:87) emphasise the importance of the role of mediating factors with regard to burnout. An inability to mobilise resources can culminate in a breakdown in health. Individuals must believe that they have the resources (inner and within the workplace) to meet the demands they face and to see the situation as worthy of investment. Relaxation, me-time and coping techniques are critical in developing tools for self-care.

The CHBH ICU employees were aware that they need to address the issue of self-care and to remind themselves of the benefits thereof. Simple techniques of gratifying basic needs through food, exercise and switching off do make a difference in their lives. The employees also engaged in individual techniques such as sport, exercise, relaxation and treating themselves or acknowledging the importance of their own needs. The relationship aspect of self-care was evident in the need for talking to talk to others and to friends. The organisational aspect was emphasised by the responses of holding meetings, debriefings and engaging experts in assisting with coping.

As regards to self-care techniques, ICU employees were asked what they do to de-stress.

- **Sub-theme Four: De-stressing**

The ability to switch off and refuel is reflected in the following responses:
*Participant (Group A) "Eat, sleep and relax"*

*Participants in all Groups "Run"*

*Participant (Group A) "Exercise, sport, golf"*

*Participant in all Groups "TV, videos- Group A " no medical channels"*

*Participant (Group B) "Go out and do things that I enjoy"*

*Participant (Group A) "Diversion- to take my mind off things"*

*Participant (Group A) "Study- not that there is time for it "*

*Participants in all Groups Phone friends"*

*Participant (Group A) Spoil myself- bubble baths, candles, wine and relax in the bath"*

*Participant (Group B)"Spend time with family/grandchildren"*

*Participant (Group A)"Breakaway"*

*Participants (Group A)"Switch off"*

*The above responses reflect that employees engage in exercise or sport, relax or enlist the support of family and friends to help them de-stress. Some engage in me-time activities by spoiling or treating themselves. The employees acknowledged the need to take care of their own needs and of themselves, in the process of mobilising different resources to deal with workplace stress.*

**The literature stresses the importance of this capacity, - see for instance, Figley(in Stamm,1999:98), Lutterman(2010:6), Rothman(2005:5) and Pearlman(1999:53). Each individual needs to be aware of their own stress levels and what they can do to reduce the stress. The importance of education and awareness about stress, the causes thereof and the effects, and what can be done to reduce stress are a felt need and want of ICU employees. The issue of personal resources is emphasised in the literature on resilience. In particular, nursing personnel have requested assistance in developing these coping resources.**

- **Sub-theme five: Personal resources**

**The following responses reflect the personal resources of ICU employees:**

*Participant (Group A) "Resiliency- learning to cope with it"*

*Participants (Group B) "Laughter"*

*Participant (Group C & D) "Humour"*

*Participant (Group B) "Talk to others"*

*Participant (Group B) "Small talk at tea and lunch time"*

*Participants (Group B) "Sing in ICU"*

*Participant (Group B) "Go out together"*

*Participant (Group C) "Focus on the positive"*

*Participant (Group A) "Breakaway for time"*

*Participant (Group A) "Gym, exercise, golf"*

*Participants (Group A, B, C & D) "Sleep"*

*Participants in all Groups "Eat"*

*Participant (Group A) "Study- is a good diversion"*

The responses reveal that employees have developed personal resources to cope with working in the ICU. They engage in exercise and sport, and break away from their daily routine. Spending time fostering relationships at work and with family and friends develops a network of support. The importance of positive thinking and being optimistic is also emphasised. Eating and sleeping play a significant role in all groups. Nursing personnel and allied professionals emphasised the importance of laughter and humour. Doctors stressed the importance of exercise.

Strumpfer (2001:36) stresses the importance of salutogenic thinking which examines why people, despite being exposed to stressors, maintain their health and do not succumb to breakdown. The literature (Mostert, Rothmann & Strydom 2006:77 & Miller 1995:125) examines individual generalised resistance resources (GRR) which facilitate avoiding or combating stressors through the use of material, cognitive or interpersonal resources. Individuals may mobilise resources to cope, and enhance their own sense of coherence. Strumpfer (2001: 36) defines resilience as "a pattern of psychological activity which consists of a motive to be strong in the face of inordinate demands, which energizes goal-directed behaviour to cope and rebound. It is a disposition activated by situational influences." Resilience therefore refers to the ability to bounce back after facing adversity.

HealthInSite (2008: 8) examines resilience and what can be done to promote individual resilience. How we describe ourselves and the things that happen to us have a significant impact on how we deal with adversity. Personal traits, coping mechanisms, skills and attributes enable an individual to recover from a crisis and bounce back.

From the above responses it is evident that each individual develops resources for coping. Strumpfer (2002:6) stresses the importance of salutogenic thinking as a way of coping. The emphasis is on GRR which facilitates avoiding or combating stressors. The importance of focussing on the positive is stressed- Something which was highlighted in the responses of the ICU employees.

HealthInSite (2008:8) highlights the importance of having a sense of humour, being able to laugh at oneself and find the humour in situations. The importance of valuing relationships and being alive in the moment is also stressed. Relationships that are nurturing and uplifting add to life and enhance coping. Oher and Feuer stress that laughter is healing. Pearlman (1999:56) emphasises the importance of rest, leisure, spending time with others and exercising as ways of coping and restoring oneself.

HealthInSite (2008:8), identifies the following as ways of coping:
- ✓ Make connections with others- family and friends
- ✓ Avoid seeing a crisis as being insurmountable
- ✓ Look beyond the present and see hope in the future
- ✓ Accept change as part of daily living
- ✓ Have realistic goals
- ✓ Take decisive actions
- ✓ Look for opportunities for self-discovery
- ✓ Nurture self
- ✓ Maintain a hopeful outlook
- ✓ Find ways of coping that suit you, as an individual.

**Summary : Theme two: Stressors**

Sub-themes of Type of stressors, Control of stressors, Self-care, Personal resources and De-stressing.

The stressors faced by ICU employees can be divided into emotional and physical/resources. Physical stressors included long working hours, lack of resources, untrained staff, budget, procuring equipment and resources, lack of human resources and issues related to equipment and linen shortage. Emotional stressors included having to deal with trauma and the impact thereof, dealing with death and dying, decisions regarding the switching off of life- support machines, not always knowing if you did the right thing and wondering if you did all you could for the patient to save a patient. It is difficult to deal with patients whose condition worsens while they are being treated causing employees to begin to question their expertise and judgement. Often the employees feel that they have no control over certain stressors, which makes them feel helpless and hopeless. This has an impact on well-being. The comment "This is Bara live with it, get used to it" sums up many of the employees' feelings regarding control over stressors. Rothmann (2005:5) refers to the manageability of stressors, while Nelson and Simmons (in Rothmann 2005:5) refers to the three levels at which stressors can be managed. On the primary level the objective is to modify or eliminate the stressors. At CHBH this would mean that budget would have to be allocated and the procurement procedures adapted to suit the needs of the ICU. The aspect of human resources would have to be addressed so that there are adequate personnel on a shift. Nursing personnel would need in-service training to empower them and enhance their knowledge and skills. Equipment and linen issues would have to be improved. On a secondary level, the focus is on increasing awareness. This would entail training on the impact of trauma, debriefings and the impact of stress on functioning. On the tertiary level, the focus is on treating the symptoms. Employees

would need to be educated on the impact of trauma and stress so that they could monitor their own symptoms and reduce the impact of stress. Here self-care techniques and personal resources play an important role. The attitude of finding value in life and being open to dealing with change, a belief in their own capacities and a connectedness to others can help manage stressors. However, there will be times when the individuals feel unable to cope and believe that their functioning is compromised. When this happens that a multi-facetted stress management system should be in place to help staff cope. Supervision, support and ongoing training should be provided as part of the regular in-service programme. Employees participating in this study, requested assistance with coping and the developing resources.

Alexander and Atcheson (1998:5) state that EWP plays a role in reducing and minimizing the effects of critical incidents by offering interventions. The goal is to accelerate the normal recovery processes from stress- induced situations. There need to be formal structures within the work setting to assist with debriefing, stress management and the development of personal resilience. Education and awareness on resilience and stress management should be integrated into the training and induction of ICU employees. The role of de-stressing would need to be emphasised. The ICU employees acknowledged that they need recovery time and me-time. The mobilisation of personal resources plays an integral role in enhancing well-being. The focus must be on implementing new ways of coping, knowing your own vulnerabilities and finding ways of growing under pressure without being overstretched.

### 3.3.2.3 Theme three: Trauma

In the workplace employees are faced with trauma and the effects thereof on a workplace.

Figure 3.4 Trauma

The following quotes reflect the effects of trauma on the ICU employees:

*Participant (Group A) "Working with trauma has an effect on you."*
*Participant Group (B ) "You see what is going on in the world."*
*Participant (Group A) "You become more cautious, you take protective factors into account in your own life."*
*Participant (Group C) "It depends on the age, person and type of trauma."*
*Participant (Group C)"You think about it afterwards."*
*Participants (Groups A,B,C,D,)"You switch off or you numb off to cope."*
*Participant (Group C)"You build walls around you to cope."*
*Participant (Group B)"You become emotionally drained"*
*Participant (Group B)"It leads to stress and burnout."*
*Participant (Group B)"It leads to ill-health."*
*Participant (Group B)'You can have psychosomatic symptoms."*
*Participant (Group A)"It can strengthen you as a person."*
*Participant (Group A)"It enhances decision-making qualities."*

The above responses reflect that trauma has an impact on employees cognitive schemes and world views. The emotional impact ( especially amongst nursing personnel) is that it drains people and can affect their health, cause psychosomatic symptoms and lead to stress, burnout and ill health. While individuals developed protective factors such as switching off or building walls around them, some employees found that trauma strengthened them and enhanced their decision-making abilities. Thus working with trauma has both positive and negative effects on employees.

Brauteseth (1993:751) brands caring for the sick and injured in emergency care challenging, yet rewarding. It is stressful as the responsibility for the patient is high. It calls for immediate decisions which have life and death implications. The healthcare worker faces the fear of the unknown and may not know how to react. Cumulative stress results from the slow build-up of stress over time which may have serious repercussions for the individual. Miller (1995: 124) refers to emotional

labour which is jobs where workers are expected to display certain feelings in order to satisfy role expectations. Because the healthcare worker feels with the patient (empathy), working in an emotionally stressful situation can lead to exhaustion. Shad Meshad (in Figley 1995:17) refers to compassion fatigue as a by-product of caregiving and states that the more intense and personal the caregiver becomes, the more vulnerable and at risk the caregiver is of developing compassion fatigue. Shepherd (1999: 163) notes that caregivers becomes aware of their own mortality and grief, while Stamm (1999:XV) points out that daily staff are confronted with trauma on a daily basis as they come face to face with the fact that the world is full of death, hate, evil and violence. They are not protected from this and are called upon to show compassion and empathy. Since it is the core of their work, they need to care for themselves to counteract what is known as soul weariness. In this scenario, the role of trauma education and awareness cannot be overemphasised. The ICU employees participating in this study, requested assistance with trauma management and with developing procedures for preventing compassion fatigue.

It is evident that working with trauma has an impact on well-being, thus it is important to enhance individual resilience and engage in self-care to avoid compassion fatigue. Since feeling with the patient can lead to emotional exhaustion, employees develop ways of coping which may include numbing off, depersonalising or developing a protective shield. Research on trauma has stresses the need to develop strategies to buffer the negative effects of work. Stamm (1999: 167) refers to the concept of "Kelengakulelleghpat" which means watching out for each other in literature. This concept evolved in Savoonga after the suicidal death of an adolescent. Employees searched for the body of the young girl and were also involved in recovering the body. After the incident, the community became aware of the need to care for one another. They engaged in collective learning and formed teams that cared for one another. In ICU there is a similar need for collaboration and connectedness amongst team members. This concept can be introduced to CHBH employees, who currently support colleagues and are, in turn, supported by them.

### 3.3.2.4 Theme four: Resources

This theme addresses issues of human resources, equipment and personal resources in the workplace. The sub-themes are: Sufficiency of resources, Resources lacking and The Impact of resources on ICU employees.
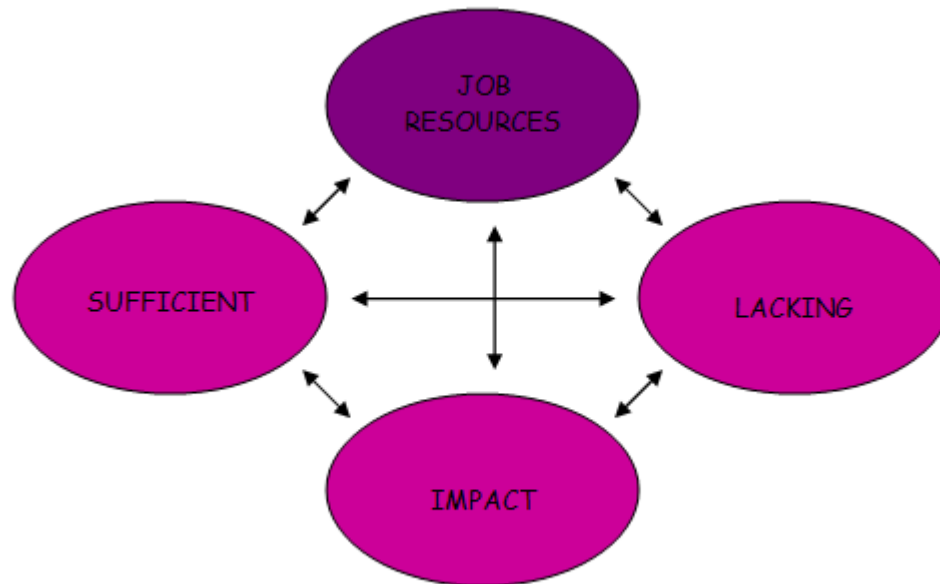


Figure 3.5 Job Resources and related themes

- Sub-theme one: Sufficiency of resources

Responses to a question regarding the sufficiency of resources yielded the following:

*Participant (Group A) "No sometimes even the basics are not available-today we ran out of Epilum- that is basic"*

*Participant (Group A)"No we don't meet the basic standards"*

*Participants in all Groups " Not enough resources"*

The above responses reveal that basic resources are lacking in the ICU. Daily, doctors are faced with a lack of medication, equipment and technology needed to perform their duties.

The JD-R model of Bakker *et al*., (2005:170) define Job Resources(JR) as those physical, social, psychological or organisational aspects of the job that are functional in achieving work goals and reducing job demands and

the associated physiological and psychological costs or stimulate personal growth and development. Job resources are functional in achieving work goals. Resources, according to Rothman *et al.*, (2005:77) may be viewed as:

- ✓ Organisational; salary, career opportunities or job security
- ✓ Social or interpersonal; relationships with colleagues, supervisor, co-worker support and team climate
- ✓ Task-related; performance feedback, skill variety, task significance, task identity and autonomy
- ✓ Organisation of work-related; role clarity and participation in decision-making

These processes may drive people's attitudes and behaviour and induce certain psychological states, for instance excessive job demands and a lack of job resources can lead to distress, whereas sufficient job resources can lead to work engagement. Hobfoil (in Rothmann *et al.,* 2006:77) states that people strive to obtain, retain and protect what they value. Resources are viewed as those personal energies, characteristics, objects and conditions that are valued by an individual or that serve as a means to attain goals. It is important to examine the impact of resources on functioning and how these resources may serve as a buffer to job demands. Where there is a lack of resources, the individual may be unable to perform. When job demands are high and job resources limited, burnout and stress may occur. The absence of resources undermines motivation and leads to cynicism, staff having to perform extra roles, fatigue and demoralisation.

Buch (2000:179) admits that funding does not always match the requirements for service. In answering the question "What is sufficient?" Buch (2000:179) answers that "we need efficient use of current resources and an increase in the health slice". There is a need to mobilise resources to effectively deal with stress. Employees in CHBH's ICU need resources to meet the daily demands of caring for patients.

When ICU employees experience a lack of resources it impacts on their service delivery. When the demands of the job are high and resources are insufficient, patients' lives are affected, which impacts on the individuals'

well-being. Employees in the ICU experience decreased job satisfaction, less fulfilment and an increase in physical demands.

- **Sub-theme two: Resources that are lacking**

The following statements reflect employees perceptions on the resources that are lacking:

*Participants in all Groups " Linen"*

*Participants (Group A)"Medication"*

*Participants in all Groups " Budget"*

*Participant (Group B) "Proper ordering and procurement procedures."*

*Participant (Group A) "The people ordering the stuff that is needed have no understanding of what is needed and why it is needed"*

*Participants in all Groups" Equipment"*

*Participants in all Groups "Time"*

*Participants in all Groups " Human resources"*

*Participant (Group A) "Shortage of human resources means we do call more often. This affects family life as you do more weekend calls. Sometimes it means spending less time with patients as there are not enough doctors to see patients."*

*Participant (C)"Continuing education"*

*Participant (Group B)"Procedure trolleys"*

The above responses confirm that resources are lacking in ICU. Physical resources such as equipment, medication, linen and procedure trolleys are vital for service delivery. The lack of procedures for ordering and the acquisition of adequate budget impact on service delivery. If there are not enough human resources, it can result in work overload, physical exhaustion or decreased motivation and low morale. It is important to identify which resources are lacking so that this can be addressed. Bakker *et al.*, (2005:170) warns that a shortage of resources leads to exhaustion and disengagement. Levert *et al.,* (2000:77) confirm that optimal patient care is influenced by staff being overwhelmed or emotionally exhausted.

Any shortage of human resources impacts on performance. If there are not enough hands to do the job the patient care is compromised. Sinclair and Hamill (2007:348) and Coomber and Bariball (2006:297) found that a shortage of nurses lead to low staff retention, and that the high staff turnover had far-reaching consequences. Nurses and doctors may feel overwhelmed and unable to offer optimal patient care. If job demands are high and job resources low, burnout can occur. The ICU employees' responses revealed that a shortage of human resources lead to feelings of frustration, being overwhelmed and reduced performance. However, employees endeavour to do what they can with the resources they have as patient care is a high professional priority. Job resource shortages can result in burnout. The physical demands of the job drain energy and motivation, which can result in exhaustion. A lack of resources impacts on the quality of service delivery and on the feelings of the employees.

- **Sub-theme three: Impact of a shortage of resources on ICU employees**

According to participants the impact of a shortage of resources has the following consequences in CHBH's ICU;

*Participants in all Groups" It influences service delivery"*

*Participants in all Groups "Performance is affected"*

*Participant (Group A) " We can't deliver the service we want to deliver"*

*Participants in all Groups" Quality of service is affected"*

*Participant (Group D) "Patients do not receive the best service"*

*Participant (Group C) "We make do with what we have and try to do our best"*

*Participant (Group A)"It affects our own quality of life as we are tired and can't be proud of the service"*

*Participants (Group B)"We underperform"*

*Participants (Group B)"Inefficiency"*

*Participant (Group B)"We look unprepared and ineffective"*

*Participant (Group B)"You end up on the red carpet cause of the mistakes"*

*Participant (Group A "The workload is high and you can't cope"*

**The employees stressed that a shortage of resources means that patient care is compromised, which means service delivery is not what it could be. In turn, this impacts on employees, as they feel inefficient and ineffective. Performance standards are impacted and self-esteem is influenced. Job satisfaction can be influenced and the meaning attributed to work can be reduced. A lack of human resources can lead to exhaustion and disengagement. The words of Buch (2000:171) summarize this section, namely that there is a need for an increase in the health slice. However, existing resources need to be used efficiently and effectively.**

**Summary: Theme Four: Resources**
Sub-themes of adequacy of resources, resources which are lacking and the impact of a lack of resources on functioning.

It is important to examine the interplay of job resources and job demands. If job demands are high and job resources lacking, well-being is impacted. Job resources may buffer the impact of job demands and thus reduce burnout and exhaustion and may increase motivation. Employees may engage in their work if job resources are adequate, while patient care is compromised and performance reduced if basic resources are lacking. CHBH's ICU employees experience a daily lack of resources which has an impact on functioning. Resources that are lacking are basic items such as medication, linen, human resources, budget and equipment. When resources are stretched, employees are impacted and in turn this impacts on the quality of life of all. Doctors emphasised a shortage of human resources impacted on patient care as well as their personal lives and the lives of their families. As job demands are high and patients are critically ill, a shortage of basic resources can impact on the survival of patients. This places a strain on caregivers and affects their emotional functioning. Rothmann *et al*., (2005:76) found organisational, social, task and organisation-of-work aspects affect functioning. Nursing personnel at CHBH found that factors such as a lack of upward mobility, feedback, praise and recognition along with role conflict, influenced work engagement. As relationships buffer the impact of a lack of resources, the importance of teamwork and good, open communication cannot be overstressed. ICU employees believe basic resource shortages must be

addressed to overcome problems in service delivery. Doctors and nursing personnel emphasized the procedures for procuring resources need to be addressed so that there is a dedicated person doing the ordering. In addition this person should understand the unique needs of the ICU.

**3.3.2.5 Theme five: Role Demands**

**Theme five examines the role demands faced by ICU employees. The sub-themes are: job description, role conflict and balance between work and personal life.**
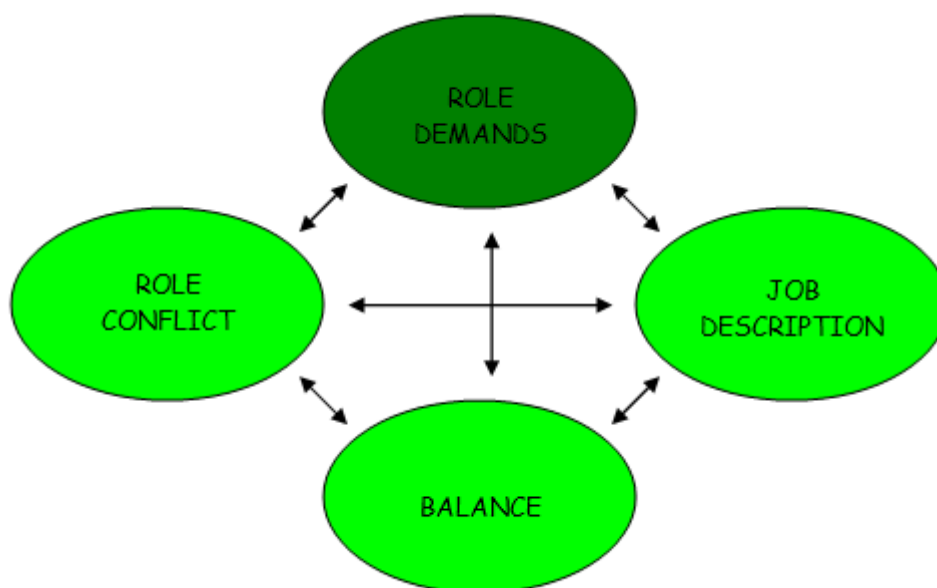


**Figure 3.6 Role Demands and related themes**

- **Sub-theme one: Job description**

**One important aspect of a job description is that it can provide role clarity for the healthcare worker, as it outlines the duties, expectations and tasks expected of an incumbent in that role. When employees were asked if they had a job description, these were the responses:**

**Participants (Group A, B, C & D)** *"Yes we have a job description"*
**Participants (Group A)** *"No we do not have a job description"*
**Participant (Group A)** *"There are no clear expectations of what I must do"*
**Participant (Group A)** *"We do more than what is expected"*

*Participant (Group A)"We fulfil many roles- sometimes you are a cleaner, a porter, a messenger or whatever is needed as there is no staff"*

*Participant (Group B)"We do more or extra than what is expected"*

*Participant (Group B)"You have to stretch yourself"*

*Participant (Group B)"You have to fill in the gaps"*

From the cited responses it is obvious that there are not always clear job definitions, which may result in role conflict. Some employees- doctors, lacked job descriptions. The respondents admitted that they do extra (their personal role demands are carried out, but due to resource shortages they also carry out additional roles)- which can lead to them being overstretched and overburdened. Overtaxing, heavy workloads and the emotionally demanding aspect of working in an ICU can lead to health problems. Doctors stressed that adequate human resources should be provided, so that employees are not required to perform the duties of other support staff.

Rothmann *et al.*, (2006:77) define Job Demands as "aspects of the job that could potentially cause strain in cases where the demands exceed the employees' adaptive capability. They are the physical, social or organisational aspects of a job that require sustained physical and/or psychological effort on the part of the employee and are therefore associated with certain psychological or physical costs." Well-being is dependent on the unique demands and resources that exist within a specific work context, as each organisation and occupation has its own specific risk factors. Job demands may include work pressure, overload, role ambiguity, role conflict, emotional demands and poor environmental conditions. If the external environment lacks resources, the individual cannot reduce the potentially negative influence of high job demands and thus cannot achieve work goals. Demanding work aspects lead to overtaxing and to health problems (burnout and fatigue). Adequate job resources may help an individual to cope or buffer the effects of the job demands. ICU employees found that due to high job demands and insufficient job resources they experienced overload, role conflict and increased work demands. The work demands exceed the job resources and their capacity to cope.

- **Sub-theme two: Role conflict**

**When questioned about role conflict, ICU employees stated the following:**

*Participants (Groups  A, B ,C & D) "Yes there is role conflict"*

*Participant (Group B)"It effects functioning and performance"*

*Participant (Group A) "Role conflict is caused by lack of human resources. After four 'o clock, once support staff have knocked off and at night you have to perform their roles. You are a cleaner, messenger or a porter."*

*Participant (Group C)"The attitudes and expectations of others to perform causes role conflict"*

*Participants in all Groups "Admin responsibilities"- Group C "It prevents patient care"*

*Participant (Group C)"Additional tasks like having to change nappies of patients when you come to give therapy causes stress and role conflict"*

*Participant (Group C)"Lack of acknowledgement for the extra work causes stress"*

*Participant (Group A)"There is conflict between departments regarding admission and treatment of patients. This can result in conflict"*

*Participant (Group D)"Doing things you are not equipped to do"*

*Participant (Group D)"Sometimes when assistance is needed there is no one to help."*

*Participant (Group D) " You have to lift heavy boxes or move things and you have to do it on your own"*

The responses indicate an acknowledgement of role conflict in the ICU. The reasons for role conflict (similar for all professions) are human resource shortages, administrative duties and a lack of available human resources when they are needed. Other reasons are- outside expectations, attitudes and expectations and the division of labour within ICU. Employees end up doing the work of others, despite often not being equipped to do so. They run the risk of making mistakes or doing work that is physically challenging or demanding.  Rothmann *et al*., (2006:17) acknowledges that role clarity plays an important role in reducing job demands. Koekemoer and Mostert

(2006:88) found that heavy workloads, excessive administrative duties, shift work, emotionally demanding work aspects, staff shortages and a lack of support play a role in burnout.

Koekemoer and Mostert (2006:89) point out that when employees receive incompatible requests from two or more people, role conflict occurs. This was evident from the responses of doctors, who were expected to admit critically ill patients from other departments or hospitals, without beds being available or despite patients not meeting admission requirements.  The pressure to work fast and with limited resources resulted in work stress. High job demands resulted in exhaustion without the buffering aspect of job resources. If the external environment lacks resources, individuals cannot reduce the potentially negative influence of high job demands. Social support and autonomy have a buffering effect on exhaustion. ICU employees expressed the desire for acknowledgement and praise for going the extra mile.

- **Sub-theme three: Work-life balance**

When ICU employees were asked about work-life balance, the following responses were received:

*Participant (Group B): "It must be self imposed"*

*Participants (Groups C & D) "You need to switch off and do things to achieve this"*

*Participant (Group B)"You must have support structures"*

*Participants (Groups C & D)"You talk to others and switch off. You share interesting or upsetting things"*

*Participant (Group B)"If you have had a bad day you need to talk to someone about it"*

*Participant (Group A)"Sometimes you are to tired, exhausted or frustrated and need to switch off"*

*Participant (Group B) "You talk about the worrying things/worries of the day"*

**HealthInSite (2008:3) states that work-life balance is not an equal balance between work and personal life; it entails finding the right balance for the individual and is not "one size fits all." Work-life balance involves finding satisfaction, happiness, celebration, love and a sense of well-being. It is the meaningful daily achievement and enjoyment in all four life quadrants of work, family, friends and self. The balance reflects the joy of the job, the joy of life every day." ICU employees felt that work-life balance should be self-imposed and each individual has to find their own unique balance. They conceded that support structures play a significant role when someone has had a bad day at work- there is a need for a shoulder to cry on or someone to talk to. The ICU employees felt that each individual needs to find their own way of switching off and leaving work-related troubles behind them. Most ICU employees have found that talking to others or ventilating feelings helps. However, in the absence of work-life balance, exhaustion and stress can set in. The role of collegial support and work relationships was stressed. Research has emphasised the role of relationships in buffering stress.**

**Summary Theme Five: Role demands**

Sub-themes include: job description, role conflict and balance between work and home life.

If job demands are high and job resources low, job demands will exceed the individuals' capacity to cope, overtaxing or stretching their abilities. ICU employees experience being overstretched and overtaxed due to high job demands and being under- resourced. While work overload results in exhaustion, the nature of ICU work can result in emotional exhaustion. Administration-related role demands can lead to decreased commitment - although this is an integral part of their work, although this is an integral part of their work, on occasion staff spend extra time handling administrative work, due to a lack of resources.

The ICU doctors reported not having clear job descriptions, along with there being varying expectations of them. Their commitment to the team, collegial relationships and support, however help them overcome these frustrations. ICU employees endeavour to find a balance between work and home life in an effort to switch off,

relax and refuel. Each individual has to find their own, unique balance between work, family, friends and self. This balance is self-imposed and is dependent on their own needs and demands- no two people have the same set of life circumstances.

### 3.3.2.6 Theme six: Relationships

**The role of relationships, collegial support and sharing of problems is discussed under this theme.**
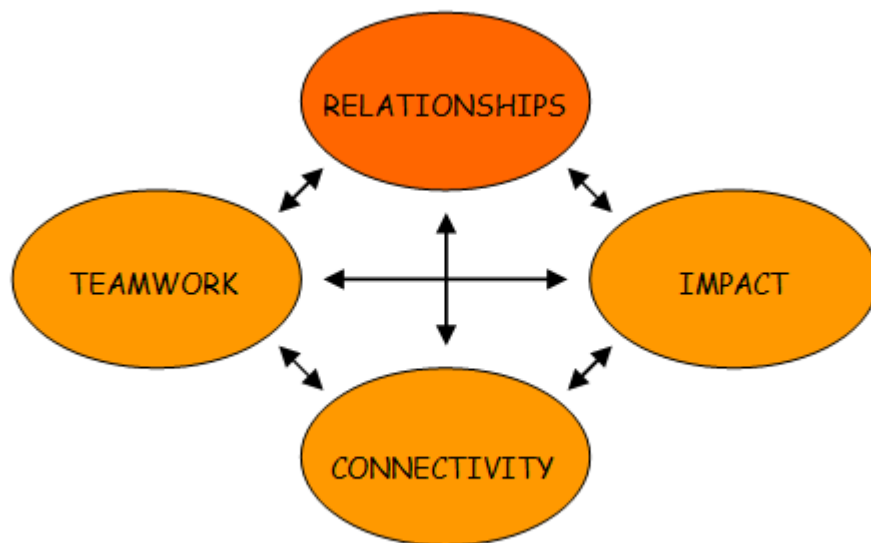


**Figure 3.7 Relationships and related themes**

- **Sub-theme one: Connectivity with colleagues**

**Relationships with colleagues have been found to have a buffering effect on workplace stress. When employees were questioned on their relationships with colleagues, the responses were as follows;**

**:**

*Participant (Group A):"I feel part of a team"*

*Participants (Group C & D)"We work as a team"*

*Participant (Group C) "There is good communication in our team"*

*Participant (Group A)"We all contribute and pool our expertise"*

*Participant (Group A)"You are not alone"*

*Participant (Group A)"You deal with stresses together"*

*Participant (Group A)"We get on with each other"*

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*Participant (Group A)"There is someone to help you"*

*The above responses reveal that relationships are an important resource in the workplace. The whole (the team) is more than the sum of the parts, in that pooling resources strengthens capacity to cope and increases capacity, skills and knowledge. Teamwork is enhanced and this builds up team spirit, unity and morale. Individual teams (doctors, nursing and allieds) as well as the multidisciplinary team are enhanced by communication and pooling off resources.*

Levert *et al.,* (2000:37) emphasise the need for collegial support and teamwork. Research with Icelandic nurses found that relationships reduce stress. There is a need for nurse-doctor collaboration and input from all team members who can share what works and what needs to be changed. The JD-R model underlines the importance of collegial support. Koekemoer and Mostert (2006:172) found the situational variable of social support acts as a buffer to stress. Instrumental support from colleagues helps to get the work done and lightens the work load. Maslach (in Levert *et al.,* 2000:36) states that work meets the need for affiliation and a sense of belonging. A high quality relationship between employee and supervisor is also important. According to Rothman *et al.,* (2006:79) relationships with supervisors and colleagues enhance well-being. Communication, teamwork and teambuilding form part of organisational support. The need for belonging, care and open communication plays a role as a job resource. Responses from the focus groups revealed that relationships buffer stress and they provide an outlet for the ventilation of feelings. Relationships help to reinforce the idea that one does not have to do things in isolation.

- **Sub-theme two: Impact of relationships on functioning**

ICU employees found that collegial support and open communication impact on their functioning - positively or negatively, depending on the nature of the communication. This is reflected in the following comments:

*Participant (Group A): "Relationships have a positive effect when we chat, vent and get things done together"*

*Participant (Group A) "It makes it pleasant to work"*

*Participants in all Groups "We work as a team- Group B "in one direction with one purpose"*

*Participant (Group B) "It enhances functioning"*

*Participant (Group C) "You can look forward to work"*

*Participant (Group A) "You pool resources, knowledge and expertise."*

*Participant (Group B) "Relationships can have a negative effect on functioning when some people don't pull their weight"*

*Participant (Group C) "It has ups and downs"*

*Participant (Group B) "Attitudes are a hindrance"*

*Participant (Group C) "Sometimes they start a ward round without you and then you feel hurt or feel you are not part of the team"*

*Participant (Group C) "It can be limited by the people in the team if they do not see teamwork as important"*

*The response "We work best if we work together and pull together" reflects the importance of relationships".* In ICU the team members work together closely, there is close collaboration, and each team member is a vital link in the treatment process. If resources are not pooled and communication is broken, patient care is compromised. Relationships improve functioning and create a friendly atmosphere in the ICU. A negative aspect of relationships is when team members( Allieds) feel excluded.

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- **Sub-theme three: Teamwork**

It is evident that teamwork is required in ICU, but there are times when team members feel left out or unrecognised. There is a need to acknowledge individual worth and the unique contribution of each member to team processes. If one member does not pull their weight, the team's efforts are thwarted. Mathe (2006:43) stressed the importance of teamwork as team members provide skills, knowledge and resources to achieve the task. The pooling of resources strengthens ability and provides affirmation. Lutterman

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**(2010:35) emphasizes that the support group or team is an invaluable clinical vehicle as they validate feelings and enhance collaboration.**

**Research on job resources has revealed that relationships may have a buffering effect on job demands and thus prevent stress, whereas negative or broken communication may increase stress.**

### 3.3.2.7 Summary: Theme Six: Relationships

Sub-themes: Connectivity, impact of relationships on functioning and the role of teamwork.

Rothmann(2005:10), Bakker *et al.*, ( 2005:10), Bakker (2005:171) and Koekemoer & Mostert (2006:87) have found that relationships buffer stress in the workplace, thus there is a need for collegial support and collaboration. Relationships reduce loneliness in the workplace and enhance functioning. The statements "We work best when we pull together" and "We talk to each other and pool resources" emphasise the role of relationships. Maslow stressed the importance of relationships fulfilling the need for belonging and affiliation. Relationships are also an important aspect of organisational support. Employees value their relationships with colleagues, which provide opportunities for discussing patients, sharing knowledge and obtaining assistance with patient care. By pooling resources the team has additional resources to resolve complex situations. "No one is an island" reflects the importance of teamwork.

### 3.3.2.7 Theme seven: Job conditions

**This theme examines aspects of the work environment. Since work conditions impact on functioning and effectivity.**
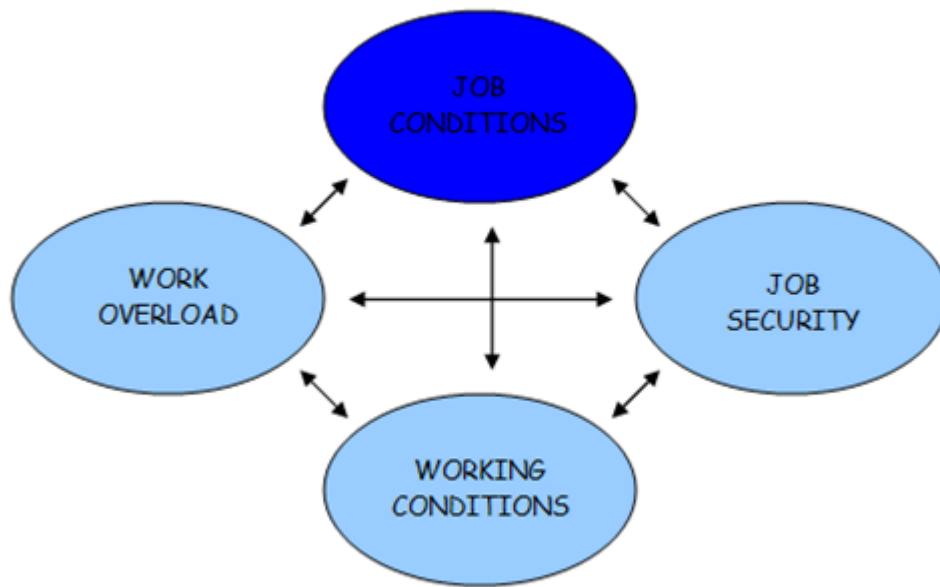
**Figure 3.7 Job Conditions and related themes**

**This theme was divided into the following sub-themes: Work overload, work conditions and job security.**

- **Sub-theme one: Work overload**

**The responses from ICU employees reflected the effect of work overload on well-being:**

*Participants in all Groups "There is overload." Group A "You get tired and exhausted. There is very little time in between for yourself."*
*Participant (Group A) "Post- call you are tired, exhausted. You need time to recover"*

**The above responses point to work overload, the result of which is physical exhaustion. Doctors expressed that often there is not enough time to recover. The employees at CHBH ICU outlined the causes of overload as follows:**

*Participants in all Groups "Human resources- there are always a shortage.*

*Participant (Group B) "You need bigger teams to spread the load"*

*Participant (Group B)"For critical patients you need to be alert and attentive. There are lots of machines to monitor and there is no renal sister for ICU."*

*Participant (Group A)"Budget and equipment constraints make the load bigger and this is exhausting."*

The causes of work overload and resultant exhaustion are the demands of ICU; staff have to be alert, attentive and sharp. Due to human resource shortages, the demands are greater as the workload is higher and there are not sufficient people to cope with the demands.

Levert *et al.,* (2000:36) state that optimal patient care is influenced by nursing personnel feeling overwhelmed or emotionally exhausted. Nurses form the largest group of employees in South Africa. Levert *et al.,* (2000:36) explored factors impacting on burnout in nursing personnel and defined burnout as a syndrome of physical and emotional exhaustion evident in caring professionals. Maslach (in Levert *et al.,* 2000:36) identified three characteristics associated with burnout:

- ✓ Emotional exhaustion- the reduction of emotional resources of an individual
- ✓ Depersonalisation- characterised by an increase in negativity, cynicism and insensitive attitudes towards patients.
- ✓ Low personal accomplishment- a feeling of being unable to meet the client's needs and satisfy elements of job performance.

Burnout is characterised by low energy, a lack of control, helplessness, lowered motivation and a negative attitude. Research by Levert *et al.,* (2000:40) reveals that high workload, poor collegial support, a lack of teamwork, role conflict and role ambiguity play a role. A heavy workload places demands on already stretched resources. The individual's perception of events, ways of coping, locus of control, self-esteem, hardiness and sense of coherence play a role. Koekemoer and Mostert (2006:88) explored the role of the work environment and job characteristics play in contributing to

burnout. **High job demands, such as high pressure, working hard and fast, intense concentration and workload were found to be linked to exhaustion and burnout. In CHBH's ICU, employees experience low energy, exhaustion, lowered motivation and high workload. The result is that they feel emotionally and physically exhausted. At times they may experience depersonalisation and cynicism towards others as they numb off feelings or switch off from reality in an effort to cope.**

**These responses correlate with the findings of Koekemoer and Mostert (2006:88). ICU is a demanding unit and high job demands such as pressure, intense concentration and workload play a role in burnout and exhaustion.**

- **Sub-theme two: Working conditions**

**The following responses reflect how employees view their current working conditions:**

*Participant (Group A): "It is basic. At least better than working in rural conditions."*

*Participant (Group D) "You walk a lot and the surroundings are not pleasant. There are no gardens and the scenery is not pleasant."*

*Participant (Group A) "There is a lot of work that needs to be done to the buildings. We need restrooms, sleepover quarters and better bathroom facilities. This would help to make being at Bara to be more pleasant."*

*Participant (Group A) "Basic things like tea and coffee being provided would improve being at work"*

*Participants in all Groups "Budget and equipment are major constraints."*

*Participant (Group A) "At Bara you can make a difference."*

*Participant (Group A) "You work with the best doctors and it is stimulating and rewarding work."*

*Participants in all Groups " You feel you make a difference in the lives of patients."*

*Participant (Group B) "Staff attitudes and behaviour influence how you feel at work"*

The above comments reflect that the surrounding work environment, the ICU environment and the basic working conditions in ICU play a role in the lives of employees. Personal job satisfaction is high, but is influenced by the work environment. The provision of basic things such as tea, coffee and resources could change feelings towards CHBH. Doctors stated that professionally speaking, they are exposed to the best doctors in the field-something which enhances learning opportunities and professional development.

The JD-R model of Bakker *et al.*, (2005:170) groups working conditions into two broad categories; job demands and job resources. These are differentially related to job stress or burnout. Job demands or aspects of the job are primarily related to the exhaustion component of burnout, whereas lack of job resources is primarily related to disengagement. Burnout develops when certain job demands are high and when certain job resources are limited. A study by Bakker *et al.*, (2005:170) confirms that badly designed jobs or high job demands exhaust employees' mental and physical resources, leading to the depletion of energy and to health problems. The absence of job resources undermines motivation, and leads to cynicism and reduced extra-role performance (related to motivation). In this study, job resources and job demands were examined as separate themes.

The comments of employees regarding making a difference and their work being stimulating and rewarding, reflect the meaningful and self-fulfilment aspects of work. Rothman (2005:10) found that having a meaningful job helps employees remain dedicated. For them, such work must impact on the lives of others, the individual must be able to see the significant impact of the job, the job must provide intellectual challenge and the individual must be able to cultivate his/her special interest in the job. The comments on the physical aspects and lack of resources reflect how job resources can impact on well-being. If balanced, working conditions (job demands and job resources) can reduce burnout and enhance well-being. The ICU employees are aware of the resource shortages and endeavour to find meaning in their

work, but an improvement in resources would truly enhance functioning and well-being.

Levert *et al.*, (2000:37) noted that nurses face the demand of providing instrumental support to the patient, while meeting the goal-oriented demands of patient care, which leans heavily on already stretched resources.

The following responses reflect the role that instrumental support, performance feedback and supervisory relationships play. According to Levert *et al.*, (2000:37) collegial support and teamwork can help to reduce burnout.

*Participant (Group B)"There is no management support and understanding."*
*Participant (Group D)"Working as a team helps make it easier."*

Where teamwork and collegial support are diminished, burnout can occur. Relationships amongst colleagues are a source of instrumental support, and facilitate coping. It is evident that in CHBH there is a need for management support- it would be important to find out how employees would want this to be expressed. Teamwork and collegial support affect the lives of CHBH's ICU employees, enhancing coping skills and providing support in the workplace. The need for management support and understanding was expressed throughout the focus group interviews.

- **Sub-theme three: Job security**

The following responses reflect employees' feelings about remuneration:

*Participant (Group B)"If you are the breadwinner it is difficult to survive. You have to rely on overtime."*
*Participants (Group A,C&D)"Promotion and pay are a frustration."*
*Participant (Group B)"OSD (Occupational Specific Dispensation) has been a motivator in bringing nurses back."*

The above responses reflect that remuneration impacts on functioning. Job resources such as salary, can play a role in attracting and retaining staff. Nursing personnel observed that OSD has improved attraction to CHBH.

Comments about job security are reflected in the following statements:

*Participant (Group A)"No one will fire you. Job security is high."*
*Participant (Group A)"You have to screw up big time or be a moron to be fired."*
*Participant (Group B)"There is little or reduced upward mobility as people remain in their posts forever."*
*Participants (Group C & D)"You work because you love what you do."*

Remuneration and job security impact on behaviour, attitudes and work engagement. However, doctors, felt that dismissal does not occur unless a person is highly incompetent. Nursing personnel felt that upward mobility is reduced as posts are not available.

Bakker *et al.*, (2005:77) state that job resources (the physical, psychological, social or organisational aspects of the job that reduce job demands) are functional in achieving work goals, stimulating personal growth, learning and development. Job resources such as salary, remuneration, career opportunities and job security play a role in shaping peoples' attitudes, behaviour and inducing psychological states of motivation. Research by Bakker *et al.*, (2005:54) revealed five factors that influence work engagement; advancement (which includes remuneration), training opportunities, career possibilities and upward mobility. Insecurity and uncertainty about the future and work also played a role.

The above comments reflect a belief that if you are competent, there is job security. However, upward mobility is restricted, which limits promotion. An individual can nevertheless experience personal fulfilment and achievement that is unrelated to upward mobility. Strumpfer (1995:38) found that salutogenic thinking- an individual's positive thinking and generalised

resistance resources- may help to avoid or combat a wide variety of stressors. These resources lead to life experiences which promote the development of a strong sense of coherence, which in turn, facilitates coping.

A strong sense of coherence can help mobilise resources to effectively deal with stress. If an individual perceives challenges as worthy of investment and engagement, and believes the resources are available and the demands manageable, the individual may experience a sense of personal achievement and coping. Employees believe that making a difference in the lives of patients is a motivating factor. They experience personal fulfilment and achievement, and are therefore motivated to work. Rothman *et al.*, (2006:79) identifies five factors which influence emotional functioning; growth opportunities, organisational support, advancement, overload and insecurity. Having enough variety and opportunities to learn, supportive relationships between colleagues and supervisors, and upward mobility and security about the future and work, facilitate functioning. As employees experience growth opportunities through being exposed to highly qualified colleagues, and given the nature of the work they do, learning is ongoing. In this respect, CHBH is a tertiary/academic hospital providing ongoing learning and supervision.

The following statement by one of the ICU employees reflects what has been discussed-

*"At the end of the day I feel good, I feel like I have made a difference."*

**Summary: Theme Seven: Job conditions**

Sub-themes; work overload, job security, working conditions.

The working conditions of ICU employees are impacted by shortages in human resources and equipment. The remuneration of ICU employees impacts on job retention and job attraction. Nursing staff engage in overtime work to supplement their income. Role conflict occurs due to employees carrying out additional tasks and responsibilities. After four 'o clock there is a shortage of

cleaners, porters and messengers, therefore ICU employees carry out these functions. There is a high sense of job security, as ICU staff feel there is little threat of them to losing their jobs or becoming unemployed; " You would have to be a moron or really screw up." Nursing personnel do, however, experience anxiety when there is an enquiry into the cause of death of a patient, as they are called "onto the red carpet". Maslach and Leiter (in Bosman, Rothman and Buitendach 2006: 50) state that work burnout can be seen as an erosion of engagement with the job, whereas engagement is a positive, fulfilling, work-related state of mind characterised by vigour, dedication and absorption. Dedication is characterised by enthusiasm, inspiration, pride, challenge and a sense of significance. If a worker is absorbed in their work, the time passes quickly. ICU employees may, due to low resources and high job demands, become disengaged as their personal resources are drained and their functioning is impacted. However, their commitment to make a difference and to do what they were trained to do, play a role in their engagement. They have become used to multi-tasking and carrying out multiple roles.

## 3.4 Summary

The themes and sub-themes can be summarised as follows:

- ✓ Theme one: Job satisfaction. From the research data it is noted that ICU employees experience high levels of job satisfaction. Work provides an opportunity for them to put into practice what they were trained to do and feel called to do. There is work fulfilment-  they make a difference in the lives of patients. They derive a sense of personal meaning from their work.
- ✓ Theme Two: Stressors. ICU employees have to deal with emotional and resource stressors, but their management thereof that may impact on their functioning. Responses to stressors differ, and  individuals' unique responses may impact on their functioning. Employees experience changes in their emotional, cognitive, motivational, behavioural, relationship and work-related functioning. They are exposed to cumulative stress and to compassion fatigue. Personal resources and self-care play a role in coping.
- ✓ Theme three: Trauma. Trauma has an impact on ICU employees' functioning. They are exposed to trauma and the effects thereof on a daily basis which can result in traumatic stress and compassion fatigue.

- ✓ Theme four: Relationships. Relationships play an important role in the lives of employees, fostering connectivity, promoting teamwork and impacting on functioning. Relationships provide a buffer against stress, offering a mechanism for venting and sharing of experiences.
- ✓ Theme five: Role demands. ICU employees experience role conflict, role strain and role ambiguity which impacts on their functioning and performance.
- ✓ Theme six: Job resources. A lack of resources impacts negatively on service delivery and on individual functioning. Resource shortages are experienced on a daily basis and can result in feelings of frustration, helplessness, despondency and hopelessness. Resource shortages may include a lack of budget, human resources, equipment or support.
- ✓ Theme seven: Job conditions. In ICU, if job demands are high and job resources limited, an individual's capacity for coping is impacted and staff may become stretched, overtaxed and demotivated. This can result in burnout, fatigue and withdrawal.

From the themes and sub-themes discussed it is evident that individual resources, self-care techniques and resilience play an integral role in coping with the demands of an ICU. There is interplay between job demands and job resources, and these factors impact on well-being. Stamm (1999:xv) states that " personal passions drive our desires to do this work of caring for others and training and supervision of clinical work can help to keep balance and objectivity. The capacity for compassion and empathy seems to be at the core of our ability to do the work and at the core of our ability to be wounded by the work."

# CHAPTER FOUR

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 4.1    INTRODUCTION

In this chapter, the summarised research will be discussed. The focus will be on how the aim and objectives of the study were met, and on whether the research question was answered. Conclusions will be drawn from the findings. This will be followed by recommendations for practice and for future research.

## 4.2    THE PURPOSE OF THE STUDY- THE GOALS AND OBJECTIVES

### 4.2.1   The goal of the study

The goal of the study, which was to explore the factors impacting on the well-being of ICU employees at Chris Hani-Baragwanath Hospital (CHBH), was achieved as follows:

The literature chapter explored the following factors: well-being, job resources, job demands, stress, trauma, compassion fatigue, personal resources and self-care techniques. Under job resources, equipment, human resources and relationships were elaborated on. Job demands examined working conditions, job satisfaction, role conflict and role clarity, work overload and job description. Personal fulfilment and meaning were explored with regard to job satisfaction. Under trauma and stress, factors such as stressors, the impact of stressors on functioning, and coping mechanisms were discussed.

The empirical research yielded the following themes: job conditions, stressors, trauma, relationships, role demands, job satisfaction and job resources. Each of these themes had sub-themes, which helped to identify the multi-faceted factors impacting on well-being. Job conditions included the sub-themes of work overload, job security, job description and work-life balance, and the impact these factors can have on well-being were also investigated. Stressors were investigated in terms of sub-themes such as the type of stressors experienced in an ICU, the impact on functioning, and the role of personal coping mechanisms and self-care techniques in combating stress. Role demands covered sub-themes such as role

clarity, role strain and role conflict. As ICU employees may fulfil additional roles, these factors need to be taken into account. Relationships buffer job demands as well as a lack of job resources, and therefore aspects such as teamwork, feedback and collegial support were addressed.

### 4.2.2 The objectives of the study

The objectives of this study were as follows:

- ✓ To theoretically conceptualise the factors impacting on employees in a hospital ICU;
- ✓ To explore the role of personal factors such as personality, behaviour risks and resilience, which impact on the well-being of ICU employees;
- ✓ To explore the organisational and work-related factors that impinge on ICU employees, and the impact these factors have on their well-being;
- ✓ To make recommendations regarding the implementation of proactive strategies to enhance the well-being of CHBH's ICU employees.

Each objective, and how it was achieved through the research study, will be discussed individually.

**Objective one: To theoretically conceptualise the factors impacting on employees in a hospital ICU unit**

This objective was achieved by conducting a literature study of the factors impacting on the well-being of employees. These factors were presented in Chapter two of the research report. The literature under review examined stress, cumulative stress, traumatic stress and the role of personal resources, resilience and self-care techniques in combating stressors. Examining the impact of job demands and job resources on well-being included the influence which factors such as working hours, overtime, work overload and job satisfaction have on individual functioning.

**Objective two: To explore the role of personal factors such as personality, behaviour risks and resilience which impact on the well-being of ICU employees**

This objective was achieved by means of empirical research. The collected focus group data revealed that personal resources, de-stressing, self-care techniques and trauma impact on the well-being of an individual. Participants were given the opportunity to share their own experiences, feelings and perceptions.

**Objective three: To explore the organisational and work-related factors that impinge on ICU employees, and the impact these factors have on their well-being**

This objective was achieved by means of empirical research. The data collected revealed themes on job satisfaction, job resources, role demands and job conditions, which provided insight into the organisational and work-related factors that impact on the well-being of ICU employees.

**Objective four: To make recommendations regarding the implementation of proactive strategies to enhance the well-being of CHBH's ICU employees**

This objective was addressed and achieved in this chapter. Recommendations are presented later in this chapter. The recommendations are based on the research findings and conclusions drawn from the study, regarding the implementation of proactive strategies to enhance the well-being of CHBH's ICU employees.

### 4.2.3  The research question

The research question was:

**What are the factors impacting on the well-being of Intensive Care employees at Chris Hani-Baragwanath Hospital?**

The data collected during focus group interviews revealed themes and sub-themes relating to the factors impacting on the well-being of ICU employees/employees. As the research was qualitative in nature, descriptive data were obtained. The descriptions of the related factors impacting on CHBH's employees' well-being were presented in the chapter on research findings, and are listed here:

- ✓ Theme one - Job satisfaction
- ✓ Theme two - Stressors

- ✓ Theme three - Trauma
- ✓ Theme four - Interpersonal relationships
- ✓ Theme five - Role demands
- ✓ Theme six - Job resources
- ✓ Theme seven - Job conditions

These themes (factors) were discussed in-depth, together with their sub-themes, in Chapter three.

**Table 4.1: Themes and sub-themes**

| THEME | SUB-THEME |
|---|---|
| **JOB SATISFACTION** | Fulfilment<br>Meaning of work<br>Emotions<br>Changes |
| **STRESSORS** | Type of stressor<br>Control over stressors<br>Self-care<br>Personal resources<br>De-stressing |
| **TRAUMA** | |
| **INTERPERSONAL RELATIONSHIPS** | Connectivity<br>The impact on functioning<br>Teamwork |
| **ROLE DEMANDS** | Job description<br>Role conflict<br>Balance between work and home life |
| **RESOURCES** | Adequacy of resources<br>Resources which are lacking<br>The impact on functioning |
| **JOB CONDITIONS** | Work overload<br>Job security<br>Working conditions |

## 4.3 CONCLUSIONS

The researcher is of the opinion that the findings of the study would be transferable to a similar ICU setting, with a similar population. In this study, the analysis was done according to qualitative processes.

The qualitative approach, using collective case studies and focus group interviews, proved to be the appropriate research design, as the information gathered was in the form of words and descriptions which gave meaning to the factors impacting on the well-being of ICU employees at CHBH. The researcher was able to obtain first-hand information through the use of the semi-structured interview schedule (Appendix 1), as it allowed some freedom to further explore certain topics in the focus groups. It can, therefore, be concluded that the semi-structured interview schedule – as a method of data collection used in focus groups – worked effectively in answering the research question. The researcher can, therefore, recommend this method to future researchers who are aiming to explore the experiences of ICU employees. The collective case study design was appropriate when experiences and the meaning they have for individuals/groups were condensed into central themes and sub-themes.

### 4.3.1  Theme one: Job satisfaction

From the research findings it was noted that the ICU employees experience high levels of job satisfaction. Work provides an opportunity for them to do what they have been trained and called to do. They can see a visible improvement in their patients' condition, and make a difference in the lives of their patients, by providing optimum patient care. However, some ICU doctors who were fulfilling requirements or were on rotation, had different experiences with regard to job satisfaction. Making a difference was important for these employees, and contributed to their job satisfaction.

**Sub-theme: Fulfilment**

As ICU employees spend most of their day at work, their work should enhance their sense of fulfilment, self-esteem and mastery. The researcher found that ICU employees found fulfilment in their work and enjoyed working in trauma. They felt that ICU was a critical place where things happen, and where they could make a difference. Some employees stated that they would like more managerial support and would want to receive constructive appraisals of their work. This need for acknowledgement and recognition was expressed by members of all three focus groups. Performance appraisal forms an integral part of work-related feedback and recognition, and needs to be managed effectively at CHBH.

**Sub-theme: Meaning**

ICU employees derive a sense of personal meaning from their work. They are passionate about their work, and making a difference is the reason why they come to work. In terms of Maslow's hierarchy of needs, work provides them with opportunities for belonging, building self-esteem, as well as for personal achievement and mastery. Making a difference in the lives of their patients enhances the well-being and functioning of ICU employees.

**Sub-theme: Emotions**

The researcher believes employees experience compassion fatigue, which encompasses all the emotional costs associated with caring for traumatised patients. There is an emotional residue from exposure to working with those who are suffering. Caregivers have to learn to deal with their emotional and personal feelings; they have to stay in touch with their feelings and should cry when they need to – there is no shame in feeling sad or mourning the loss of a life. For employees, these emotional effects can be experienced as anxiety, guilt, depression, anger, irritability, helplessness, hopelessness, fear, frustration, sadness and a sense of loss. Working with trauma makes the healthcare worker vulnerable to intense and overwhelming feelings which – if sustained – could result in stress, burnout and exhaustion.

Employees found it difficult to discuss the emotional effects of working in an ICU. There were times when they experienced mixed emotions, for instance when having to nurse criminals. In order to cope with these intense emotions they would 'numb off', shut down, switch off or become desensitised. On occasion they had to suppress their emotions in order to cope. Some employees reported compensating by treating themselves to an outing, or to special food they enjoy. The importance of talking things through, was stressed. Peer support played an important role in dealing with emotions. Creating a lively atmosphere and singing in the ICU also helped to relieve the emotional burden. It was evident that the emotional functioning of employees has a significant impact on their well-being.

**Sub-theme: Changes employees would like to see in CHBH's ICU**

Employees experience feelings of hopelessness or helplessness in the face of organisational change. They have given up on any hope of change. However, the employees were able to share the ideas they have regarding those aspects of ICU that should change. The 'wish-list' included physical aspects of the ICU, changes in procedure, and increasing human resources. Physical changes included having a coffee shop, adequate rest rooms, better sleepover facilities, a waiting and counselling room for patients' families/visitors, linen, medication, equipment, the right feeds for patients, comfortable chairs, better technology and a more adequate, bigger budget. Procedural changes would entail changing procurement procedures, doctors' handover and ward rounds (at night), shifts for nursing personnel, and changes to the layout and design of the ICU. The need to attract and retain personnel was emphasised, as staff shortages only place further strain on already strained resources. A lack of praise and limited recognition negatively influence individual self-esteem and job satisfaction.

### 4.3.2 Theme two: Stressors

Stress forms an integral part of employees' daily lives. They regularly face death and dying, as they endeavour to heal patients. Employees have to deal with emotional and resource stressors, and it is the way they manage these stressors that may impact on their functioning and well-being. Responses to stress may differ, and it is the individual's response that will impact on his/her personal well-being. Stressed employees reported changes in their emotional, cognitive, motivational, behavioural, somatic, relationship and work-related functioning.

### Sub-theme: Type of stressors

From the data analysis, the researcher identified two categories of stressors: situational/environmental/physical and emotional. Situational stressors were made up of shortages in resources (staff, equipment as well as budget), problems with procurement procedures, transporting patients out of ICU, and malfunctioning equipment. The impact of these stressors meant that employees' service delivery was impacted and patient care was compromised. These situational stressors reduced job satisfaction and increased the risk of patients' health being compromised. Since staff are trained to heal patients, if they are not provided with the necessary resources, they will be unable to render proper services.

Emotional stressors include having to switch off machines, seeing a patient's condition worsening, experiencing the build-up of frustration, dealing with death, and witnessing the effects of trauma. Employees are exposed to cumulative stress and compassion fatigue – stressors which impact on their functioning and well-being. Employees need opportunities to vent and verbalise their stress, so that they can cope – they should not be expected to suppress their emotions.

**Sub-theme: Control over stressors**

Employees felt they did not have control over the stressors in their environment. They can, however control how they respond to those stressors. The statement: "This is Bara, live with it, deal with it, get used to it" sums up how employees feel about certain stressors and their lack of control in terms of changing aspects of the ICU. Such a lack of control results in a build-up of emotions and frustration, and sometimes staff snap at each other. Some 'numb off' or harden their attitude, which can result in cynicism or depersonalisation. A lack of control over stressors can lead to a decrease in job satisfaction and can hamper performance. Motivation is affected and the individual may experience frustration. The inability to control these processes and procedures makes staff feel helpless and incompetent, which in turn impacts on their self-esteem and sense of mastery.

**Sub-themes: Self-care, personal resources and de-stressing**

The three sub-themes focused on similar aspects of coping, judging from participants' responses. Employees are aware of their need to de-stress, engage in self-care and develop personal resources. Often they did not have enough time to themselves, and needed to switch off from work or break away from their normal, everyday routine. Staff admitted that they lacked knowledge on techniques to facilitate relaxation, coping and resilience. Nursing personnel requested that debriefings be held on a regular basis, and that the monthly meetings which were once held in the unit, be reinstated.

ICU employees used laughter and humour to relieve stress, and often sang in the unit. These methods helped to reduce stress, and enhanced morale and team spirit. Many employees would spoil themselves or treat themselves to something

they enjoyed. Food played an important role as a source of comfort. Talking to others and developing a support network were emphasised. Exercise was another important de-stressor.

### 4.3.3 Theme three: Trauma

Trauma has an impact on employees' functioning. They see the harsh reality of what is going on in the world, and are exposed to the effects of trauma on a daily basis – something which can result in traumatic stress or compassion fatigue. Employees' cognitive schemas are influenced and they become more cautious, ensuring that they avoid life-threatening situations whenever they can in their personal lives.

In order to cope, employees may switch off, 'numb off', withdraw from others and build protective walls around themselves. Despite this, stress-related problems, burnout, ill-health and psychosomatic symptoms may manifest. On the other hand, working with trauma can have positive effects on individuals, as some respondents reflected that their coping mechanisms have improved, they have developed personal strengths and their decision-making ability has been enhanced.

### 4.3.4 Theme four: Relationships

Relationships in the workplace foster connectivity, promote teamwork and impact on functioning. They act as a buffer against stress by meeting the need for affiliation, they provide a mechanism for venting and sharing experiences, offer support and enhance collaboration in the workplace. Relationships in the ICU are important, as employees work closely and need to pool their resources. Social support is functional in achieving work-related goals. ICU employees shared that relationships reduce their sense of alienation and isolation. They work best when they pull together and share resources. Colleagues provide support during difficult times, and talking about problems helps to solve them. Supervisory relationships provide opportunities for feedback and appraisal. However, the ICU personnel felt that at times the feedback was only negative and punitive – they would like support from management, so that there is a better understanding of the problems faced in the ICU.

Relationships, which are an important job resource, have a positive impact on well-being. In this study, relationships proved to be a positive factor in the ICU and promoted the achievement of work-related goals.

### 4.3.5 Theme five: Role demands

Three sub-themes emerged with regard to role demands: the balance between work and home life, role conflict, and job descriptions. ICU employees reported experiencing role conflict in the workplace, due to the fact there is a lack of adequate human resources. There are no adequate support staff after four 'o clock, when the duties of porters, cleaners and messengers are performed by ICU personnel. In addition, administrative responsibilities detract from their ability to provide optimal patient care. ICU personnel often carry out additional tasks and do things they are not equipped to, in order to promote service delivery. These job demands have a negative impact on their functioning and performance. The staff reported feeling discouraged, as they received no acknowledgement for additional work done. A lack of resources and high demands also impacted on functioning. The staff felt unrecognised and demotivated, which lowered their morale and commitment.

Some ICU personnel do not have job descriptions, which results in confusion about expectations, duties and responsibilities. The personnel reported that they overexert themselves, fill in gaps and fulfil other roles – something which increases the demands on an already stretched resource and can result in fatigue. Emotional demands place stress on individuals, and may sap their personal resources and coping mechanisms. When there is no clarity on expectations and role demands role strain can occur, which can lead to role conflict, leaving individuals feeling uncertain of their duties. Role conflict adds to workplace stress, and the individual may even avoid conflict due to the potential for stress.

### Sub-theme: Work-life balance

The researcher found that ICU employees do not maintain a balance between work and home life – as is evident from their responses. This balance needs to be self-imposed. In order to achieve a balance, employees felt they needed the necessary support structures at work and at home. The opportunity to talk things

through with someone relieved the burden, and they could share worrying aspects of their work. Venting feelings helps to reduce stress and enhances functioning. Often, ICU employees felt exhausted, tired and frustrated.

### 4.3.6 Theme six: Job resources

The lack (or shortage) of resources impacts negatively on service delivery and on individual functioning. The researcher found that ICU employees experience resource shortages on a daily basis. Shortages of linen, medication and basic resources impact on individual emotional schemas and on service delivery. Such shortages become stressors and result in frustration, despondency and feelings of helplessness. Human resource shortages result in staff carrying out extra duties, which compound their exhaustion.

Quality of service is negatively impacted and the workload increases in the presence of stressors. Patients do not receive the best quality service, which impacts on employees' feelings of self-worth. Personnel underperform and have to make do, which results in inefficiency and their quality of life being impacted. Resource shortages not only cause frustration; when a resource is crucial for life-saving treatment, it can affect decision making, forcing the individual to make difficult life-and-death calls purely because there is a lack of adequate resources.

### 4.3.7 Theme seven: Job conditions

In ICU, job demands are high and this overtaxes or places a huge burden on personnel. If the job demands exceed individuals' capacity for coping they become overtaxed and demotivated, which can result in burnout, fatigue and withdrawal. Work overload reduces individual performance standards, which has an impact on feelings of achievement and mastery. Thus, it is crucial to address the factors causing overload. Employees believed that long hours, shift work, being on call, resource shortages, overtime and the nature of the patients are all factors which contribute to them feeing vulnerable, and can cause physical exhaustion and ill health. Huge demands are placed on employees, because ICU patients need constant care – something which requires concentration and focus. If personnel are tired, the quality of service is impacted as they may be prone to making

mistakes. Shift work affects a person's natural bio-rhythms, which means they may find it difficult to adjust.

A positive aspect of teamwork in the ICU, is that staff spend tea-time in groups and bring food to share. This sharing of meals has a positive effect on teambuilding and boosts morale.

**Sub-theme: Working conditions**

Employees felt that even though their working conditions were basic, they were better than what they had experienced in rural areas. The staff reported working with the best doctors – something they found both stimulating and rewarding. Being able to make a difference enhances their feelings of achievement, mastery and self-worth. Allied and nursing personnel reported that colleagues' attitudes impacted on their functioning, as there were times when they were rude and unfriendly. Doctors received requests to admit patients to ICU, and if the requests were turned down, conflict and friction often ensued. These attitudinal aspects impacted on functioning.

Physical aspects such as a lack of rest rooms, a need for coffee machines and inadequate bathroom facilities are issues of concern. Rest-room facilities should be adequate, as employees spend most of their day at work. Due to the critical nature of their patients, staff are unable to leave the unit during the day.

**Sub-theme: Job security**

Employees felt that their job security in a government facility was not under threat, as they believed it was difficult to be fired. Most personnel work at CHBH because they want to and love the work they do. There is, however, reduced upward mobility, with few opportunities for promotion. Remuneration is an issue, as many personnel find it difficult to survive if they are the sole breadwinner. On a positive note, OSD has attracted ICU nurses to CHBH, with many nurses returning to the public sector.

Generally, ICU personnel felt they would like some appreciation and praise for the work they do, as this would enhance their feelings of self-worth and mastery. They would like management to visit ICU, and to provide instrumental support.

## 4.4  RECOMMENDATIONS

Recommendations will subsequently be made per theme.

### 4.4.1  Theme one: Job satisfaction

At CHBH, individual performance evaluation and monitoring are supposed to be conducted quarterly. However, regular group feedback, recognition and praise could play an integral role in the ICU. A system of acknowledgement could be introduced, whereby weekly multi-disciplinary feedback sessions are held. These sessions could involve peer feedback and praise. Monthly meetings could include a time for sharing positive experiences and discussing how things could be done differently.

The researcher believes there should be opportunities to share successes with peers and to evaluate where changes could be made to improve service delivery in the ICU. The employees expressed a need for regular debriefings or support groups, where they can share both positive and negative experiences.

In order to care for the caregiver it is essential to have preventative and treatment strategies in place. Employees, prior to becoming operational, should undergo training on stress management. Such training should form part of their induction and orientation. There should also be ongoing stress management programmes aimed at enhancing coping skills and resilience.

### 4.4.2  Theme two: Stressors

There is a need to provide opportunities for venting and catharsis, so that emotions can be expressed, not suppressed. The need for ongoing peer support forms an integral part of coping. By having an opportunity to verbalise trauma, employees can release emotions, and deal with trauma.

In order to make visible changes, an audit of current resources and needs would have to be conducted. Rest-room facilities play an important role in providing employees with a facility in which to relax and take time out during work breaks. The literature emphasises the importance of recovery time, thus the rest rooms should be comfortable, adequate self-care 'oases' (i.e. calming, relaxing environments). Doctors' sleepover facilities should also be improved.

Equipment procurement procedures should be addressed, and a dedicated person should be appointed to take responsibility for procuring ICU goods and equipment. Procedures regarding shifts, handover, ward rounds at night and overtime could be discussed at staff meetings. Participation in decision making would enhance collaboration and involvement/engagement.

A lack of basic equipment, linen and resources impacts on the well-being of employees and makes their work difficult. These basic resources should be readily available – personnel should not have to acquire the resources in a crisis situation.

Prior to becoming operational, employees should undergo an induction and orientation programme on stress education, as well as training on trauma and the effects thereof. Ongoing debriefing should be provided to prevent the development of a 'trauma membrane', which Mitchell and Everly (2001: 60) define as follows:

> After a traumatic event victims begin to be insulated from individuals and processes that are external to the immediate trauma. This insulation process is thought to be analogous to the formation of a protective, insular membrane that serves as protective barrier. This barrier protects the individual from further intrusion, but it may inadvertently isolate the individual from further healing interventions. Thus, it becomes important to intervene early while the trauma membrane is still permeable.

Early interventions allow for help prior to the concretisation of the traumatic event and the development of maladaptive coping mechanisms. There should be opportunities for the venting and catharsis of emotions. Measures should be taken to provide adequate resources, in addition to the ICU environment being analysed

for risks. Improvements to budgeting and procurement procedures should be addressed.

There is a need for open communication both with management and amongst the team, as regards sources of frustration. Talking about problems and participating in decision making may instil a sense of control and engender feelings of optimism. Opportunities to vent will help reduce pent-up emotions.

A conducive work environment plays an important role in promoting employee well-being and productivity. Currently, CHBH's ICU rest rooms are not adequate, and revamping them could make a difference. Staff have requested a coffee shop that sells healthy food and operates after five pm.

There is a need for an integrated approach in the workplace, where all systems are engaged in planning (such as EWP, Human Resources, Security, Facility Management, Medical Facilities, and Occupational Health and Safety). There is also a need to integrate a planning, management and needs analysis, to develop a multi-faceted strategy. Units should not work in silos, and all staff need to come on board and provide services. The EWP needs to render a comprehensive service to all employees, by ensuring that preventative, treatment and educational services are available. Educational sessions on resilience, stress management, disease and lifestyle management would be beneficial.

### 4.4.3  Theme three: Trauma

Employees must be educated on the importance of self-care, and must be trained in developing self-care techniques to combat 'soul weariness'. The concept of caring for one another needs to be stressed and introduced to CHBH's ICU. There is also scope to supervise the emotional needs of employees, to mitigate against the effects of secondary trauma, burnout and compassion fatigue. Employees must be encouraged to engage in self-care strategies to restore self-capacities.

### 4.4.4  Theme four: Relationships

Relationships provide opportunities for confirmation, affirmation, appraisal and approval. The development of an appraisal system amongst peers would enhance

functioning and promote self-esteem. Management involvement would convey a sense of care and support, which would motivate ICU employees.

## 4.4.5  Theme five: Role demands

Each individual should have their own job description, and regular performance monitoring should occur. Expectations should be clear, and there should be sufficient staff resources to carry out menial duties, instead of allocating them to ICU medical professionals. There should be clear guidelines for admission to ICU, so that potential conflict can be reduced.

Finding a work-life balance is dependent on many factors. ICU employees need to be able to do the following:

- ✓ Switch off from work and share their daily experiences;
- ✓ Have someone they can talk to and share their feelings with;
- ✓ Relax and focus on other interests;
- ✓ Exercise, as physical activity helps release pent-up emotions;
- ✓ Have outside interests and hobbies they can engage in.

A gym facility at the hospital would promote leisure activities, stress management and good health.

## 4.4.6  Theme six: Job resources

Procedures for procuring equipment need to be addressed. A dedicated staff member should be allocated to the ICU. Ideally, this person would have an understanding of the equipment needed in the unit, and should then ensure that the correct equipment is procured timeously, so that there are no shortages. The human resource issue would need to be addressed, to ensure that there is adequate coverage of the ICU at all times.

ICU employees need a support system where they can vent their frustrations and reduce their stress levels. Education on resilience and coping mechanisms would help to alleviate stress. However, the critical issue is to ensure that resources are

available, so that employees can function properly and do the work they have been trained and called to do.

### 4.4.7 Theme seven: Job conditions

Nursing personnel have requested that the issue of shifts be addressed. The preference is to work day shift or night shift only, and not intersperse day and night shifts in one shift. The issue of rest rooms needs to be addressed. Adequate bathroom and rest-room facilities need to be provided.

Medical doctors requested that the practice of doing ward rounds at night be re-evaluated. Sleepover facilities need to be revamped, and the ergonomic layout of the ICU needs to be addressed. Due to a shortage of space at CHBH, it has been difficult to make structural changes.

All employees requested that the coffee shop be operational after hours, and that it provide healthy, non-fattening food. It was apparent that food plays an important role in boosting morale. Access to a coffee machine would make a difference in the lives of ICU staff. Rest-room and bathroom facilities could be improved. Gym facilities that are accessible after hours would provide opportunities for relaxation and stress management, and crèche facilities would assist with child care.

The issue of providing instrumental support could be addressed. Personnel need recognition and praise, as this enhances their self-worth in addition to boosting morale and improving individual functioning. A recognition system could be instituted. This could be based on peer approval, with monthly awards for the best employee.

### 4.4.8 The way forward – overall recommendations

The researcher endeavoured to examine the factors impacting on the well-being of ICU employees at Chris Hani-Baragwanath Hospital. The job demands-resources model was used as a frame of reference for understanding the work situation. From the data analysis it was evident that job demands and job resources impacted on well-being: if job demands are high and job resources low or lacking,

employees battle to deliver a professional service to patients. This has an impact on job satisfaction and self-esteem. Working with trauma on a daily basis impacts on functioning, and employees face the effects of compassion fatigue. The health and well-being of the employee are impacted by stressors. If prolonged, this stress can result in fatigue, burnout and ill health. The cumulative build-up of stress reduces the individual's coping ability and personal resources. Job demands, if high, require sustained effort and come at a cost to the individual, whereas job resources can help to achieve goals and decrease demands. If resources are scarce, limited or lacking, there are costs to growth and development. Healthcare institutions focus on promoting service delivery, but may stifle the well-being of employees in pursuit of this goal.

In addressing these issues it is important to develop a multi-faceted approach. There is a need for strategic planning based on an analysis of employee needs. A range of interventions needs to be provided, which could include the following:

- ✓ A lifestyle and health management programme dealing with issues of nutrition, exercise, relaxation, self-awareness and disease management;
- ✓ An educational stress management programme which is presented at induction and orientation;
- ✓ Preventative programmes that enhance knowledge and skills on coping and self-care;
- ✓ Programmes which foster work engagement by redesigning job demands and resource management;
- ✓ Peer support programmes;
- ✓ Debriefing;
- ✓ Teambuilding to enhance joint problem-solving, boost morale and promote communication;
- ✓ Self-awareness programmes designed to help employees understand their own stressors and reactions, and enhance their self-esteem by developing strengths, resilience and coping;
- ✓ Human capital management – developing strategies to attract and retain staff, and reduce staff shortages.
- ✓ Facilities for exercise and relaxation, e.g. the provision of a gym;

✓ A programme aimed at reducing fatigue and recovery time;

✓ Group sessions focusing on catharsis and the venting of feelings;

✓ A comprehensive employee wellness programme.

The programme would need the buy-in of all, and should be well marketed to employees. Communication strategies would need to be positive so that the message conveyed will have a beneficial impact and engage all employees.

Care for the caregiver – they are the most important asset in the healthcare system. If caregivers are burnt out, they will not be able to care for patients. Preventing compassion fatigue and enhancing the well-being of employees is vital – it implies nurturing the individual within a community through sustained care. The community can bring about healing through collective wisdom, vision and empowerment. Interdependency is a process, and "KELENGAKUTELLEGHPAT" means everyone involved forms part of the healing community.

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# Appendices



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Proposal and Ethics Committee

19 November 2008

Dear Dr Carbonatto

| | |
|---|---|
| **Project:** | **The factors impacting on the wellbeing of Intensive Care employees at the Chris Hani Baragwanath Hospital** |
| **Researcher:** | **GS Schmidt** |
| **Supervisor:** | **Dr CI Carbonatto** |
| **Department:** | **Social Work and Criminology** |
| **Reference number:** | **25350596** |

Thank you for your response to the Committee's letter of 3 June 2008.

I have pleasure in informing you that the Research Proposal and Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 18 November 2008. The approval is subject to the candidate abiding by the principles and parameters set out in her application and research proposal in the actual execution of the research.

The Committee requests you to convey this approval to Ms Schmidt.

We wish you success with the project.

Sincerely

**Prof. Brenda Louw**
**Chair: Research Proposal and Ethics Committee**
**Faculty of Humanities**
**UNIVERSITY OF PRETORIA**
**e-mail: brenda.louw@up.ac.za**

**Research Proposal and Ethics Committee Members:** Prof P Chiroro; Dr M-H Coetzee; Dr JEH Grobler; Prof KL Harris; Ms H Klopper; Prof E Krüger; Prof B Louw (Chair); Prof A Mlambo; Prof G Prinsloo; Mr C Puttergill; Prof H Stander; Prof E Taljard; Dr J van Dyk; Prof C Walton; Mr FG Wolmarans

# CHRIS HANI
# BARAGWANATH HOSPITAL
## OFFICE OF THE CEO

*Caring Hearts*
*Bringing Hope*

PO BERTSHAM
2013
TEL: (011) 933-8145
FAX: (011) 938-1005
EMAIL amanning@mweb.co.za

24 April 2008

Ms. G. Schmidt
AD: EWP

Dear Ms. Schmidt

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### APPROVAL TO UNDERTAKE RESEARCH STUDY

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Approval to undertake the research study "Qualitative study exploring the factors impacting on ICU employee's well-being" at Chris Hani Baragwanath Hospital is hereby granted.

In the commencement of your research please communicate with Prof. R. Mathivha.

Yours truly,

----------------------------------
**DR. A. W. MANNING**
**CHIEF EXECUTIVE OFFICER**

Cc. Prof. R. Mathivha

**CHRIS HANI BARAGWANATH HOSPITAL
HUMAN RESOURCE DEPARTMENT
EMPLOYEE WELLNESS**

Enquiries: Mrs G Schmidt
Tel:  933-8913
Fax:  933-0451

18 April 2008

**Dr. A Manning
CEO: CHRIS HANI BARAGWANATH HOSPITAL**

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT CHRIS HANI
BARAGWANATH HOSPITAL**

I am currently registered at University of Pretoria for a MSD: EAP degree. As partial fulfillment of the requirements, I need to conduct research for a mini-dissertation. I would like to request permission to conduct a qualitative study exploring the factors impacting on ICU employees' well-being. The research design will consist of using focus group interviewing and a sample of thirty ICU doctors, nurses and allied health professionals would be used. Each participant would complete an informed consent form. The results would be published in a dissertation and an article. These results would be made available to Chris Hani Baragwanath Hospital.

Your assistance in this regard would be greatly appreciated.

Ms Gayle Schmidt
Assistant Director: EWP Chris Hani Baragwanath Hospital

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YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

## LETTER OF INFORMED CONSENT

**Title of Study:** The factors impacting on the well-being of intensive care employees at the Chris Hani Baragwanath Hospital.

**Principal Investigator:** Gayle Schmidt, MSW (EAP) student, University of Pretoria, Pretoria

**TARGET GROUP (ICU EMPLOYEES: CHRIS HANI BARAGWANATH HOSPITAL)**

**Participant's Name:**…………………………………. **Date:**……………..

**Purpose of the Study:** To investigate the factors impacting on the well- being of Intensive Care employees at the Chris Hani Baragwanath Hospital

**Procedure:** You will participate in a focus group and be asked questions about factors impacting on your well-being. The focus group will be tape recorded for the purpose of collecting the data and the duration of the group will be approximately sixty minutes. The data will be stored for 15 years according to the prescribed standards of the University of Pretoria

**Risks and Discomforts**: No known medical risks or discomforts are associated with the participation in this study. Should you experience any emotional harm as a result of the focus group, debriefing will be conducted by the researcher after completion of the focus group session. If additional counselling is required, you will be referred to a counsellor from EAP.

**Benefits:** The results of this study will assist ICU employees to understand the factors impacting on their well-being and assist in developing preventative actions

**Participant's Rights**: You may withdraw from participating in this study at any time and withdrawal from the study will not have any negative implications for the participant.

**Confidentiality and anonymity:** The data collected during the focus groups using a tape recorder and field notes will remain confidential. This data will be transcribed after the group and your name will not be used but a number. The data will not be linked to your name or identity, maintaining anonymity. The results may be published in a professional journal or presented at professional conferences, but will never be linked to your identity.

University of Pretoria          Telephone  : 012 420 2325/2030          www.up.ac.za
Pretoria, 0002               Facsimile   : 012 420 2093
South Africa

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**Confidentiality and anonymity**: The data collected during the focus groups using a tape recorder and field notes will remain confidential. This data will be transcribed after the group and your name will not be used but a number. The data will not be linked to your name or identity, maintaining confidentiality and anonymity. The results may be published in a professional journal or presented at professional conferences, but will never be linked to your identity.

**Persons to contact**: If you want to talk to anyone about the research study because you think you have not been fairly treated or think you have experienced emotional harm by participating in the study, or you have any other questions about the study, you should call the principal investigator, Gayle Schmidt at 0823789596 any time during the day or night.

**I………………………………………….. understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and the procedures in this study. I will receive a signed copy of this consent form.**

_____           _____
**Subject's Signature**                                              **Date**

_____
**Signature of Investigator**

MSW (EAP) RESEARCH: THE FACTORS IMPACTING ON THE WELL BEING OF INTENSIVE CARE EMPLOYEES AT THE CHRIS HANI BARAGWANATH HOSPITAL: RESEARCHER: G. A. SCHMIDT

# FOCUS GROUP INTERVIEW SCHEDULE

| THEMES | SEMI-STRUCTURED INTERVIEW SCHEDULE | COMMENTS |
|---|---|---|
| 1.JOB SATISFACTION | Tell me how your work allows you the opportunity to do what you do best every day? | |
| | Tell me about the emotions you experience at work and why? | |
| | Mention any factors that you would change in the ICU unit if you could? | |
| | Does your work give you any meaning in life? | |
| 2. STRESSORS | Tell me about any stressors that you experience in the unit? | |
| | How would you be able to control any of these stressors? | |
| | Explain the self-care mechanisms you use to cope at work? | |
| | Tell me about the personal resources you use to cope with the stressors at work? | |
| | Tell me what you do to destress? | |
| 3. TRAUMA | How does working with trauma on a daily basis impact on your functioning? | |
| 4.JOB RESOURCES | Are you provided with sufficient resources to carry out your core function? | |
| | Are there any resources lacking? | |
| | How does the shortage of resources impact on your job performance? | |
| 5.ROLE DEMANDS | Do you have a job description? | |
| | Do you experience role conflict and if yes, elaborate on this? What is the source/cause of the conflict? | |
| | Do you have a balance between your work and personal life? | |
| 6.INTER-PERSONAL RELATIONSHIPS | Do you experience any connectivity with your colleagues and why? | |
| | How do your relationships at work impact on your functioning? | |
| | Are you able to work as a team? Why are you able to/not able to? | |

| 7.JOB CONDITIONS | Do you experience work overload? How does this impact on you? | |
|---|---|---|
| | Describe your work conditions | |
| | Motivate the extent of job security you experience in the workplace. | |

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**FACULTY OF HUMANITIES**
**RESEARCH ETHICS COMMITTEE**

# Declaration for the storage of research data and/or documents

I/ We, the principal researcher     **Gayle Schmidt**

and supervisor                      **Dr C.L. Carbonatto**

of the following study, titled:

**The factors impacting on the well-being of Intensive Care employees at Chris Hani Baragwanath Hospital**

will be storing all the research data and/or documents referring to the above-mentioned study in the following

department:      **Department of Social Work and Criminology**

**We understand that the storage of the mentioned data and/or documents must be maintained for a minimum of 15 years from the commencement of this study.**

Start date of study:                          **2006**

Anticipated end date of study:                **2010**

Year until which data will be stored:         **2025**

| Name of Principal Researcher(s) | Signature | Date |
|---|---|---|
| Gayle Schmidt | Schmidt | 19/08/2010 |
|  |  |  |

| Name of Supervisor(s) | Signature | Date |
|---|---|---|
| Dr C L Carbonatto | Carbonatto | 19/8/2010 |
|  |  |  |

| Name of Head of Department | Signature | Date |
|---|---|---|
| Prof. A Lombard | Lombard | 19/8/10 |

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