The Emotional Well-Being of Palliative Care Nurses Working in a Referral Hospital in Johannesburg.

KATLEHO NTSHELENG MOKGOTLA

A research report submitted in partial fulfilment of the requirements for the Degree of MA by Coursework and Research Report in the field of Industrial Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg.

May 2011
DECLARATION

I declare that this research report is my own, unaided work. It has not been previously submitted for any other degree or examination at this or any other university.

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Katleho Ntshediseng Mokgotla

May 2011
ACKNOWLEDGEMENTS

First and foremost I thank the Almighty God for granting me the strength, health, courage and inspiration to prosper in this endeavour of my life and thus enriching my knowledge.

I thank the lecturing staff of the University of the Witwatersrand (Industrial Psychology Department), whose guidance over the years provided me with the necessary background skills to undertake and complete this study.

My grateful thanks to my supervisor, Dr. Calvin Gwandure, for his time, enthusiasm, and unfailing interest and support. His invaluable support, insight and constructive criticism were of great value over the course of this study.

I am thankful to the Charlotte Maxeke Johannesburg Hospital for assisting me in gaining access to my sample

This research would not have been possible without the participation of the nursing staff who gave of their time. Their cooperation and enthusiasm are appreciated.

A special thanks to my dearest mother, Letta Mokgotla, for her encouragement, love and support. “I remember my mother’s prayers and they have always followed me. When I stopped seeing my mother with the eyes of a child, I saw the woman who helped me give birth to myself”

My sincere gratitude goes out to my fellow classmates and friends, your help and support is truly appreciated. I am humbled by your friendship. And for those who have had to listen to me constantly say “I am almost finished”… well, I am proud to say it is finally complete.
DEDICATION

This work is dedicated to my late father, Katuka Phineas (Chief) Mogotsi.

He is indeed the unseen force behind making this study a success.

Like a moon, he has guided me through my darkest nights.

“Dad, your guiding hand on my shoulder will remain with me forever”

He didn't tell me how to live; he lived, and let me watch him do it.

“You are deeply missed”
Nurses are the largest group of healthcare providers in South Africa. The personal cost of caring is an important concern for nurses as they have one-on-one contact with terminally-ill patients. This contact could affect their psychological and emotional well-being. There are few studies on the psychological and emotional well-being of nurses working in palliative care in South Africa. The aim of this study was to investigate the emotional well-being of nurses providing palliative care in Johannesburg. The study compared the emotional well-being of nurses working in palliative care and nurses providing general health care. This was achieved by focusing primarily on levels of secondary traumatic stress, empathy, emotional exhaustion, affective commitment, continuance commitment, and sense of coherence. Data were gathered from a sample consisting of 67 nurses; 32 nurses offering palliative care and 35 nurses offering general care. The instruments used to assess emotional well-being were: Secondary Traumatic Stress Scale, Interpersonal Reactivity Index, Maslach Burnout Inventory (Emotional exhaustion subscale), Affective commitment scale, Continuance commitment scale, and Orientation to Life Questionnaire. Data were analysed using the Analysis of Variance (ANOVA) test. The results showed that there were no significant differences in levels of secondary traumatic stress, empathy, emotional exhaustion, continuance commitment, and sense of coherence between palliative care and general care nurses. However, there was a significant difference in levels of affective commitment between the two groups of nurses. Additional analyses were run to establish whether there was a relationship between organisational commitment and age. Pearson Product Moment Correlation was used to determine the relationship between two variables, age and affective commitment, and age and continuance commitment. The results showed that there was no relationship between age and affective commitment. However, the correlational analysis showed that there was a significant relationship between age and continuance commitment. The findings of this study suggest the need for management of health organisations to invest in the well-being of their nurses. Directions for future research among nurses could focus on improving the psychological and emotional well-being of nurses in South African hospitals.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter 1</th>
<th>Introduction</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Introduction</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.2 Structure of the research report</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 2</th>
<th>Literature Review</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Emotional Wellbeing</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2.1.1 The Broaden-and-Build Theory of Positive Emotions</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2.2 Palliative-care</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>2.2.1 Symptom relief</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2.2.2 Psychosocial support</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2.2.3 Teamwork and partnership</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>2.3 Secondary traumatic stress</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>2.3.1 Theoretical models of secondary traumatic stress</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>2.3.2 Trauma Transmission Model</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>2.3.3 Dutton and Rubinstein’s theoretical model for secondary traumatic stress reactions</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
2.7.4 Sense of Coherence and Stress 54
2.7.5 Sense of Coherence and Well-being 56
2.7.6 Sense of Coherence and Secondary Traumatic Stress 57

2.8 Rational and Conclusion 59
2.9 Aim of the Study 60

Chapter 3 Methodology 61
3.1 Introduction 61
3.2 Research Design 62
3.3 Research Question 62
3.4 Hypotheses 63
3.5 Sample 63
3.6 Measuring Instruments 64
3.6.1 Biographical Questionnaire 64
3.6.2 Secondary Traumatic Stress Scale 64
3.6.3 The Interpersonal Reactivity Index 66
3.6.4 Emotional Exhaustion – Maslach Burnout Inventory 67
3.6.5 Organisational Commitment Scale 68
3.6.5.1 Affective Commitment Scale 68
3.6.5.2 Continuance Commitment Scale 69
3.6.6 Orientation to Life Questionnaire 69
3.7 Procedure 70
3.8 Statistical Analysis 72
3.8.1 Internal Reliability (Cronbach’s Alpha) 72
3.8.2 Descriptive Statistics 72
3.8.3 Analysis of Variance (ANOVA) 73
3.9 Ethical Considerations
3.10 Concluding Comments

Chapter 4  Results

4.1 Reliabilities of the Measuring Instruments
  4.1.1 Secondary Traumatic Stress Scale
  4.1.2 Maslach Burnout Inventory
  4.1.3 The Interpersonal Reactivity Index
  4.1.4 The Organisational Commitment Scale
  4.1.5 The Orientation to Life Questionnaire

4.2 Descriptive Statistics
  4.2.1 Sample
  4.2.2 Means and Standard deviations of the measured variables

4.3 Statistical Analyses relating to Hypotheses
  4.3.1 Hypothesis 1
  4.3.2 Hypothesis 2
  4.3.3 Hypothesis 3
  4.3.4 Hypothesis 4
  4.3.5 Hypothesis 5
  4.3.6 Hypothesis 6

4.4 Statistical Analyses relating to Secondary Hypothesis
  4.4.1 Affective Commitment and Age
  4.4.2 Continuance Commitment and Age

4.5 Concluding Comments
Chapter 5  Discussion

5.1 Introduction 96
5.2 Statistical Analyses Relating to Hypotheses 97
5.3 Limitations of the Study 113
  5.3.1 Sample 113
  5.3.2 Cross-sectional Study 113
  5.3.3 Use of the Secondary Traumatic Stress Scale 114
  5.3.4 Quantitative versus Qualitative Research 115

Methodology
  5.3.5 Social Desirability 116

5.4 Implications for the current research 116
5.5 Recommendations for future research 118
5.6 Conclusion 120

References 122

Appendices 134

  Appendix A: Ethical Clearance Certificate
  Appendix B: Charlotte Maxeke Johannesburg Hospital Clearance Certificate
  Appendix C: Participant Information Sheet
  Appendix D: Biographical Questionnaire
  Appendix E: Secondary Traumatic Stress Scale
  Appendix F: The Interpersonal Reactivity Index
  Appendix G: Emotional Exhaustion – Maslach Burnout Inventory
  Appendix H: Affective Commitment Scale
  Appendix I: Continuance Commitment Scale
  Appendix J: Orientation to Life Questionnaire
List of Figures

Figure 1: Three essential components of palliative care. 9
LIST OF TABLES

Table 1  Reliabilities for the Secondary Traumatic Stress Scale
Table 2  Reliability for the Maslach Burnout Inventory (Emotional Exhaustion)
Table 3  Reliabilities for the Interpersonal Reactivity Index
Table 4  Reliabilities for the Organisational Commitment Scale (Affective and Continuance Commitment)
Table 5  Reliabilities for the Orientation to Life Questionnaire
Table 6  Demographic details (Gender) for Palliative Care nurses (N=32) and General Care nurses (N=35)
Table 7  Demographic details (Gender) for overall sample (N=67)
Table 8  Demographic details (Age) (N=67)
Table 9  Demographic details (Tenure) (N=67)
Table 10  Demographic details (Hours worked per week) (N=67)
Table 11  Descriptive statistics of the Scales for Palliative and General care nurses
Table 12  $F$-value and $p$-value obtained for the Secondary traumatic stress variable
Table 13  $F$-value and $p$-value obtained for the Emotional Exhaustion variable
Table 14  $F$-value and $p$-value obtained for the Empathy variable
Table 15  $F$-value and $p$-value obtained for the Affective Commitment variable
Table 16  $F$-value and $p$-value obtained for the Continuance Commitment variable
Table 17  $F$-value and $p$-value obtained for the Sense of Coherence variable
Table 18  Correlation between affective commitment and age
Table 19  Correlation between continuance commitment and age