

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

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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.

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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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May 2011

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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”

ABSTRACT

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.

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