A qualitative exploration of flourishing among nurses working in palliative care

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DECLARATION

I Keisamang Gaile Motloung hereby declare that the work contained in this dissertation is my own and all sources I have drawn on have been acknowledged by means of complete references.

…….

Keisamang Gaile Motloung

Date: November 2018

REMARKS

The reader may also take note that this mini-dissertation has been written in the NWU approved article format, which consists of an introductory chapter, one research article containing the main findings of the study, and a final chapter outlining the conclusions, limitations, and recommendations pertaining to the study.

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ABSTRACT

Topic: A qualitative exploration of flourishing among nurses working palliative care in South Africa.

This mini-dissertation presents the findings of a study that qualitatively explored flourishing, as conceptualised in the model proposed by Keyes (2013), among a sample of nurses working in palliative care in South Africa. The topic under investigation focuses on flourishing among nurses working in palliative care in the South African context, a topic about which little is known in the South African context. Given that a large number of stressors associated with their profession and a vast array of negative outcomes have been reported, such as compassion fatigue, moral distress and burnout, it was deemed important to explore how and why some nurses manage to flourish in spite of the stressors of palliative care work. A purposive sampling method was used to obtain 14 participants (all females, 11 black and 3 white) who self-identified as flourishing and were also identified as such by their clinical palliative managers. Participants were recruited from different parts of the Gauteng province in South Africa. Data were collected by means of semi-structured and focus group interviews. All interviews took place at palliative care institutions at Wide Horizon hospice, Steppingstone hospice, Hospice Wits, F.W.C. hospice, East Rand Hospice and Sebokeng Old Age Home and Multipurpose Centre from August 2017-September 2018. Data were analysed by means of thematic analysis. A total of 17 themes emerged from the data in relation to how nurses working in palliative care flourish in South Africa despite being challenged by their work conditions. These include religion and spirituality and associated aspects like faith, prayer and receiving support from clergy, making a difference (generativity), being motivated, having a positive mind-set/attitude towards the job, and having passion for the job. Furthermore, participants mentioned that the support they received from their management team, family and neighbours played a significant role in enabling them to flourish. Some participants also mentioned that receiving counselling is helpful to them as they were able express their feelings about their daily life challenges which helped them in dealing with these challenges. However, for some participants, cultural norms existed that made them unwilling to receive counselling. Moreover, participants expressed that having meaningful and nourishing relationships, both outside and inside the workplace, helped them cope with challenges of their work as they confided in other staff and family members. The participants

also pointed out that being actively involved in physical activities enabled them to flourish because it helped induce a positive mental state. Furthermore, participants emphasized the importance of receiving positive feedback from the management team, patients and patient's families, which contributed to their capacity to flourish. The participants also mentioned that having specific personality traits such as a sense of humour and being introverted helped them cope with stress and challenges they encountered at work. Finally, participants also mentioned that time away from work were essential in supporting their ability to flourish, as they were able to rest and re-energize.

The mini-dissertation concludes with a chapter outlining the conclusions, limitations, implications and recommendations that are associated with the study. In addition to recommending the use of quantitative approaches to empirically verify and quantify the findings that emanated from the study, the researcher also recommends that future research on male nurses be conducted as they might experience different pathways to flourishing. It is also recommended that the findings of the study be considered when developing various interventions for counsellors, palliative care organisations and the Department of Health (DoH) in order to assist palliative care nurses who are languishing.

Keywords: burnout, flourishing, Hospice, nurses, palliative care, well-being

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CHAPTER 1

INTRODUCTION, PROBLEM STATEMENT, AND OBJECTIVES

The purpose of this chapter is to orient the reader to the study on which the mini-dissertation is based. The main aim of the study here is to explore flourishing among nurses working in palliative care. Flourishing is a state of complete mental health where people experience positive emotions, psychological well-being, as well as positive social functioning (Keyes, 2006). A brief introduction is followed by an overview of palliative care nursing, as well as a review of existing literature on the topic. The research problem is outlined next, which is followed by a statement of the main research questions and the aims guiding the study. Ontological and epistemological positions are also described, followed by a discussion of the research methodology that guides the study. Ethical matters related to the present study are also described and the chapter is concluded with an outline of the division of chapters of the mini-dissertation.

1.1 Introduction

In the 1990's, South Africa experienced high rates of injury, transmittable diseases and an AIDS pandemic which affected the quality of life of people and increased healthcare expenses, both at an individual level and a state level (Bradshaw *et al*., s.a.). At present, South Africa is encountering a quadruple burden of diseases under the Non Communicable Diseases banner (cancer, chronic lung diseases, type 2 diabetes and cardiovascular diseases) (Gonzalez, 2013) and in the late phases of these illnesses, palliative care is a necessity for every one of them (Gonzalez, 2013). South Africa has a wide-ranging network of palliative care homes that offer people with care they need with chronic and life-threatening illnesses (Gonzalez, 2013). The greater part of South African hospices are dependent upon expert volunteers such as doctors, nurses, social workers, spiritual workers, community workers and caregivers (Sithole, 2012:9). Nurses in particular play a significant role in palliative care. Over and above their duties are of recording symptoms, treatment of patients, and providing emotional support to the terminally ill patients and their families, they also provide roles of being an educator as they give patients and their family's information about the well-being and medical state of the patient. In addition, they are also caregivers, because their role centers on checking and making sure that patients are in a comparatively good condition, and

they also take on a role of a trusted messenger, and as such, they are often confided in by patients and their relatives (Kenya Hospice and Palliative Care Association, 2013).

1.2 Palliative care

The present hospice movement was founded by Dame Cecily Saunders, who underlined the significance of palliative care in present modern medicine (DeSpelder & Strickland, 2011:192). The hospice movement concentrates on holistic care which includes emotional, social, and spiritual care, and was developed to handle pain control in terminally ill patients (DeSpelder & Strickland, 2011:192). The norm behind hospices was that it served as refuges provided by religious orders to people who were dying and offered clothing, food, shelter, and most importantly medical care (DeSpelder & Strickland, 2011:192). Moreover, Dame Cecily Saunders taught people about holistic care and from that point forward, the hospice movement had a significant impact in the United Kingdom and abroad (DeSpelder & Strickland, 2011:193).

Towards the end of the 1970's, palliative care was recognized in South Africa, and most especially in Johannesburg, Cape Town, Durban and Port Elizabeth (Sithole, 2012:7). The development of hospice programmes in South Africa was ministered by Dame Cecily Saunders, who used the initial United Kingdom hospice programmes model (Sithole, 2012:7). Fourteen hospices united to form a national affiliation called the Hospice Association of South Africa (HASA) (Wright & Clark, 2006:29). Preceding that, hospices concentrated exclusively on oncology (cancer) patients. However, with the high incidence of HIV/AIDS in South Africa, hospice programmes transformed their method in which they delivered care and further expanded access to palliative care (Sithole, 2012:8).

The World Health Organisation (WHO) (2009) defines palliative care as an approach to healthcare that improves the quality of life of patients and their families facing problems associated with life-threatening illness through prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, including physical, psychosocial and spiritual problems. The service types in South African hospices include: in-patient care; home care; day care; clinics/drop-in centres; hospital support teams; education and training; patient support groups; bereavement care; foster parent support groups; orphan support groups and hospice care for the homeless. The principles of palliative

care were established on merging teaching and clinical research and expert pain and symptom relief with holistic care in meeting the physical, social, psychological and spiritual needs of its patients and those of their family and friends (Sithole, 2012:10).

According to Green and Horne (2009) the following are principles of palliative care:

- Quality of life: Each patient ought to have the capacity to define their own quality of life.
- Respect and participatory decision making: Patients and families have the right to make choices, and have their culture, traditional and personal values, and privacy be respected, and to be treated with dignity.
- Holistic care: Every interdisciplinary group ought to be engaged in addressing and attending to the different needs of the patients' social, emotional, spiritual and social care and that of their families.
- Family centered: In caring for palliative care patients the families ought to be engaged with the care process, providing them with needed confidence, information, and skills to support their loved one.
- Sustainability: For the sustainability of palliative care it ought to be coordinated into local systems, communities, and the environment, to ensure the benefit for all.
- Integrated palliative care administrations are provided through existing health, psychosocial and spiritual support services.

1.3 Professional nurses

The South African Nursing Council (cited in Sithole, 2012:6-7) defines a professional nurse a person who is qualified and skillful to independently practice comprehensive nursing in the manner and to the level prescribed, and who is fit for accepting accountability and responsibility for such practice. In palliative phases of illnesses, nurses provide a major part of care (Walshe & Luker, 2010:1168). They spend about 8 hours or more working in shifts (Sithole, 2012:10). Nurses working in palliative care have a major role to play in supporting patients and their families throughout their terminal illness stage. Their role has to do with educating patients and their families, providing advice and emotional support, assessing patient's physicality, their health histories, provide information on health promotion, provide wound care, evaluating the family's involvement in the process, and educating both patients

and their family members about the illness and with managing their symptoms (Schroeder & Lorenz, 2017:5). As the illness progresses and patients take on the sick role, it is the nurses that deal with them on a daily basis; supporting and helping them and their families to live with the psychological, social, physical, emotional and spiritual consequences of their illnesses (Lugton & McIntyre, 2005:16). Therefore, it is primarily a nursing responsibility to care for the dying patient and their families (Sithole, 2012:10).

Furthermore, they work to ensure that their patients receive, understand, carry out and report about the effectiveness of their pain treatment plan (Brown, 2013:300). They provide intensive care to their patients; provide support to patients during their illness and associated dying process; attend to the health-care wishes of patients; and support both patients and patient's families during the dying process (Lugton & McIntyre, 2005:17-18). Many nurses have personal commitments to patients and have a genuine desire to do good which has an influence on their approach to care (Walshe & Luker, 2010:1177). One of the components of nurses' role in palliative care is valuing the patients, and having respect for the inherent worth of others (Walshe & Luker, 2010:1168). Another significant role is providing emotional support, comfort, and empathic relationship and enhancing personal growth (Skilbeck & Payne, 2003:522). However, it has been highlighted that these factors are associated with the experience of work-role stress among palliative care nurses (Ablett & Jones, 2006:733).

1.4 Challenges nurses encounter in palliative care

The effects of stress at work can result in serious consequences for the physical and psychological health of nurses, patients and the organisation itself (Ablett & Jones, 2006:733). Stress is defined by the American Psychiatric Association (cited in Shahsavarani *et al.,* 2015:233) as a sense of being overwhelmed, worry, destruction, exhaustion and lethargy. Nurses administering pain treatment to patients at the end of life often work in difficult situations as they are constantly exposed to death and dying as part of their work (Woo *et al.,* 2006:369). Furthermore, having highly motivated individuals with high loci of control juggle an expanding out-patient load, compounded by having inadequate staffing, unpredictable timing, and a lack of self-care often present significant stress (Koh *et al*., 2015:634). This may not only lead to poorer general health, psychological well-being, lower job satisfaction and reduced quality of care, but can also have an adverse effect on nurses' emotions (Koh *et al*., 2015:634).

A study by Fillion *et al.* (2007:4) argues that all sources of stress described in palliative care are grouped into three categories: professional, emotional, and organisational stressors. Stressors accompanying work with terminally ill patients may be related directly to specific situations at the workplace such as conflicts (intrapersonal – personal, internal and interpersonal – people-to-people, in nurse-patient-relatives and nurse-nurse team relations); dangers (contact with physical and biological factors); work overload (shortage of personnel, shiftwork, omnipresence of death); and non-occupational factors such as age and work experience, family and living conditions, and personality (system of values, emotional maturity, sense of life, motivation to work) (Zurek *et al*., 2014:52-53). Another form of stress stems from professional stressors which could result in nurses having difficulty managing the pain of the patients, and having insufficient time to give to patients and their families (Fillion *et al*., 2007:5). The occurrence of multiple deaths, discomfort about death and suffering, and exposure to patients' and families' distress also play a role in exacerbating emotional stress (Fillion *et al.*, 2007:5). The following conditions in particular have been associated with emotional stress among palliative care nurses:

1. Posttraumatic Stress Disorder (PTSD) - careers in palliative care offer opportunities for professional and personal growth. However, recurrent exposure to traumatic experiences is associated with care fatigue, including reactions to trauma of patients that produce symptoms very similar to posttraumatic stress disorder including re-experiencing, avoidance, and hyper arousal (O'Mahony *et al.,* 2016:190). These symptoms may manifest and form shock responses, irritability, and feeling dissociated from patients, peers, and family (O'Mahony *et al*., 2016:190).
2. Compassion fatigue - involves an excess of empathy and identification with patients' suffering, resulting in an inability to maintain a healthy balance between objectivity and empathy (Anon, 2013:2). Due to the length and intensity of their interactions, end-of-life nurses can be at risk of becoming overly involved with patients and their families; this 'unhealthy' empathy leads to the blurring of professional boundaries and constitutes a major stressor in hospice nursing (Anon, 2013:2). Symptoms of compassion fatigue include headaches, sleep disruption, increased blood pressure, cardiovascular disease, diabetes and immune dysfunction, as well as fatigue, irritability, anger and depression (Anon, 2013:2).
3. Moral distress - Wiegand and Funk (2012:1) described moral distress as arising ''when one knows the right thing to do, but institutional constraints make it nearly

impossible to pursue the right course of action''. Moral distress has been reported as occurring frequently when nurses care for the dying (Wiegand & Funk, 2012:2). It occurs due to a variety of situations, including providing life-sustaining treatments that prolong the dying process and following the directives of family members to continue life-sustaining treatments that are not in the best interest of the patient (Wiegand & Funk, 2012:2).

4. Abendroth and Flannery (2006:348) state that burnout is a response to chronic work-related interpersonal and emotional stressors, and is measured on three general scales: emotional exhaustion, depersonalisation, and a lack of perceived personal accomplishment. Professionals working in palliative care settings and who experience feelings of seclusion, overload of work, feeling unappreciated and who do not acknowledge the effect that their work has on their emotions are likely to be at risk for both burnout and compassion fatigue (Abendoth & Flannery, 2006:348).

Furthermore, organisational stressors include lack of a palliative-care philosophy and the absence of facilities particular to end-of-life caring, which may include facilities such as larger rooms for patients and their families and common meeting spaces for families and friends, which are frequently reported by nurses (Fillion *et al.,* 2007:5).
As such, it is clear that palliative care nursing is associated with a significant amount of challenge and risk to their overall well-being.

1.5 Problem Statement

Numerous international studies have been conducted on palliative care and some of these studies focused on nurses' and patients' perceptions of expert palliative nursing care (Johnston & Smith, 2006), or evidence in relation to the cost and cost-effectiveness of palliative care (Smith *et al.,* 2014). Other studies conducted in the context of palliative care examine the prevalence of resilience in a group of professional nurses' (e.g. Koen & Wissing, 2011). However, a review of databases such as JSTOR, EBSCOHOST, and Google scholar was unsuccessful in locating studies on flourishing among nurses working in palliative care in the South African context. Flourishing is a state of complete mental health where people experience positive emotions, psychological well-being, and positive social functioning (Keyes, 2006).

Little is known about how nurses working in palliative care flourish in the South African context. Given the large number of stressors associated with their profession, as well as the vast array of negative outcomes that have been reported in the profession, such as compassion fatigue, moral distress, burnout and PTSD (as outlined in the previous section), understanding how and why some nurses manage to flourish in spite of the stressors of palliative care work would be of significant value. Gaining an understanding of the nurses' lived subjective experiences in relation to what psychosocial factors enables them to flourish and how it manifests, might be of benefit to the Department of Health, policy makers and hospice organisations, as well as counsellors and therapists engaging with palliative care nurses, as such an understanding would better equip them to support, intervene, and counsel such nurses. This will help palliative care organisations together with the Department of Health and Hospice Association of South Africa (HASA) to further design more appropriate intervention programmes that will assist nurses in dealing with the challenges and difficulties of their work and also develop an organisational ethic of responsibility, creating strategies to help their nurses in dealing with emotional conditions such as burnout, compassion fatigue, and posttraumatic stress disorder.

1.6 Research Questions

1.6.1 Main Research Question

Based on the above section, the following main and secondary research questions have been formulated to guide the study:

How does flourishing manifest among nurses working in palliative care within the South African context?

1.6.2 Secondary Research Questions

What psychosocial factors enable nurses working in palliative care to flourish?

1.7 Research Objectives

1.7.1 Main Research Objective

The main aim of the study is to explore flourishing among nurses working in palliative care within the South African context.

1.7.2 Specific Research Objectives

To explore which psycho-social factors allow nurses working in palliative care to flourish.

1.8 Research Methodology

1.8.1 Literature Review

A literature review was undertaken in order to obtain an overview of existing research in relation to the research topic. The literature provided the rationale for a research hypothesis, and indications of what remained to be researched and helped the researcher substantiate and argue for the significance of the study (Shi, 2006:1). The available literature was searched through internet databases such as Ebscohost; Google Scholar; Academic Journals; JSTOR and SAGE relevant to the study in the form of articles, reviews, dissertations and electronic research reports. To guide the search, the following keywords were used: burnout; palliative care; flourishing; subjective well-being; nurses; fatigue; depression and moral distress.

1.8.2 Empirical Study

In the present study, the researcher made use of an exploratory qualitative methodology. Burns and Groves (2003:313) defines exploratory research as research conducted in gaining new insights, discovering new ideas or increasing knowledge of a phenomenon. This methodology allows the researcher to discover new ideas or an increase of knowledge of which psychosocial factors enable nurses working in palliative care to flourish. For the purpose of this study, the researcher entered the research field with curiosity from the point of not knowing in order to elicit data regarding psychosocial factors enabling flourishing among nurses working in palliative care and attempt to make sense of, or interpret situations in terms of the meanings people bring to them (Burns & Groves, 2003:313). The current study aims to

explore flourishing among nurses working in palliative care, and an exploratory qualitative methodology was deemed appropriate to address this research aim as this methodology is particularly suitable when seeking understanding and new insights about a phenomenon from participants' perspectives (Davis, 2000).

1.8.3 Ontological philosophy

Ontology is the study of reality and truth, and of the ways in which people understand the world (Sarantakos, 2005:30). One such ontological position is interpretivism, which is concerned with people, and the manner in which they interrelate - what they think and how they form ideas about the world and how their worlds are constructed. This approach accepts that the world is constantly changing and that meanings are shifting and contested (Scales, 2013:6). The study of flourishing among nurses working in palliative care is concerned with the subjective perspectives and experiences of psychosocial factors enabling nurses to flourish in palliative care, and as such, an interpretivist approach was deemed appropriate for the study.

1.8.4 Epistemological philosophy

Epistemology is a way of understanding and explaining how we know what we know (Raddon, s.a.). It is concerned with providing a theoretic basis for detailing what kind of knowledge is possible and how we can ensure that such knowledge is both acceptable and appropriate (Raddon, s.a.). The study took on a constructivist epistemology. Constructivism is concerned with how people learn, drawing upon their personal experiences and their interaction with others to construct new understandings and knowledge (Crotty, 2003:42). The exploration of flourishing among nurses working in palliative care in South Africa is concerned with the subjective realities of participants. Constructivism is an appropriate epistemological framework for the study, as it focuses on the nurses' lived subjective experiences and socially constructed and interpreted understandings of which psychosocial factors allows them to flourish in the context of palliative care.

1.8.5 Theoretical Framework

The current study is guided by sociologist Corey Keyes' theory of flourishing as a theoretical framework. This theory was selected as it encompasses dimensions of social well-being, in addition to emotional and psychological well-being, which thus renders it a reasonably comprehensive theory of well-being that is particularly suitable within the context of a sociologically based study like this one. Furthermore, the theory was also selected as it aligns well with the WHO's comprehensive conceptualization of mental health. Flourishing is conceived of as a state of complete mental health (Keyes & Haidt, 2003:6), which is defined by the WHO (2010) as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Individuals who demonstrate flourishing in their lives function positively in both their private and social lives and are free from mental illnesses (Keyes & Haidt, 2003:6). In Keyes' theory (2013), flourishing is conceptualized as being comprised of three interrelated dimensions of well-being which are emotional, psychological and social well-being.

Emotional well-being consists of perceptions of affirmed interest in life, satisfaction with life and happiness, and the balancing of both positive and negative affect. Positive affect refers to feelings of being cheerful, in good spirits, happy, calm and peaceful, satisfied, and full of life, whereas negative affect involves feelings of grief, fear, apathy. Emotional well-being requires an individual to have relatively high levels of life satisfaction and positive affect, and concomitantly low relative levels of negative affect (Keyes, 2013:7). Psychological well-being is when an individual is mentally healthy, functions effectively, and can succeed despite life's existential challenges (Huppert, 2009:137). As conceptualized in the theory, the construct of psychological well-being is comprised of 6 dimensions that include having realistic perceptions about the positive and negative aspects of oneself, and still being able to accept oneself (self-acceptance); being able to form warm, caring relationships with others and the capability to develop intimacy and show empathy with others (positive relations with others); having the ability to make one's own decisions without relying on, or waiting for approval of others (autonomy); having the ability to manage and to mould environments (environmental mastery); having goals in life and a sense that one's life has purpose and meaning (purpose in life); and continually growing and developing as a person and working towards optimising one's potential (personal growth) (Ryff & Keyes, 1995:720). Social well-

being is defined by Keyes (1998) as individuals' perceptions of the quality of their relationships with other people, their communities and neighborhoods. It views the quality of people's functioning in terms of their social lives based on whether they see social life as meaningful and understandable (social coherence); they see society as possessing potential for growth (social actualization); they feel they belong to and are accepted by their communities (social integration); they accept other people (social acceptance); and they see themselves having something worthwhile to contribute to society (social contribution) (Keyes, 1998:122). When individuals possess relatively high amounts of emotional, social, and psychological well-being, they are deemed to be flourishing. Conversely, low levels of these factors are associated with languishing. Those with average levels of each dimension are classified as being moderately mentally healthy (Keyes, 1998).

1.8.6 Participants and sampling

The sampling method used in the present study was purposive sampling. Purposive sampling is a qualitative method which selects people who are 'information-rich' on the research topic (Hennink *et al*., 2011:85). The sampling approach was considered appropriate for the study as it allowed the researcher to choose participants suitable for answering the research questions and achieving the aim of the study. The following inclusion criteria were set in order to recruit participants for the study:

- Participants must have been females between the ages of 21-75.
- Participants must have been either registered nurses or auxiliary nurses.
- Participants must have worked as nurses employed in palliative care homes for a period of at least two years.
- Participants must have self-identified as flourishing within the context of their work as a palliative care nurse. In addition, managers involved with the nurses (such as palliative services managers, clinical services managers and patient care managers) at the Hospices in question also had to identify a given nurse as flourishing.

Initial inclusion criteria only specified registered nurses, but were expanded later as the researcher could not find enough registered nurses. Both types of nurses were deemed to be suitable participants as they had actual experience of the phenomenon under investigation,

and therefore would be able to serve as sources of relevant data. The age range was selected as this includes typical working ages, and the sites were chosen because the study was self-funded and the researcher was restricted to these nearby sites. Data were collected in different parts of Gauteng province, namely Vereeniging, Alberton, Johannesburg, Boksburg and Sebokeng). The total number of participants recruited for the study was 14. Out of the 14 participants 10 participants took part in individual semi-structured interviews, which were conducted in different locations and times, while 4 participants (two from different hospices) participated in the focus group sessions, which also took place at different locations. Of the 14 participants, 11 were black and 3 were white, and all were female participants. Some of the participants were married, whilst others were not married and lived with their children. One participant was a widow and living alone. Out of the 14, one participant is an auxiliary nurse, however with a long extensive experience working in palliative care, while others have had prior experiences working in public and private hospital and cancer organisations before joining palliative.

Five of the hospices that were involved in the present study are located in urban areas and one in a township within the Gauteng province. These hospices are housed in small to medium sized buildings. The buildings are well maintained, very clean, have well organised in-patient rooms and family rooms. Ages of the participants ranged between 36 and 71.

1.9 Research design

1.9.1 Data collection

Semi-structured and focus group interviews were utilised to gather data for the study. A semi-structured interview is a face-to-face conversation, where the researcher is guided by a series of questions relating to the topic under study (Ferrante, 2008:44). In the case of exploring flourishing among nurses working in palliative care, open-ended questions were asked in order to get lengthy and meaningful responses from the participants. Semi-structured interviews were appropriate in the current study as it allowed the researcher and the participants to discuss the questions in detail which led to meaningful and more extensive responses.

Another method of gathering data that was used in the study was the use of two focus group interviews. A focus group interview is conducted with the aim of collecting new information in a social context which helps the researcher understand a specific research topic from viewpoints of participants (Patton, 2002). During a focus group, the researcher was tasked to guide the discussion, listen, observe, and keep the groups on topic (Sarantakos, 2005:194). Here, the researcher had less control over the course of the discussion as the group can easily go off topic and provides unimportant information; therefore, it was the researcher's task to re-direct the topic of the discussion to the issue at hand. Here, participants may have been reluctant to speak honestly in front of others and this is why it was deemed important to include an additional data collection method in this study (semi-structured interviews). However, despite these limitations, focus groups have the advantage that they are able to elicit discussion between participants, which often results in participants disclosing information that they would not have done in the context of individual interviews. In the interaction between participants, additional data is often generated that the researcher alone might have been unable to elicit from participants individually.

The following questions were formulated and formed the basis for both the semi-structured as well as focus group interviews:

1. What do you believe enables you to flourish as a nurse working in palliative care?
2. What factors internal to you most help you to flourish?
3. What factors external to most help you to flourish?

Probing was also used to obtain the maximum amount of data and to get additional information and clarity and verify what the researcher had heard is actually what the participant(s) has mentioned. Examples of probing questions that were asked include:

"How does 'X' support your ability to flourish?"

"Can you explain more about how 'X' helps you to flourish?"

"Which other factors can you think of that helps you to flourish?"

Interviews continued until data saturation was reached. Data saturation entails continually bringing new participants into the study until the data set is complete (Bowen, 2008:140). The purpose of saturation is to ensure that adequate and quality data is collected to support the study. In the present study, data saturation was reached after the 8th interview was conducted. However, in order to verify this, the researcher continued with several additional interviews. During this time the hypothesis of saturation was confirmed as the remaining participants produced similar responses to that of the initial 8 participants.

1.9.2 Research procedure

After an ethical clearance was issued by the North-West University's Human Health Research Committee (HHREC), the researcher approached different hospices (Wide Horizon hospice, Steppingstone hospice, Wits hospice, F.W.C hospice, East Rand hospice and Sebokeng Old Age Home and Multipurpose Centre) and obtained permission to conduct the research study. The researcher worked closely with the clinical managers in assisting with the identification of nurses who were flourishing in the context of their work. The participants were provided with necessary information about the topic and aim of the research and also what the researcher aimed to achieve with the study. They were also informed about ethical matters pertaining to the study, how the study was to be conducted and how long the interviews were to take. The informed consent forms were then issued to the participants and explained thoroughly to them, and then they were given a 24 hour cooling-down window to make a decision on whether to be part of the study or not. Once the consent forms were signed and obtained by the researcher, the interviews were conducted at Wide Horizon hospice, Steppingstone hospice, Wits Hospice, F.W.C hospice, East Rand and Sebokeng Old Age Home and Multipurpose Centre in boardrooms which were quiet, private and free from distractions. Since the participants resided in different parts of Gauteng province, the researcher travelled to the participants' place of work to avoid travel expenses for participants. With the consent from participants, all interviews were recorded electronically and the recorded data were transcribed and subjected to thematic qualitative analysis. The data gathering and analysis were done iteratively until theoretical saturation was achieved.

1.9.3 Data analysis

Data analysis is a process that helps the researcher describe data collected, code the data, conceptualise, interrelate and interpret until the researcher believes that enough information is gathered (Sarantakos, 2005:344). Data analysis requires that the researcher have a good sense of creativity and divergent thinking (Miles *et al*., 2014:344). A number of different approaches to data analysis exist. One of the most frequently used among these is thematic analysis, which involves classifying and presenting themes that relate to the data. It allowed the researcher to determine relationships between concepts and compare them with replicated data (Ibrahim, 2012:40). This method was applicable for the study as it enabled the researcher to identify regularities and commonalities in relation to the factors enabling nurses working in palliative care to flourish. The researcher followed the steps outlined in Miles *et al*. (2014) in analysing the data. The researcher listened to audio tapes of each participant and the focus group sessions and transcribed the information word for word. Following the transcription process, the researcher read through the data numerous times to get a general sense of the information. This gave the researcher necessary background of the data. The researcher then assigned first level of descriptive coding in organising the data. The researcher then examined these codes and compared them for similarities and differences. Before refining the initial codes, the researcher recoded some of the first codes as there were more general and broader codes produced, therefore, the researcher had to recode the first codes produced. Following this, the researcher refined initial codes in order to generate a clear and complete set of codes. The researcher did this by looking into threads that tie together bits of data. Furthermore, the researchers deleted redundant codes, merge related codes, and adjusted code descriptions to better summarise fragments of the text. After identifying meaningful codes from the data, the researcher grouped these codes together into meaningful categories and themes. The researcher went further by calling and emailing the participants to check if what the participants mentioned in the semi-structured and focus group interview were indeed what was transcribed. The language used to conduct both the semi-structured and focus groups interviews was English. Throughout the process of analyzing the data, the researcher was assisted by her supervisor. A total of 17 themes emerged from the data analysis which described how nurses working in palliative care flourish. In particular, religion and spiritual beliefs of participants, receiving support (from management team, family, staff and neighbours) and counselling, having meaningful and nourishing relationships, having passion

for the job and patients, being actively involved in managing work and taking time away from work were identified to support flourishing among nurses working in palliative care.

1.9.4 Quality assurance

In order to ensure trustworthiness of the study, the researcher strove to address a number of criteria of trustworthiness, which include credibility, transferability and confirmability.

Credibility

Credibility refers to the confidence that can be placed in the research findings (Holloway & Wheeler, 2010). Credibility in the current study was ensured by purposively selecting participants relevant to partake in the study. Two gathering data methods, semi-structured and two focus group interviews were used in support of credibility of the research findings. This was followed by member checking where the researcher returned to the participants and verified findings with them.

Transferability

Transferability means the degree to which results of qualitative research can be transferred to other contexts with other respondents (Anney, 2014:277). Although every case might be unique, it is also an example within the broader group (Shenton, 2004:69). So for transferability to be achieved, the researcher sought to provide sufficient information about the context of participants in order to enable the reader to make an informed decision as to the extent to which the research findings might be transferable to the contexts they are seeking to understand (Anney, 2014:278).

Confirmability

Confirmability refers to the extent to which the results of an inquiry could be confirmed or corroborated by other researchers, and is concerned with ensuring that as far as possible, the study's findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton, 2004:72). Confirmability was

accomplished in the study by member checking, where the researcher confirmed and recorded participants' responses, and made verbatim transcripts of these recordings (Shenton, 2004:63).

1.10 Ethical Considerations

In the current study human beings were involved in the research study as it is common in sociological studies. As such, it was considered important that information be obtained in a manner that is in the best interest of the participants (Strydom, 2004:56). Ethical clearance to conduct the study was obtained from Human Health Research Ethics Committee of the North-West University (see Appendix B), and from clinical managers of all 6 hospices. During recruitment process, clinical managers worked closely with the researcher in identifying potential participants whom were flourishing in the context of their work. Following that, the researcher informed the identified participants about the topic and aim of the study.

Participants were asked whether they desired to partake in the study and that if they fully understood what the study is all about. The researcher went further to present a letter of consent (see Appendix A) to the participants where the researcher explained the purpose of collecting the data; who the information is for; how the information will be used and what will be asked in the interviews; how confidentiality would be assured and what the risks and benefits associated with their participation in the study. The participants were told that their identities were to remain private, in order to ensure that the participants were aware of their rights in terms of confidentiality (Gomm, 2008:379). The participants were further assured of confidentiality explaining that their names and identities will not be disclosed in the final mini-dissertation. Once they had agreed to participate and the researcher had obtained the signed consent form, interviewing took place. The recordings and transcripts were password protected on the researcher's laptop.

1.11 Chapter Division of the Mini Dissertation

The article method, as approved by the North-West University, was followed in the writing of the mini-dissertation. The layout of this work is outlined below.

Chapter 1: Introduction, problem statement and objectives

Chapter 2: A qualitative exploration of flourishing among nurses working in palliative care

Chapter 3: Conclusions, limitations, and recommendations

1.12 Summary

The aim of this introductory chapter was to provide contextual information relevant to the study on which the mini-dissertation is based. The chapter started with a review of existing literature in relation to nurses flourishing within palliative care, as a preliminary step towards outlining the central research aim guiding the study, which involves an exploration of flourishing among nurses working in palliative care. Following this, the ontological, epistemological, and theoretical frameworks guiding the study were discussed. Next, the methodology which was followed in conducting the study was outlined, and ethical matters relevant to the study were discussed. The findings emanating from the study are presented in the form of a research article (which is in accordance with the article format as specified by the NWU) in the next chapter. The third and final chapter provides a detailed summary of the implications, limitations, and recommendations that are relevant to the study.

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CHAPTER 2
RESEARCH ARTICLE

A QUALITATIVE EXPLORATION OF FLOURISHING AMONG NURSES WORKING IN PALLIATIVE CARE

ABSTRACT

The aim of the study was to qualitatively explore flourishing among a sample of nurses working in palliative care in South Africa. A purposive sampling method was used in selecting flourishing nurses working in palliative care. The participants were recruited from 6 palliative care institutions (Wide horizon, Steppingstone, Hospice Wits, F.W.C. hospice, East Rand hospice and Sebokeng Old Age Home and Multipurpose Centre) during August 2017 – September 2018. Semi-structured interviews and two focus group sessions were used to gather data for the study, which were subsequently analysed by means of thematic content analysis. 17 themes emerged from the analysis which described how nurses flourished in palliative care. In particular, religious and spiritual beliefs of participants such as prayer and religious faith; making a difference in their patient's lives through generative acts such that as receiving support from the management team and staff, family and neighbours; receiving counselling; having meaningful and nourishing relationships inside and outside of work; receiving positive feedback from the management team, patients and patients' families; having specific personality traits such as a sense of humour and introversion; having a positive mind-set/attitude towards the job; actively managing work; having passion for the job and patients and taking time away from work, were factors identified to support flourishing among nurses working in palliative care. It is hoped that the findings might be of value in supporting the development of various interventions aimed at assisting nurses who exhibit signs of languishing.

Keywords: *burnout, flourishing, Hospice, nurses, palliative care, well-being*

2.1 Introduction

Palliative care is a combination of compassionate and active treatments intended to comfort and support individuals and their families who are living with, or dying from life-threatening illnesses (Jacono *et al*., 2009:2-3). According to the Canadian Hospice Palliative Care Association (cited in Jacono *et al*., 2009:2) palliative care is defined as "a whole-person health care that aims to relieve pain and improve quality of living and dying. Professional

nursing is based on the philosophy that nursing is relational and holistic in nature (Jacono *et al*., 2009:3). The nursing role provides a holistic care that addresses patients' physical, mental, social and spiritual health (Jahandideh *et al*., 2018:1). Nurses meet patients who suffer from life-threatening illnesses in all healthcare settings and as a result this requires knowledge and expertise in palliative care wherever nurses work in the health system (Sekse *et al*., 2018:22). In palliative stages of illnesses, nurses provide a major part of care (Walshe & Luker, 2010:1168). They work shifts lasting approximately 8 hours or more several days a week working with patients and the patient's families (Sithole, 2012:10). During the terminal illness stage, a nurse's role has to do with assessing patients, their living circumstances, assessing the family's participation in the process, and educating both patients and their families about the illness, and managing their symptoms (Sithole, 2012:10).

Several studies on palliative care have been conducted that investigated the cost and cost-effectiveness of palliative care (Smith *et al.,* 2014); the family-focused therapy group (Kissane & Bloch, 2002), and the psychosocial intervention support in palliative care (Lawrence *et al.,* 2016). However, comparatively few studies on flourishing among nurses working in palliative care have been done, and even fewer of these have adopted a qualitative approach. The present study is thus aimed at addressing the gap by undertaking a qualitative exploration of flourishing among nurses working in palliative care.

2.2 Flourishing

The theory of flourishing proposed by sociologist Corey Keyes (Keyes & Haidt, 2003:6) served as theoretical framework for the present study. This theory was selected as it includes dimensions of social well-being in addition to that emotional and psychological well-being, which thus renders it a reasonably inclusive theory of well-being that is particularly suitable within the context of a sociologically based study like this one. Furthermore, the theory was also selected as it aligns well with the WHO's comprehensive conceptualization of mental health. In this context, it is recognised that people adjust and adapt to life in highly creative ways that allow them, and those they are in contact with, to feel good about life (Sheldon & King, cited in Compton & Hoffman, 2013:5). Flourishing is a state that embodies multidimensional mental health. Flourishing individuals are free from mental illnesses, are filled with emotional vitality and function positively in both their private and social lives (Keyes & Haidt, 2003:6). In Keyes' theory, flourishing is viewed as being comprised of three

constructs of well-being which are emotional, psychological and social well-being. The first construct, emotional well-being, suggests that when people are happy and pleased with their lives they experience the presence of positive feelings (e.g. being cheerful, in good spirits, happy, calm and peaceful, satisfied, and full of life) about life (Keyes, 2002:208). The second construct, psychological well-being, involves functioning effectively (Huppert, 2009:137). Psychological well-being comprises of six dimensions that include positive assessments of oneself and one's past life, a sense of growth and development as a person, having a purpose and meaning in life, possessing quality relations with others, having the capacity to manage one's life and surroundings effectively, and a sense of self-determination (Ryff & Keyes, 1995:720). The third construct, social well-being, occurs when there is an assessment of one's circumstances and functioning in society (Keyes, 1998:122). Social well-being is comprised of five dimensions which center on the degree to which people hold positive attitudes towards others, the belief that society is capable of developing and evolving in becoming a better place, the belief that their daily activities contribute to society and that their activities are valued by their community, and on the degree to which people deem society to be understandable, predictable and how much a person feels part of his or her community and how much a person feels supported by others (Keyes, 1998:122).

2.3 Nurses' well-being working in palliative care

Nurses in their work setting encounter people who require palliative or end-of-life care. Most nurses will witness difficult events in their everyday work lives and many remain ill prepared to provide support to dying individuals and their families (Halliday & Boughton, 2008; Mallory, 2003, cited in Jacono *et al*., 2009:1). In a study done in New South Wales Health, Australia, Jayln (2008) explored the relationship between emotional work, emotional well-being, and professional practice of community nurses who provided palliative care to clients living at home. The study took on a qualitative emancipatory inquiry method where 16 community nurses participated in the study. Findings of the study revealed that the concept of emotional wellbeing was complex and multifaceted. The participants associated emotional well-being with feeling energetically balanced or out of balance. There was a pervasive interconnectedness between emotional work, emotional well-being, and professional practice that was influenced by multiple factors including the emotional impact of emotional work and various workplace challenges.

Jahandideh *et al*. (2018) conducted a cross-sectional study on a sample of 210 Iranian nurses (including head nurses, staff, and nurse aids) working in critical care units to determine the relationship between nurses' spiritual well-being and patients' perceptions of the quality of spiritual care. The findings revealed that the capacity of nurses to provide high quality spiritual care is related to their own degree of spirituality and their training in spiritual care, and that nurses who have religious well-being tend to recognize the spiritual needs of their patients. In contrast, nurses who have a lack of familiarity with spirituality may be less capable of communicating with patients in some respects. Ablett and Jones (2007:734) conducted a qualitative study in the north-west of England on resilience and well-being among a purposive sample of 10 palliative care nurses working at a hospice centre. Using an interpretative phenomenological analysis, the researchers identified ten themes related to hospice nurses' experience of working in palliative care. Central to these themes was the extent to which nurses chose to work in this area, and were committed to it, believing they could 'make a difference' to the people for whom they were providing palliative care. Awareness of both their mortality and their spirituality were additional prominent themes that emerged from the data analysis. Moreover, the findings illustrated interpersonal factors such as an active choice to work in palliative care, past personal experience influences in caregiving, personal attitudes towards care-giving, personal attitudes towards life (and death), and awareness of own spirituality that may enable hospice workers to remain resilient and effectively buffer or moderate the stressful effects of working in palliative care.

Georges *et al*. (2002) conducted a qualitative study among 14 palliative care nurses in an academic hospital specializing in the treatment of cancer patients in order to explore the way nurses working in a palliative care ward perceive their role and gain insight into the problems they encounter. By means of a constant comparative method developed by Strauss (1987), the researchers found that personal meaning nurses assign to their work and their approach to palliative care were reflected in two main perceptions that emerged from the data: 'striving to adopt a well-organized and purposeful approach' which includes developing a professional attitude, striving to remain objective, being task oriented, avoiding emotional stress, and embracing a practitioner-focused perspective and the second perception; and 'striving to increase the well-being of the patient' which included adopting a humble attitude, giving attention to patients' experiences, being available and trying to accept and cope with emotional strain. Nurses came across difficulties in developing their individual caring

attitudes because of the absence of a clear 'philosophy' of care within the setting that might provide them with a solid foundation for their approach.

Despite the fact that nurses made an informed decision to work in palliative care, they still encountered ongoing emotional challenges associated with caring for patients and dealing with institutions without a clear philosophy of palliative care in caring. However, studies have shown that interpersonal factors (Ablett & Jones, 2007) such that as spiritual well-being can play an important role in enabling nurses in palliative care to have a positive effect in the quality of care they deliver to their patients which in turn can have a positive outcome on nurse's well-being and this can also help nurses in handling stressors of their challenging work conditions.

Whilst a small number of international studies have been done on well-being of nurses working in palliative care, very little research has been conducted in relation to how nurses working in palliative care flourish internationally, and none could be located that focus on a South African context. As a result, little is known about which psychosocial factors enables flourishing among nurses working in palliative care within the South African context. In addition, few studies on the topic were conducted by means of using a qualitative methodological approach and few focused on emotional wellbeing of nurses in palliative care or resilience and well-being among palliative care staff. Employing a qualitative method to explore this topic would be of value as it would enable investigation into participants' lived subjective experiences and thoughts on flourishing in the context of their palliative care work. Findings from such a study would shed light into which psychosocial factors enable nurses working in palliative care to flourish and how it manifests among them, which is needed considering palliative care nurses experience daily exposure to suffering and death in the work environment. Also, the qualitative, subjective nature of the study could be of value for health and palliative care organisation decision-makers in designing interventions suitable for nurses working in palliative care as it might hopefully inform interventions, training and policies and procedures. Therefore, the aim of the study is to qualitatively explore flourishing among nurses working in palliative care within the South African context.

2.4. Methodology

An exploratory qualitative design was used to gather data for the study. A qualitative research design studies things in their natural settings. It allows the researcher to gain an understanding of opinions in terms of the meaning people bring to them (Hancock *et al.,* 2009:1). This design was specifically chosen to understand participants' personal views on which psychosocial factors enables nurses to flourish working palliative and how does flourishing manifest among them.

2.4.1 Participants and sampling

A non-probability sampling method was used to obtain participants for the study. In particular, purposive sampling was used to select participants for the study. Purposive sampling technique is used in qualitative studies as it allows researchers to directly select people who are 'information rich' and can provide detailed understanding of what the study aim is about (Hennink *et al.,* 2011:85). Purposive sampling is best suited for the present study as it directly selects participants who can provide information on which psychosocial factors enables nurses working in palliative care to flourish and how it manifests among them. As is customary in employing any form of purposive sampling, a number of sampling criteria were specified prior to the study to guide the sampling process:

- Participants must have been females between the ages of 21-75.
- Participants must have been either registered nurses or auxiliary nurses.
- Participants must have worked as nurses employed in palliative care homes for a period of at least two years.
- Participants must have self-identified as flourishing within the context of their work as a palliative care nurse. In addition, managers involved with the nurses (such as palliative services managers, clinical services managers and patient care managers) at the Hospices in question also had to identify a given nurse as flourishing.

Initial inclusion criteria only specified registered nurses, but were expanded later as the researcher could not find enough registered nurses. Both types of nurses were deemed to be

suitable participants as they had actual experience of the phenomenon under investigation, and therefore would be able to serve as sources of relevant data. The ages of the participants were selected as this includes working ages, and that the sites were chosen because they were accessible to the researcher and as her study was self-funded, the researcher was restricted to nearby sites.

After obtaining permission from different hospices, a total of 14 participants were recruited at 6 different hospices (Wide Horizon, Steppingstone, Wits Hospice, FWC Hospice, East Rand Hospice and Sebokeng Old Age Home and Multipurpose Centre). These hospices were selected for data collection as flourishing nurses working in palliative care were present. The identification of flourishing participants was done with the help of palliative services managers, clinical services managers and patient care managers at the hospices. The participants resided in different parts of Gauteng province in South Africa, including Johannesburg, Vereeniging, Boksburg, Alberton and Sebokeng. These and other characteristics of the participant group are set out in Table 1.

Table 1: Characteristics of participants

Age	**Race**	**Institution**	**Years working in palliative care**
71	Black	Wide Horizon Hospice	13 years
59	White	Steppingstone Hospice	7 years
37	Black	Wits Hospice	11 years
45	Black	Wits Hospice	10 years
54	White	Wits Hospice	3 years
45	Black	Wits Hospice	6 years
57	Black	F.W.C Hospice	9 years
36	Black	F.W.C Hospice	5 years
57	White	East Rand Hospice	14 years
64	Black	East Rand Hospice	8 years
44	Black	Sebokeng Old Age Home and	3 years

		Multipurpose Centre	
62	Black	Sebokeng Old Age Home and Multipurpose Centre	11 years
49	Black	Sebokeng Old Age Home and Multipurpose Centre	9 years
45	Black	Sebokeng Old Age Home and Multipurpose Centre	11 years

Out of the six institutions, five palliative care institutions were situated in urban areas and one was located in a township in the Gauteng province of South Africa. The institutions are housed in small and medium sized buildings with well-maintained patient rooms and family waiting rooms. The nurses are reported to generally have good relationships amongst each other. The ages of the nurses who were interviewed ranged between 36 and 71 years. 13 nurses had prior experience working as nurses in public and private hospitals, while one participant had only experience in auxiliary nursing. Most of the participants are married and others are not married, however, some participants had children which they lived with and others did not reside with their children as they were older. One of the participants is a widow and lives alone as her children have moved out of the house. Many of the nurses spent most their time working outside the institutions and attended to some of their patients in their respective communities.

2.4.2 Data collection

Data was obtained using semi-structured interviews and two focus groups interviews. Semi-structured interviews typically involve the use of an interview guide containing a series of informally structured questions focused on the research topic. The questions are structured in an open-ended manner and are formulated according to the aim of the study (Guest *et al*., 2013:8). Semi-structured interviews were considered to be appropriate to the present study because of their conversational style. Also, the open-ended nature of the research questions in semi-structured interviews allowed for rich, subjective, meaningful, and ultimately, qualitative responses (Guest *et al*., 2013:8). This is appropriate to the present study seeing that the aim of the present study was to explore participants' individual experiences and meanings with regards to flourishing in the context of palliative care.

Two focus group interviews were also conducted during the present study. A focus group interview is a constructed discussion of a group of people brought together for the purpose of the study (Sarantakos, 2013:206). A focus group is an exploratory method used to help researchers gather in-depth information of their participants' attitude and perceptions. It is used in generating new ideas that could lead to new perspectives on the topic (Krueger, 1994). The focus group interview was chosen for the present study to provide deeper insights and understanding of which psychosocial factors enable nurses working in palliative care to flourish. Due to the fact that the study is sociological in nature, the focus group interviews were regarded as being particularly suitable to the study (Guest *et al*., 2013:8). Once the researcher obtained the necessary signed consent, the researcher continued by introducing the discussion of flourishing among nurses working in palliative care by using a series of questions designed for the study. Throughout the discussion, the researcher guided the conversations of participants and acted as a facilitator. Finally, the researcher observed through the discussion and audio recorded the participants' responses. As noted, an interview guide was used to guide both the semi-structured interviews as well as the focus group discussion. Questions specifically focused on:

- What do you believe enables you to flourish as a nurse working in palliative care?
- What factors internal to you most help you to flourish?
- What factors external to you most help you to flourish?

All interviews were conducted at the institutions were participants worked. A private room, free of distractions, was provided to the researcher to conduct the interviews. Before the interviews started, the researcher again highlighted what the aim of the study was and what the participants' responsibilities were. The researcher also highlighted that the participants' personal details will remain confidential and that they also had the freedom to not answer any uncomfortable questions. The participants were finally reminded that they were free to stop the interview and leave at any given time and that the interview was going to be recorded. For every semi-structured interview, the interviews took between 21 – 36 minutes and for the two focus group interviews, it took 26 – 51 minutes. All interviews were digitally voice recorded.

2.4.3 Data analysis and interpretation

The data gathered from the semi-structured and focus group interviews were analysed using qualitative thematic analysis (Miles *et al*., 2014:344), which is commonly used in explorative qualitative research as a method of analysing and interpreting research data (Miles *et al*., 2014:344). This method is applicable as it is inductive, explorative and qualitative in nature, which accords with the chosen methodology of the present study. The researcher followed steps outlined by Miles *et al.* (2014) in analysing the data. The first step entailed listening to the audio recordings of all the interviews and transcribing it verbatim. The researcher followed this by reading through the interview transcripts and conducted first level coding of the data, guided by the research questions used to structure the interviews. This process involves assigning descriptive labels to segments of text based on their core interpreted meanings. Before the researcher went through refining the initial codes, the researcher recoded some of the first codes as they were more general and broader, therefore, the researcher had to recode some of the first codes to assign more descriptive labels. The initial codes were then refined during a following round of coding, in order to delete redundant codes, merge related ones, and adjust code descriptions to better summarise fragments of the text. Based on conceptual similarities, the codes were then organised and grouped together into categories and primary themes that summarised the essence of the study's findings. The researcher went further by member checking if what the participants mentioned in the semi-structured and focus group interview were indeed what was transcribed. This was done through calling the participants for clarity and confirming over the phone that the responses the researcher had transcribed were indeed what they said. The language used in the semi-structured and focus groups interviews was English. During the data analysis process, the researcher received assistance from her supervisor throughout the data analysis process.

2.4.4 Quality assurance

To ensure that research was qualitatively rigorous, whilst conducting the study, the researcher strove to adhere to several criteria of trustworthiness, which included credibility, transferability and confirmability (Graneheim & Lundman, 2003:109).

Credibility

Credibility deals with the focus of the research and how well the data and processes of analysis address the intended focus (Graneheim & Lundman, 2003:109-110). Credibility in the present study is ensured by purposefully selecting only participants who fit the selection criteria of the study (Shenton, 2004:63), thus ensuring that data would be obtained that address the aim of the study. Credibility of the findings are also supported by gathering data by means of two different methods (semi-structured and focus group interviews) and by verifying interpretations by member checking (Shenton, 2004:63).

Transferability

Transferability is the extent to which findings can be transferred to other settings. To facilitate transferability, it is valuable to give a clear and distinct description of culture and context, selection and characteristics of participants, data collection and process of analysis. Transferability is enabled if the research findings can be practical to the contexts of other similar studies (Shenton, 2004:63). In the present study, the research procedure and methodology as well as the participant sample have been described in sufficient depth to enable other researchers to make determinations as to whether or not the findings of the study would transfer to other contexts.

Confirmability

Confirmability ensures as far as possible that the study's findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton, 2004:72). Confirmability was achieved in the present study by member checking, whereby the researcher confirms participants' answers, and also by recording participants' responses and by making verbatim transcripts of these recordings (Shenton, 2004:63).

2.5 Ethical considerations

Ethical procedures were followed in the study of flourishing among nurses working in palliative care as proposed in Strydom (2004:57). Ethical clearance for the study was sought and obtained from the North-West University's Human Health Research Committee (HHREC) (See Appendix B). The researcher followed this by obtaining permission from Wide Horizon hospice, Steppingstone hospice, Wits hospice, F.W.C hospice, East Rand hospice and Sebokeng Old Age Home and Multipurpose Centre to conduct interviews with nurses who were identified as flourishing by themselves as well as by the management of the institutions. The participants were given essential information about the topic and the aim of the research and also about what the researcher aimed to accomplish with the study. Participants were informed that they will be issued a consent form which will be signed by those participants who agree to take part in the study (see Appendix A). The consent form highlighted the purpose of collecting the information, who the information was for; how the information would be used and what would be asked in the interviews, and also outlined issues related to confidentiality, as well as the risks and benefits involved with participating in the study. The participants were informed about their personal identities remaining undisclosed in the final mini-dissertation. They were also informed that both the researcher and the supervisor will have access to the data. After the participants signed the consent form they were made aware that as the researcher has responsibilities they also have a responsibility. They were made aware of their responsibilities with regards to the study, which included answering each question truthfully, and to the best of their abilities (Code of Human Research Ethics, 2010:39). Furthermore, the participants were then informed that they may refuse to answer certain questions, and may stop the interview at any given time (Strydom, 2004:59). After obtaining the signed consent forms, the process of interviewing each participant took place. All gathered data has been stored on the researcher's personal laptop at the researcher's home in a secure location. All files have been password protected to further enhance data security.

2.6 Findings

The findings of the present study exploring flourishing among nurses working in palliative care are presented in this section. Despite the existence of some degree of overlap, themes

have been conceptually classified as representing either extra-personal or intra-personal factors. The themes have been classified based on the research questions used in the research study to gather data and this classification has been used as basis for structuring the reporting of the findings.

Extra-personal factors enabling nurses to flourish working in palliative care

Thematic analysis of the data pointed to a number of extra-personal factors that supported nurses in their ability to flourish in the context of doing palliative care work. These factors include religious and spiritual beliefs like prayer, making a difference, receiving support, receiving counselling, having meaningful and nourishing relationships (inside and outside of work), being involved in physical activities, actively managing one's work, being motivated matured and having passion and some 'me time'.

2.6.1 Religion and spirituality

A prominent theme that emerged from the analysis of the data was that religion and spirituality played an important role in enabling palliative care nurses to flourish in spite of their challenging work conditions. More specifically, as will be elaborated upon below, participants mentioned that religious faith, prayer, a sense of being connected to a higher power, and receiving help from their religious minister in one form or another supported their ability to flourish.

Prayer

Most participants revealed that prayer gives them a sense of renewed inner strength to continue their work helping chronic patients live a painless life towards their time at the palliative care hospice. This is illustrated in the words of Participant 4 who mentioned that: *"…I pray every day for strength…sometimes it is difficult to talk about the experiences of death, therefore I pray about it and I ask God to strengthen me to continue with my work…"* (Interview, 10 October 2017), while another participant stated that: *"…with the death I experience at the work place, I usually pray for more strength because it can be overwhelming…"* (Participant 1, Focus Group 1, 24 January 2018). Another participant

mentioned that: *"...I pray a lot to God to give me guidance and strength and to uplift my spirits at times, because it can be overwhelming working here. Every time I pray I feel much better and feel that some weight has been lifted off..."* (Participant 7, Interview, 12 September 2018).

Religious faith and a sense of connectedness to higher power

One participant mentioned that what keeps her flourishing is a sense of faith which was based on the belief that what is happening is part of God's plan. As Participant 1 (FG2) stated: *"...my faith-based very much so makes me do well at work, the belief that all is working in the will of God"* (Focus Group 2, 29 January 2018). Another participant explained that according to her religious faith and beliefs, death is not viewed as the end of life, but rather as a transition to another life. In her own words: *"...With my religious background death is seen as an elevation to the next life that can only be seen after death..."* (Participant 1, Focus Group 1, 24 January 2018). The participants indicated that this felt sense of faith and belief enabled them to cope with the challenges of palliative care nursing, such as having to deal with death and dying on a daily basis, and this in turn, supported their capacity to flourish.

Receiving support from religious ministers

Two nurses uncovered that receiving support from her minister empowers her to flourish as it gives both the patients and nurses perceptive on life and death and moreover it provides them with clarity of unexpected life events. In the words of participant 1 (FG1) who mentioned that *"...I also communicate with my pastor for prayers and guidance in this line of work..."* (Focus Group 1, 24 January 2018). Another participant revealed that: *"...we have a pastor that comes weekly to pray for the sick but not does he pray for the sick, he prays and shares the word of God with us and being a religious woman, this strengthens me. We get to talk to him about their difficult experiences and he would give us advice on how to deal with our challenges and also encourages us..."* (Participant 7, Interview, 02 September 2018). Whilst participant 9 mentioned that: *"...we sometime get visits from different pastors whom come in to pray for the patients and us. They always provide guidance and encourage us to keep doing our job. For me, this uplifts my spirits..."* (Interview, 12 September 2018.

2.6.2 Making a difference (Generativity)

Another theme that emerged from the analysis was that making a difference in the lives of others contributed to the flourishing of nurses in palliative care. In particular, participants indicated that caregiving for patients, helping community members, teaching the general public, and doing God's work were important factors that supported their ability to flourish.

Caregiving for patients

Most participants expressed the view that having selfless concern towards patients and contributing towards making a difference in the well-being of patients has played a significant role in supporting their capacity to flourish as palliative care nurses. Two participants communicated that some patients at the hospice are abandoned by their family members and never return for them, as a result, it stresses them, therefore they make it their own obligation to help these patients. One participant stated that: *"…the patients at palliative care, some of them are left there without any visitation from the families… families are expected to buy toiletries for their family members living in the home, so those that do not have any family visitations I make a provision for them when I do my groceries because they need to have their bags of toiletry…"* (Interview, 31 August 2017), while another participant revealed that *"…some patients are neglected by their families and having to see that pains me, therefore if I can give such patients the warmth, love and care they should be getting from their families, that makes me be a better person, I know that before the patient died, I made them feel at 'home', I made them feel special and that for me is what makes me do well at work, knowing that I did my all for a person in need of care…"* (Participant 1 (FG1), 24 January 2018). Furthermore, participant 2 (FG2) indicated that *"…every morning when I wake up I know have to go see this or that person, I create a picture in my mind, a scenario and that gives me a sense of hope to go back to work…* (Focus Group 2, 29 January 2018). In words of participant 6: *"…realizing that there can be something better that I can offer to patients and that makes me feel good about myself…"* (Interview, 12 October 2017).

Also, the feeling of helping patients through their difficult times at the hospice through contributing personal time has helped one nurse in the ability to flourish in palliative care, as the feeling of making a difference in the patients' lives has served to bring her positive feelings and joy. In the words of participant 5:

> *"…I volunteer here at the hospice twice a week so…it is helping people who are severely in pain to be pain free and to live the best that they can until they die. It is a wonderful feeling to see someone not in pain and being able to live out often in their last days in their happy state and comfortable. What helps me is that people in severe pain get the required pain relief unlike in most hospitals where they need to wait 24hours in-between for analgesia. People are able to die a dignified death. As a palliative care nurse, it brings me joy knowing that I have helped people live in a dignified way right up until they die by providing quality care…"* (Interview, 12 October 2017).

In summary, this sub-theme centers on the finding that making a difference in the patients' lives through giving care to the patients', and contributing personal time has brought feelings of positivity and enhanced the nurses' ability to flourish in palliative care.

Helping community members

One of the participants explained that drawing on her expertise and experience as a palliative care nurse in making a difference in the lives of people in her community played a very important role in enabling her to flourish. In particular, the sense that she was able give valued assistance to those in need who often had limited capacity or resources to help themselves imbued her with a sense of positivity. In words of participant 4:

> "*…another aspect is that, people in the community entrust me as a nurse with their health problems. They look up to me for assistance and for information, for direction as to how to go about overcoming the health problem. And that to me gives me that reassurance that I am doing something good for old people, children, and teenagers…this is my way of giving back to the community…therefore, I believe I do well at work because of what I give and do for people who have difficulty doing for themselves because of their health status… another thing is that sometimes people back at home and in the community as they know I am a nurse and would ask me for help and I would help them, whether it is about their sickness, I am there for them…"* (Participant 4, Interview, 10 October 2017).

This finding suggests that at least some nurses are able to utilize their nursing skills in contexts beyond work in a way that enhances their capacity to thrive in spite of the challenges associated with their profession.

Teaching the general public

Participant 1 revealed that being able to help people learn about the work she does in palliative care helps her to flourish. She was of the opinion that making people aware of the dangers of these diseases and how to treat them is her way of making a difference in the lives of patients, their families, and the community as a whole. In her own words: *"…what you have asked me, the thing that makes me to flourish is I like teaching. I like teaching others so that they should have knowledge, because once we don't have knowledge of our work, we won't cope and we will encounter problems. So, that is why I like teaching…"* (Interview, 31 August 2017).

Doing God's Work

Participant 2 (FG2) expressed that by making a difference through helping chronic patients in palliative care is her way of doing God's work. She stated: *"…I know that I am doing my part as a child of God…"* (Focus Group 1, 24 January 2018). The experience of helping people conveys feelings of meaningful work and as a result it has supported participant 2 (FG1) to flourish in palliative care.

2.6.3 Receiving support

Most participants revealed that receiving support from a number of social support systems is significant in enhancing their ability to flourish as nurses working in palliative care. This theme showed commonality among nurses when they indicated that receiving support helps them to perform well in palliative care which in turn leads to flourishing. Under this theme, the role of a supportive management team, supportive staff, supportive family and supportive neighbors in supporting flourishing will be discussed.

Having a supportive structure at work (management team and staff)

One of the interviewed participant revealed that receiving support from the management team in relation to the work she does in palliative care enhances her capacity to flourish. The support provided by the management team helps improve the quality of her work and also helps her tackle pressures of everyday in palliative care efficiently and this increases her ability to flourish. In the words of participant 2: *"…I work with a very supportive team, and management is probably one of my greatest admirers. My nurses have been with me for the longest time, most of them were trained by me, in fact, and all the staff and gardeners are trained by me in everything because they are a part of my team…"* (Interview, 2 September 2017). Another participant said that: *"…My manager is a very supportive woman; she is very understanding. She sometimes helps me with difficult patients and she would advise me on how to care for patients. I appreciate her so much…"* (Participant 8, Interview, 02 September 2018). In words of participant 9: *"…we have a very supportive manager. By profession she is a social worker, so she is able to help us when we are not doing well. She will make time for you and try to find out what the problem is and help the best way she can…"* (Interview, 12 September 2018).

Most participants revealed that they are able to flourish when they receive help and support from other staff. Receiving support from other staff conveys feelings of being valued and cared for in palliative care and that support nurses to flourish in palliative care. In one interview, participant 4 said that: *"…we also support each other through all the good and bad that we experience at work, we come up with solutions…"* (Interview, 10 October 2017), while another participant mentioned that: *"…the support I get from my colleagues gives me strength, when something goes wrong they are always around to assist me or each other…"* (Participant 1 (FG1), 24 January 2018). In another interview, one participant mentioned that the source of support received from the nurses working in palliative care enables her to flourish as these nurses know and are aware of exactly what challenges she faces daily. One participant said that: *"…we also have our colleagues which are our main support, because they are the only ones that know what we are dealing with because you cannot always talk to our husbands and friends. So we have great support for each other. Some of the times people are in different levels and you connect better with one or another…"* (Participant 2, Focus Group 2, 29 January 2018).

Furthermore, a participant mentioned that most of their attention is on providing emotional support to patients; hence it is important that they too receive some emotional support from other staff as it can cause nurses to experience emotionally be overwhelmed. One participant said: *"…about 75% of emotional support is provided to patients and it can be overwhelming, therefore, we also need emotional support as nurses, being able to interact with others and emotionally being supported as well…"* (Participant 2, Focus Group 2, 29 January 2018). One participant revealed that some nurses help her by telling her how to handle difficult patients, therefore receiving support from other nurses helps her in dealing with challenges she encounters at the workplace and thus she is able to perform well and flourish in palliative care. She said that:

> *"…and another aspect is that having a good teamwork, working together as auxiliary workers and nurses, helping each other with patients. Sometimes other patients can very difficult to work with, they judge the work that you do, they sometimes tell me that I do not do my work well, or try to tell me how to do my work. So having good team work allows us to help each other in dealing with difficult patients, and that pushes us to give them the care that they need to regain a bit of life in them…"* (Participant 2, Focus Group 1, 24 January 2018).

Also, participant 7 revealed that *"...I work with a very supportive staff. I was at a point where I could not handle my workload and one of my staff members opted to help me with some patients of mine because I was overwhelmed…"* (Interview, 02 September 2018). In words of participant 10: *"...the people that I work with are very supporting and understanding. We sometimes work with very difficult old patients and at times it can be frustrating, but the staff here always helps me out when I need help. It makes me feel safe knowing that there are people who can make time to help me…"* (Interview, 12 September 2018).

Receiving support from family and community

Most participants mentioned that receiving support from their families in a variety of ways which included having family members take care of their children, acknowledging their hard work, and having families that understand working in palliative care takes much of their time away from home helps them to perform well at work, and as a result supports the participants

to flourish. One participant expressed that she doesn't have to stress about her children's schoolwork as her family helps her with her children's schoolwork. In the words of participant 4: *"...I also get support from my family; they help me out with my kid's school work, so I don't have to worry about homework when I get home..."* (Participant 4, Interview, 10 October 2017). The support provided by the family helps to increase feelings of security that her children are safe and that supports her ability to thrive.

Another participant mentioned that being acknowledged by her family plays a role in her flourishing in palliative care as her children are full of pride in the work she does, and as her hard work in helping the sick is recognised. In the words of participant 2:

> "…a*nother aspect is my family. It's hard for people to grasp why anybody does this job. My kids are incredibly proud of the work that I do. They are not "oh mom get another job", they are very proud. The two eldest will come and communicate with everyone and discuss anything related to palliative care with me, the younger one would say I am so proud of you and I think it's amazing what you doing, but please do not tell me anything, please do not make me go there, do not involve me in anyway. We have a very open, honest relationship, and I feel incredibly supported and rewarded (and I am not talking about money), it's an acknowledgment, my efforts are being acknowledged. Those are the support system that makes me easier to do the work that I do..."* (Interview, 12 September 2017).

In brief, the findings suggest that the support received from the community, family and the recognition from children increases positive emotions such that of happiness and confidence and as a result improves the capability of nurses to flourish in palliative care.

Also, two participants pointed out that their families have an understanding of what their work entails and how much time it takes them away from home. What helps these two participants to flourish is that their families have a clear understanding that they spend most of their time with patients and this result to nurses having fewer worries about their family and focus more on helping patients. One participant stated that: *"...I think because I have a happy marriage, especially an understanding husband. My husband understood that nursing takes up much time of me away from home because of the long working hours, same as in palliative care, he understands that most of the time I am not home and when I can I will make it up to him..."* (Participant 5, Interview, 12 October 2017), while participant 1 (FG1)

said that: *"…I have a very supportive family. My children understand the work that I do and at times I am unable to assist them with homework or let alone spend time with them because our patients are based in communities and we have to attend to them even during the weekends when their families' members call for assistance...I focus on the support of my immediate family members. With their support I am able to continue with my nursing job…"* (Focus Group 1, 24 January 2018).

Furthermore, one participant revealed that her ability to flourish working in palliative care is the support and words of encouragement she receives from her neighbors. With the support received from her neighbors, their experience of knowing the challenges of caring for a chronic ill person, and sharing these experiences with her increases positive emotions of hope within her. In the words of participant 1 (FG1):

> *"…neighbors do have a sense of support that they give me; they are able to relate to the work that you do as they also care for their respective family members. They will encourage me to work harder and do the best that I can do because even though they are experienced in caring for the family member, but they understand the difficulty of caring for someone who is unable to do anything for themselves, they will tell me to pray for having patience when at work because caring requires you to have patience…"* (Focus Group 1, 24 January 2018).

2.6.4 Having experience in work and general matters

A major theme that emerged from the data analysis is that having experience in relation to skills or general matters that have a bearing on their profession played an important role in helping nurses to flourish at the workplace. In particular, having experienced the death (or near death) of family members, having experience in nursing, as well as experience derived from palliative care training has enabled several participants to flourish whilst working in palliative care. Under this theme, the following sub-themes will be elaborated upon: expertise in both nursing and palliative care training, the experience of being a patient, the loss experienced in the family, caring for a chronic ill family member and being fully connected to patients.

Having nursing skills

Some participants indicated that having expertise in nursing served as an advantage for them to perform their role as palliative care nurses because the skills required to care for patients in palliative care are similar to that of nursing patients in hospitals. Having the right skills to care for chronically ill patients plays a crucial role as the participants have the ability to do their job well and that leads nurses to flourish in palliative care. One participant expressed that: *"…I am a pensioner and I have worked for years in nursing and I have helped all kinds of people with different illnesses which for me are a good way to learn on how to work with the sick. The experience as a nurse is an advantage as it is not a new line of work for me…because of the years of experience in nursing I am able to do my job properly and care for the sick patients accordingly…"* (Participant 1, Interview, 31August 2017).

Having palliative care training

Most participants indicated that receiving training in palliative care has taught them how to handle many of the different situations they face every day at the workplace. This has helped them deal better with different people, which in turn supports nurses to flourish. Participant 1 who mentioned that:

> *"…but ever since I am trained as a palliative care nurse, I have learned so much about human beings especially the elderly. I have been exposed to a far more intense world of the sick. In palliative care we focus on all aspects of the patients' needs and that is quite different from just being a nurse in a general/private hospital…with the experience I have gained over the years, I have dealt with quite a lot of people (the sick, the injured and those in terminal stages of their lives) and what kept me going is that I was serving people, helping those in need of help…we attend some workshops, so that we shouldn't be left behind, we should strengthen our knowledge because of new existing knowledge and with the new skills and enhancement of knowledge I get to do my job well…"* (Interview, 31 August 2017).

Furthermore, participant 1 mentioned that through palliative care training, she is able to handle different situations she faces at the workplace through the knowledge acquired. As

Participant 1 (FG2) said: *"…another factor is the experience and the background and knowledge of handling situations…"* (FG2, 29 January 2018).

In summary, the findings suggest that having training in palliative care improves nurses' knowledge and confidence of how to do their jobs and also improves nurses' skills in caring for the sick and with that experience, nurses' performance increases and that supports nurses to flourish in palliative care.

Experience of being a patient

The findings reveal that the experience of being ill-treated as a patient with a chronic illness in hospital encouraged participant 4 to join palliative care and devote herself in helping patients with chronic illness. The experience of being mistreated in hospital as a chronic ill patient influenced one participant to execute her job well and as a result, she is better able to thrive in palliative care. As Participant 4 said that:

> *"…one time I was at the hospital, so the nurses did not take care of me. I was really sick so I had to look at the persons that were not taking care of me and they were nurses. I was being shouted at; I was not properly taken care of. I was at a state of not being able to do certain things for myself even though I was not terminally ill. I had to be dependent on the nurses to do things for me which I would have never though they would do. But because it was their nursing duties to help me as a patient, they did their duties with little if not no compassion. They never made me feel warm and assured that I will get through my sickness. After getting better I disclosed that I am a nurse and how I felt about their service to me. Once I was better, I joined palliative care and since I have vowed that I will become more responsible to the ones that are sick and care for them because I was not happy about the treatment I got when I was sick. Every patient I get to help, I in some way or another, I feel and understand what they are going through and how difficult and frustrating it can be, so I make it my everyday goal to make the patients feel as comfortable and less pain as possibly as they can be. The reason as to why I continue to perform my duties at work is through my experience of being sick…"* (Interview, 10 October 2017).

In short, the finding suggests that the experiencing of maltreatment from other nurses as a chronic ill patient herself had a positive influence on participant 4's actions of being a more

responsible nurse in palliative care which in turn supported participant 4 to flourish working in palliative care.

Passing of family members with chronic illnesses

Also, participant 4 mentioned that caring for and supporting her departed sisters who had chronic illnesses helped her to better serve other people. Caring for her sisters till their dying days had a positive influence on her to continue serving patients in palliative care which in turn enabled the support of participant 4 to flourish working in palliative care. In the words of participant 4: *"…my sisters had terminal illnesses and sadly they passed away. That was one influence that pushed me to do well to others. I have provided them with support and not only me but also other relatives and community members. I saw that when there are people supporting you, there is a sense of relief…"* (Interview, 10 October 2017).

Family member living with a chronic illness

One participant revealed that she has an aunt who has a chronic illness which she cares for back at home. The experience of taking care of her aunt has had a significant positive impact on her capacity to care for other patients at the workplace. This has helped participant 2 (FG2) care for her patients efficiently in palliative care and as a result this has enabled her to flourish. One participant expressed that she was better able to thrive in the context of her job because: *"…another thing is that I have an aunt who has Parkinson disease back at home, and through palliative care I have learned ways on how to care for her and learn about the different diseases and in caring for other people as well…"* (Participant 2, Focus Group 2, 29 January 2018).

Fully connected to patients

The experience of having open communication with patients on a more personal level has contributed towards helping some participants to flourish at the workplace. This open communication helps both participants and patients to connect through sharing personal stories and as result feelings of joy, laughter, and happiness are experienced, which in turn

increases participants' positive emotions and that supports participants to flourish working in palliative care. As participant 1 (FG1) stated:

> *"…the reason that makes me happy to work with patients is that there is a communication channel that is opened between me and the patients. They are able to share information with you, be it about the sickness or their life stories and I get to know the patient not only as a sick patient but I get to know the person they used to be before the sickness took over. When you listen to these stories, some you can relate to and that makes you be more connected to the patient…"* (Focus Group 1, 24 January 2018).

2.6.5 Receiving counselling

Another theme that was found among a minority of participants was that receiving counselling at the workplace was effective in helping them deal with the challenges in palliative care. The participants emphasised that the support they receive from their counsellors and expressing their feelings about the difficult tasks of their job has helped them deal with these challenges which in turn helps them to perform well. As a result, this plays a role in the support of nurses to flourish in palliative care. In the words of participant 1: *"…the organisation hires a counsellor whom the nurses get to talk to about the work. I was not here when a male who lived at the home for a very long time committed suicide in one of the rooms. So the staff members were traumatised and a counsellor was provided for them…"* (Interview, 31 August 2017), while another participant said that: *"…I can say that we are fortunate enough to work for an organisation like this. We have an excellent care for ourselves, the organisation provides for us debriefing. The counsellor comes in a month or every second month and she is very constructive in her work…"* (Participant 1 (FG2), 29 January 2018).

A small number of participants pointed out that it can get very stressful having to deal with high death rates at the workplace and as a result this can have a negative impact on their work performance. The counsellor plays an important role in the support of participants by helping them balance their work stressors, which in turn enables participants to flourish in palliative care. One participant said that: *"…when patients die, it can be distressful but we have counselling sessions once a month. The counselling session help us deal with losses and helps*

us to balance the stresses of work and of our personal lives…" (Participant 1, Focus Group 1, 24 January 2018), while another participant expressed that: "*…at work a counsellor is provided for us nurses once a month. Too much death is experienced at work and at some point that can have a negative impact on us, so is mandatory that we see a counsellor and talk about our feelings about our work…"* (Participant 4, Interview, 10 October 2017). Participant 3 was supported in her capacity to flourish by talking about her emotional state to the counsellor. She stated that: *"…we get counselling once a month we speak to a social worker once a month, where we talk about our feelings…"* (Interview, 10 October 2017). However, this was not always the case, and the same participant indicated that as a result of the norms of her culture, sometimes talking about her feelings is experienced in a negative, rather than positive light is one of her obstacle not to flourish at work. To her it is cultural not to talk about her problems with the counsellor. She said that: "*…but to be honest some of us are black people and talking about our feelings is not really our cup of our tea. I mean it is cultural, we sometimes don't talk about our feelings…"* (Participant 3, Interview, 10 October 2017). This suggests that the value of certain activities (such as talking about feelings to a counsellor) in supporting nurses' capacity to flourish might be significantly influenced by socio-cultural norms.

2.6.6 Meaningful/nourishing relationships

A minor theme that emerged from the findings was that having meaningful/nourishing relationships enabled some of the nurses to flourish in the context of their palliative care work as a result of confiding in staff and family members about the challenges of their work. The participants indicated that confiding in their staff and family members has helped them to cope with the challenges of their job and as a result, they have a sense of relief which in turn help them to flourish. In particular, participants indicated that having meaningful/nourishing work and social relationships were important factors that supported their ability to flourish.

Having meaningful/nourishing work relationships

Participants 3 and 2 (FG2) pointed out that talking to other staff members about their feelings and the challenges they face in palliative care allows them to vent about their work which in turn helps them to cope and as a result it supports their ability to flourish. One participant

mentioned that: *"…sometimes we talk about our feelings having a cup of tea as an informal thing. We just discuss our feelings about the job which at times helps me to cope at work…"* (Participant 3, Interview, 10 October 2017). Furthermore, another participant revealed that: *"…sometimes I might have a terrible day and I see one of the nurses and I have just offloaded to her or any nurse that is present, that helps me cope well at work…"* (Participant 2, Focus Group 2, 29 January 2018).

Having meaningful/nourishing social relationships

The results of one participant revealed that often when she gets home, she talks to her curious daughter about her work which at times helps her deal with work stressors. Talking to her daughter allows her to have a sense of relief about the stressful work of palliative care and that supports her ability to flourish. As participant 3 stated:

> *"…when I get home, I have an eight-year-old which is very inquisitive, so I tell her how my day was and even though she understands half of it, it helps me most times, that I am talking to someone outside the palliative care home because once you out there, no one understands what we do. If I say I really wish this person could die, they think I am a horrible person, but I am actually seeing the suffering so I am hoping for better future for the person in the afterlife, so it's just my daughter, the social worker and the colleagues (as an informal circle) …"* (Interview, 10 October 2017).

Another participant added that when she talks to some members of her family about her work she is able to talk about work challenges and relate stories of her work with her family and they empower her to continue working in palliative care which in turn supports her ability to thrive. In words of participant 1 (FG1): *"…some members of the family will relate stories about what they have seen in hospitals or hospices; I am able to talk and offload a bit about the work, the difficulties of the job and that helps me to continue working as they empower me…"* (Participant 1, (Focus Group 1, 24 January 2018). Furthermore, one participant explained that being a palliative care nurse is difficult and time consuming, so at times she confides in retired nurses within her community about the work and that helps her to have a sense of relief which in turn plays a role in enabling the participant to flourish. As participant 4 stated: *"…the work that I do is very time consuming and difficult. Sometimes all I need is to offload to someone about my difficulties I encounter at work…sometimes me and the retired*

nurses I know in the community share stories about our work over tea and that to me is a form of relieving myself from anything that has to do with work…" (Interview, 10 October 2017).

In summary, having meaningful and nourishing workplace and social relationships improves nurses' psychological and emotional state in dealing with the challenging work of palliative care and as a result it improves the capability of nurses to flourish.

2.6.7 Physical activities

Another comparatively minor theme that emerged from the data analysis indicated that doing physical activities has supported two participants to perform well at work, which in turn enabled them to flourish working in palliative care. These two participants indicated that being physically active by exercising and playing sport has helped them to relieve some stress experienced in the workplace and that this supported their ability to flourish.

Playing sport

One participant indicated that besides working at the hospice, she has another life for herself which involves her playing tennis which helps her relieve work stress. As a result, being physically active in playing sport influences an increase in psychological well-being and in turn enables participant 5 to flourish. One participant expressed that: *"…I also play tennis which helps me to have a good mental state. It helps relieve some stress and keeps me healthy…I make another life for myself, so it's not being a nurse volunteering at the hospice that I get to do in life…"* (Participant 5, Interview, 12 October 2017).

Exercising

One participant revealed that taking walks every morning and smelling flowers help her to have a clear mind before she goes to work and as a result this increases her psychological well-being which in turn supports her ability to flourish working in palliative care. In words of participant 1 (FG2): "*…I can also say that I walk every morning, it keeps me sane. I take an hour walk, smell flowers on the way which clears my mind and starting with a clear mind*

at helps me to work throughout the day…" (Participant 1, Focus Group 2, 29 January 2018), while another participant indicated that *"…and I enjoy walking as it keeps me level headed especially considering the work that I do…"* (Participant 5, Interview, 12 October 2017).

In short, the findings suggest that being physically active had a positive impact on the psychological well-being of participant 5 and participant 1 (FG2), which in turn supported their capacity to flourish working in palliative care.

2.6.8 Fewer commitments

A theme that was found among a minority of participants was that having fewer commitments contributed to two participants' ability to flourish, as they do not have to worry about getting home and cook for their children or fulfill their spousal responsibilities. In particular, participants indicated that not worrying about marital obligations and children living outside the house supported their ability to flourish working in palliative care.

Having no marital obligations (a widow)

One of the participants stated that what supported her ability to flourish is that she does not have to stress about carrying out her marital responsibilities as she is a widow. She explained that:

> *"…I am a widow, so I don't even have to worry about a husband, so it really doesn't matter what time I get home. I am not tied down by commitments…if my husband was alive, I would not be working here. He would have allowed me one day and have me removed, that I can be sure of. He would also not have allowed my phone to ring through the night, weekends; he would not have allowed that because he would not have coped with that. So I answer to nobody but myself…"* (Participant 2, Interview, 12 September 2017).

Children moved out of the house

Two interviewed participants indicated that having grown children that are out of the house helped them to thrive at work, as they do not have worry about cooking and caring for their children or helping them with their homework. In the words of participant 2: "*…I no longer*

have to go home and worry about homework and cooking for my little children and things like that that would have been very difficult…I have one child living in London, one in Cape Town, and one in Johannesburg…" (Interview, 12 September 2017). Another participant stated that: *"…having a stable family life definitely helps you to work here. The children have grown up, so I don't have to worry about caring for them…"* (Participant 5, Interview, 12 October 2017).

Taken together, these themes imply that the number of extra-occupational roles that a palliative nurse has to fulfil, particularly in relation to family roles, significantly affect their capacity to flourish via the role stress and role conflict engendered by this situation. In support of this conclusion, participant 2 said that: "…*I have great sympathy for the sisters that still have families, because I think that must be incredibly hard and I think that is why a lot of sisters don't make it...if my husband was alive, I would not be working here. He would have allowed me one day and have me removed, that I can be sure of. He would also not have allowed my phone to ring through the night, weekends; he would not have allowed that because he would not have coped with that…"* (Participant 2, Interview, 12 September 2017). The findings suggest the expectations of the role of being a nurse can interfere with the role of being a mother or wife and as a result does not support nurses working in palliative care to flourish.

2.6.9 Receiving positive feedback

Another theme that emerged from the findings was that receiving positive feedback plays an important role in enabling nurses working in palliative care to flourish. The participants indicated that receiving positive feedback encourages them to work harder; as a result, it increases feelings of positivity and leads to the ability of nurses to flourish working in palliative care. Under this theme the following sub-themes will be elaborated upon: receiving acknowledgement from the management team, receiving gratitude from patients and patient's families and receiving respect from patients and staff supports nurses to flourish.

Receiving acknowledgement from the management team

One of the interviewed participant mentioned that her work being acknowledged by the management team is important to her as she feels that what she does is noticed and valued.

While another participant revealed that receiving positive feedback and being acknowledged encourages her to perform well at work and as a result this supports both the participants to thrive in palliative care. In the words of participant 2: *"…I am acknowledged by the management and staff. She recognises and sees what I do and values what I do and that's very important to me…"* (Participant 2, 12 September 2017). Another participant said that: *"…and the feedback from them allows me to perform well at work…and getting positive feedback that encourages me…"* (Participant 1, Focus Group 2, 29 January 2018).

Receiving gratitude

Four participants revealed that receiving gratitude from patients and sometimes patient's families helps them to continue to perform their jobs well. The participants indicated that by receiving gratitude they feel that their hard work of caring for patients has been appreciated, which increases positive emotions such that as happiness. One participant said that:

> *"…it is the thank you that you get at the end of the day, for doing something good for someone, like for instance, managing someone's pain and then they say thank you…sometimes you get a God bless but mostly it's the family that says the thank you…basically that's just it. The moment someone says thank you, you've helped a lot, had no idea that this was what was happening or this was going to happen, information was great. We don't really expect monetary or gifts from people (the families). We expect just a thank you for the hard-work that we do…"* Participant 3, Interview, 10 October 2017).

Furthermore, another participant said that: *"…and at some point some patients tend to thank you for taking care of them if they have a chance and some give you messages to pass on to their family members…"* (Participant 4, Interview, 10 October 2017), while participant 1 (FG2) revealed that: *"…that's why sometimes we very lucky in this kind of work, we get to be called angels and the people and patients show appreciation because there is no time anymore for people to communicate with the patients and we get to communicate with the patients…"* (Focus Group 2, 29 January 2018). In the words of participant 6: *"…the most important part of my work is getting positive feedback from patients, families and co-workers. Being appreciated by the people you are helping elevates me to work harder in life and at work…"* (Interview, 12 October 2017). As Participant 1 (FG1) stated:

"…when the family and the patient are satisfied with the work that I have done in making sure they are well taken care off, to me that makes me work harder in continuing nursing at FWC Hospice…another thing is patients and families being thankful for the work that we do. If they have appreciation the work that I do, that makes me happy more than anything. We nurse's work hard and if your work is not appreciated, inside yourself you get disappointed, it breaks your heart. If I am shown appreciation, to me that says I have given the patient and the family what they have asked me, that I did my job well…" (Focus Group 1, 24 January 2018).

Respect

Participant 2 (FG2) mentioned that when both patients and staff show and give her respect, she feels that her work has worth, and that this puts her in a positive state of mind which enables her to handle the challenges she faces and perform well at work and as a result this leads her to flourish. She said that:

"…another aspect is being respected by both patients and colleagues. Respect is very important and should be valued. When the patients and colleagues show you respect, you also know and feel that what you do has worth. You are able to wake up every morning and be in a happy state of mind despite the challenges we face and do our work the best way that we can…There is a level of respect that is given to us and that gives me the strength and courage to face yet another day at the hospice…" (Participant 2, Focus Group 1, 24 January 2018).

2.6.10 Actively managing work

A theme that emerged in the data analysis was that actively managing their work brings a sense of balance in performing their duties and that supports nurses' ability to flourish working in palliative care. In particular, the participants indicated that having a daily work routine and having control over work schedule enables them to flourish.

Having a daily work routine

The findings of the study revealed that it is important for participant 2 (FG1) to have a routine at the workplace as it helps her to perform and deliver her duties effectively. This helps her in such a way that it builds her confidence in the work she does and that helps her to flourish in palliative care. In words of Participant 2 (FG1):

> *"…having routine is also important; knowing how we do and what we should do gives us a sense of balance, especially in our work environment. If we all know what is expected of us to do this week, then we have to deliver, you work based on a schedule which allows you to see what is required of me and other nurses, the routine also helps us in arranging the work amongst ourselves. When we all know what we have to do then we can be committed to our work fully. This builds my confidence in the work that I do…"* (Focus Group 1, 24 January 2018).

Having control of work schedule

One participant indicated that what helps her to flourish is being able to create her own schedule which gives her control of how she plans to do her work and as a result this helps her to keep a balanced schedule for herself and that supports her ability to flourish. As illustrated in the words of participant 1 (FG2): *"…what also makes me flourish is that with this job, it's a free job, where you are kind off your own boss were you create your own schedule. This could turn out to be a good thing and a bad thing because we work all hours at times…also what helps me to flourish is keeping my work together…"* (Focus Group 2, 29 January 2018).

Intra-personal factors enabling nurses to flourish working in palliative care

Thematic analysis of the data also pointed to a number of intra-personal factors that supported nurses in their ability to flourish in the context of doing palliative care work. These factors include certain personality traits like a sense of humor, being motivated (both internally and externally), having a positive mindset and attitude towards the job, having work awareness, being matured, having passion and sufficient 'me time'.

2.6.11 Personality traits

Another theme that emerged was that having specific personality traits, especially a sense of humour and being an introvert enabled some nurses working palliative care to flourish. The participants indicated that being a person with humour and being introverted helped them to cope with the challenges and difficulties of working in palliative care and that this supports them to flourish.

Having a sense of humour

Some participants revealed that having a sense of humor helps them to flourish in the workplace. They indicated that they joke with other nurses as a coping mechanism and that leads to an increase of positive feelings which in turn supports nurses to flourish. One participant stated that: *"…you need to have a sense of humour, not in a sense of making jokes about the sick but in such a way that it helps in managing your work…a sense of humour is needed in every aspect of life because sometimes if you do not laugh, you will end up in tears…"* (Participant 5, Interview, 12 October 2017). Another participant added that: *"…and we laugh as a coping mechanism because this job can get a bit difficult and if we get angry we shout but from there we continue working…"* (Participant 3, Interview, 10 October2017).

Being introverted

One participant indicated that she is happy being alone and that she is not worried about not engaging with people in her community, and explained that this plays a role in enhancing her happiness and capacity to flourish. Asked how she managed to flourish, Participant 2 explained that *"…It's got a lot to do with your personality as well…" "…I am not a friendly person in the community where I live, so I don't need to know my neighbors, chat to this person or that person. In my personal time I don't go off visiting my friends and chat, I prefer being alone and I am happy with that…"* (Interview, 12 September 2017). As such, it would appear that being introverted was associated with having fewer external commitments and demands placed on her, and thus having more available personal time, all of which were experienced as contributing to her well-being.

2.6.12 Motivation

A theme that was found among a minority of participants was that having intrinsic and extrinsic motivation supported participants to do well at work and as a result this led to flourishing. Under this theme, looking up to retired nurses for motivation, using negative comments as motivator, being self-motivated and wanting to do this specific type of work will be discussed.

Looking up to retired nurses

One nurse mentioned that what keeps her motivated to continue being a palliative care nurse is looking up to retired nurses within her community because they give her encouragement to do her job and that enables her to flourish. One participant revealed that: *"…and I always look up to retired nurses who live within the community, they are my source of encouragement…"* (Participant 4, Interview, 10 October 2017).

Using negative comments as motivation

A very small number of participants revealed that they receive negative remarks about their profession from community and family members and explained that this drives them to work harder in providing the best care for their patients. As result this enables the two nurses working in palliative care to flourish. One participant said that: *"…however, there are those members in the community that will pass bad remarks about nurses, and for me I do not pay much attention such people, it is those people that makes me work harder, to prove to them I am far more a better person than they are because I know I get to help people in any possible way I can…"* (Participant 2, Focus Group 1, 24 January 2018). Another participant mentioned that: *"…I have had family members disapproving the work that I do and passing negative remarks because of the lack of understanding of what palliative care is some are jealous about my profession, but I pay less attention and focus on the good that I am doing…"* (Participant 1, Focus Group 1, 24 January 2018).

Being Self-motivated

One participant indicated that what motivates her to flourish working in palliative care is the drive within her that makes her continue to perform her duties. She said that: *"…another thing is the drive in me keeps me going…"* (Participant 1, Focus Group 2, 29 January 2018).

2.6.13 Passion

A theme found in the data analysis that is very closely associated with the theme of motivation (and which in fact could be construed as a form on intrinsic motivation) was that having passion helped participants to flourish in palliative care. A small number of participants indicated that having passion enabled them to overlook the difficult challenges they face on a daily basis and that they love being a nurse. In particular, participants indicated that having passion for being a palliative care nurse and caring for patients supported their ability to flourish.

Having passion for the job

Few participants mentioned that what supports them to continue working in palliative care is the passion and love they have for the work they do. They indicated that the passion they have helps them to overcome the challenges and difficulties they encounter and that supports them to flourish. In the words of participant 1 (FG1):

> *"…what enables me to flourish at work is that I love my job and it makes me happy to work with people as a nurse and with every patient I get to help…passion is taken for granted, I have seen nurses come in and out of FWC Hospice and I always asked them, what is the problem and they would mention quite a lot of negative reasons. To me if you do not have passion from the beginning of studying nursing, chances are you will not last. Nursing is a passionate profession, whether you come across challenges (mild and difficult), you can find a way to overcome the challenges and difficulties as long as you passionate, you can work your way out of anything…I love the job that I do. I am comfortable and happy, sometimes that's all I need, because if I do not love the job that I do, then I would have not survived being a nurse…"* (Focus Group 1, 24 January 2018).

Another participant mentioned that: *"…I actually like what I do…"* (Participant 2, Interview, 12 September 2017). As illustrated in the words of Participant 2 (FG1): *"…as an auxiliary worker I have been working with geriatric patients here at FWC Hospice, and for us both the nurses and the auxiliary nurses, having passion for the work that we do is required. If you do not enjoy or love the work that you do, you cannot be able to cope with the difficulties of the job…what makes me work well is having the passion for the work…"* (Participant 2, Focus Group 1, 24 January 2018). Another participant further said that: *"…I took a five year break from nursing. I worked at a cancer association and then I came to work in palliative care. I missed this job terribly, the emotional part, the feeling good part about this job, so it really is what makes me flourish. I am very happy to be back and on the hand I can't wait to leave because sometimes the work can be quite bad…"* (Participant 1, Focus Group 2, 29 January 2018).

Having passion for patients

Participants 2 and 3 mentioned that what helps them to flourish is that they are passionate about caring for their patients and getting to know their patients closely and that supports their ability to flourish. One participant said that: *"…I love working with patients…"* (Participant 2, Interview, 12 September 2017). In a similar vein, another participant stated that: "*…my passion for my patients and their families is un-waving I get to know many of my patients on a very intimate level…"* (Participant 3, Interview, 10 October 2017). Whilst another participant revealed that: *"…I love caring for old people, mostly we have old people as our patients. I love taking care of them and that is one thing that makes me come back to this place, to these old souls…"* (Participant 7, Interview, 02 September 2018). In words of participant 10: *"…I love helping people who are in need of caring. I used to have a grandmother who passed away years back and now working here this has filled that emptiness inside of me…"* (Interview, 12 September 2018).

Wanting to do this work

One participant revealed that being a nurse in palliative care is a job she truly wanted to do. As such, she is able to handle the challenges at work and as a result that enhances her work performance which in turn leads her to flourish. In words of participant 2: *"…and I do this*

job because I want to do this, not because I need a job or I have too, or I can't find another job…" (Interview, 12 September 2017).

2.6.14 Having a positive mind-set/attitude towards the job

A theme that emerged from the data analysis was that having a positive mind-set and attitude towards the job plays an important role in enabling nurses working in palliative care to flourish, and to continue working despite experiencing difficulties at the workplace. One participant mentioned that: *"…I remain positive when things are going both good and bad. I believe it is my ability to look for good in every situation, I see positive and start moving forward in life…"* (Participant 2, Focus Group 2, 29 January 2018). Another participant revealed that: *"…and having positive a mindset, continuously pushing myself to think of good despite the difficulty of the work…"* (Participant 4, Interview, 10 October 2017).

Having a sense of ownership

The findings of the study indicated that a sense of having ownership in relation to the hospice supports participant 2's capacity to flourish. She indicated that the work she does is not just a job for her, but represents something more that emanates from a sense of being a part of the hospice. In words of participant 2: *"…I have an ownership at the palliative care; it is not just a job. I am part of this hospice and I am an important part here…"* (Interview, 12 September 2017).

2.6.15 Work awareness

A theme that emerged from the findings was that having workplace awareness helped one participant to flourish working in palliative care. She indicated that knowing what is happening in her surroundings and also knowing that she is out of balance helps her to be aware of what she has to fix.

Awareness of work imbalance

One nurse revealed that being aware and knowing that she is out of balance is important to her as she is able to fix that problem and as a result that leads her to flourish. In the words of Participant 2:

> *"…I became more of a recluse when I started working in palliative care because I became more unavailable but it hasn't been a hardship, I am quite okay to be a wreck loose privately. I believe that is why I flourish, I have balance. I work incredibly hard, I put incredible long hours in, I work under tremendous stress and pressure, and there is never a minute when there isn't something. It is hard to find time to talk to you (researcher)…I think what makes me flourish is keeping the balance and I go out of balance on a regular basis, for example, if one sister gets sick, I have to do her job and my job, her calls and my calls. In the past it happened that I have actually done six weeks without a day's break, I have been on call for six weeks and I have done two peoples jobs when we first started here, and that is out of balance…I am aware that I am out of balance but there is nothing I can do about it. As long as you are aware of what is wrong, you will fix it…it's about that balance all the time; knowing when you burnt because you get burnt really fast here…"* (Interview, 12 September 2017).

Awareness of work environment

One of the interviewed participants mentioned that being constantly aware of her work surroundings, herself, everyone and everything happening around helps her to stay on top of things and to flourish. In the words of Participant 2:

> *"…I am very aware, I can be talking to you but I am aware of another conversation or why is no one answering the phone, why is that person standing there. It's about being totally aware, and I am not just aware at work… and I believe that enables me to flourish. The constant awareness about oneself and everybody around you and that communication is not only spoken word, spoken word is minimal, the body language, the eye contact, the way they sit, their body language, the way they position themselves it tells you a story even if they tell you nothing you will get a story…"* (Interview, 12 September 2017).

2.6.16 Maturity

A theme that emerged from the findings was that maturity plays a role in supporting flourishing in palliative care. A very small number of participants indicated that being older in age helped them to better understand and handle the work challenges and difficulties and that this enabled them to flourishing. Participant 5 indicated that maturity helped her to do well at work because she understood better what she was getting herself into which in turn helped her to flourish working in palliative are. She said that: *"…I think maturity helps me to most flourish at the work that I do, I have better understanding and handling of situations at work…"* (Participant 5, Interview, 12 October 2018). She further mentioned that being older in age has helped her to function well in palliative care. She pointed out that she has accepted the person she is and how she feels about herself which helps her to work in palliatives and that supported her ability to flourish. In words of Participant 5: *"…If I was younger I don't think I will be able to do this kind of work, however, I will be able to function but not as well as I do at my level of maturity and age…and as I got older, I have come to terms with myself and how I feel about myself and I think I am okay and you need to feel that for you to work here at palliative care…"* (Interview, 12 October 2017). Another participant indicated that: *"…I think my age is in my favour…"* (Participant 2, Interview, 12 September 2017).

2.6.17 'Me time'

A theme that emerged from the participants' data was that having some 'me time' out of work (e.g. being on leave) during which they are able to rest and use their time as they please helped participants to be able to flourish in palliative care.

Taking leave (time out of work)

One participant mentioned that being on leave and having time to herself help her to flourish working in palliative care. In the words of Participant 2: *"…from the minute I enter my office I talk the entire day, so when I am at home I actually like some me time. I do not sit there thinking poor old me I didn't go out; I go yes please I've got some time to myself. I am not a great socialite in my personal life…we get a lot of leaves. An average person would get 15 - 20 working days a year, we get 30 working days because we are under this constant pressure.*

When I am on leave I get to relax and rest, even at times have to go to work because I manage the palliative care, but when I am not at work I focus on resting and spending time with my grandchild…" (Interview, 12 September 2017).

Being at home

A very small number of participants mentioned that when she gets home she has to time to herself as she does not have to worry about school work. And another participant said that she can get to bed at any time and watch television until the early hours. Therefore, having time to themselves has supported two participants in their ability to flourish. Asked how she was able to flourish, one participant said that: *"…but when I go home, then it's my time…if I want to go to bed at 19h00 I can go and if I want to watch a series until 03h00 am, I can…when you home it's the only time you can rest unless being called in the middle of the night…"* (Participant 2, Interview, 12 September 2017). Another participant stated that: *"…I can have a bit of time to myself when I get home without worrying about school work; I can take a breather and relax…"* (Participant 4, Interview, 10 October 2017).

2.7 Discussion

The aim of this study was to explore flourishing among nurses working in palliative care. The methodology used for this study was qualitative in nature, with semi-structured interviews and two focus groups conducted with 14 participants used to gather data. Thematic analysis was used to analyse the data. 17 themes were derived from the data, which encapsulates various factors that enable palliative care nurses to flourish.

The findings from the study showed that religious and spiritual beliefs are a source of strength for nurses to continue working in palliative care. The participants indicated that despite working in challenging and difficult situations, religious and spiritual beliefs such as prayer, a sense of being connected to higher power, having religious faith, and receiving support from a religious minister supported their ability to flourish. These findings find support in existing literature. For instance, Koenig (2012) notes that religious and spiritual beliefs play an important role in enabling people to cope better with stress and internal (genetic disposition) and external (environmental) adversity, which may increase the

occurrence of positive emotions. Joshi *et al*. (2008) maintains that religious beliefs can provide support through different ways such as via enhancing acceptance and generating peace. Their research further revealed that positive religious coping involves behaviors such as seeking support from clergy. Efficace and Marrone (2002) indicated that having faith increases a body's resistance to stress, while Myers and Diener (1995) found that people who have a meaningful religious faith are more likely to experience a sustained level of happiness. As such, there appears to be ample evidence supporting the notion that religion and spirituality constitute significant sources of coping and well-being for those in challenging circumstances, such as nurses working in palliative care.

Participants expressed that the support they receive from family, staff, management team and neighbours conveys feelings of being valued and acknowledged, and indicated that this improves the quality of their work which in turn supports their ability to flourish. This notion lends support to the theoretical model proposed by Ryff and Keyes (1995), in which it is proposed that for individuals to function well, they need to be able to form warm, trusting and caring relationships with others. This finding is also consistent with a previous study conducted by Gulacti (2010) which reported that social support enhances people's psychological dynamics and provides fulfilment of basic social needs of individuals such as loyalty, self-esteem and the sense of being part of a group. As such, it can be concluded that social support (which Barrera *et al.* (1981) define as various forms of aid and assistance supplied by families, friends, neighbours and others, which broadly encompasses a multitude of social interactions) plays a very significant role in enabling palliative care nurses to flourish.

The findings also underlined the importance of receiving counselling at the workplace, which played a role in helping nurses express and discuss their feelings about the difficult and challenging parts of their work, and helped them deal with these challenges, and consequently supported their capacity to flourish. Echoing this conclusion, a study by Chen and Haller (2015) reported that counselling interventions might help nurses to enable their goal progress, to develop strategies to attain valued work outcomes, to prepare coping methods to manage distressing work conditions, and to enhance self-efficacy. However, in contrast to this, although talking to a counsellor can be a helpful tool in dealing with stress for some nurses, a few of the participants found it difficult to communicate their feelings to the

counsellor because of cultural norms. According to one of the cultural norms which was identified by the participants, and is also noted in literature, Africans do not talk about their personal life struggles (Black, 2016). This norm has served as a barrier to some nurses to seek out or fully participate in counselling, and as such, might adversely affect their capacity to flourish. As such, the findings suggest that it would be important to take nurse's cultural norms into account when planning or implementing any counselling-based strategies or interventions in contexts similar to those that characterised the present study.

The results of the study also indicate that meaningful and nourishing relationships helped participants cope with challenges of their work as they confided with other staff and family members about their work. Meaningful and nourishing relationships (both socially and at work) help nurses to freely express themselves to their staff and families about their difficult work conditions which brings a sense of relief which in turn supports flourishing. One of Ryff's (1995) psychological well-being variables, positive relations with others, is based on the premise that having such positive relations with others is a primary element in enhancing our overall psychological well-being, which in turn supports our overall capacity to flourish. As such, the findings of the study concur with and lend additional support to the theory proposed by Ryff and Keyes (1995), by outlining the link between social well-being and overall flourishing. Similar conclusions were reached by Baumeister and Leary (1995), who stated that human beings are believed to have a fundamental biological and psychological need for social connectedness and interactions, and that feeling connected to others is believed to play a role in a good physical and mental health. As such, findings suggest that it is important for nurses to have and form meaningful and nourishing relationships at work and outside the workplace as a way of helping them to deal with the challenges they face at work.
The findings also reveal that doing any form of physical activity can help at least some participants to experience increased well-being as it was reported to reduce stress and bodily tension. A few participants indicated that being physically active helps them be in a good mental state and clears their mind. An analogous conclusion was reached by Scully *et al.* (1998) who indicated that increases in physical fitness are likely to facilitate the individual's capacity for dealing with stress, while another study by Miner (2003) indicated that exercise provides a form of meditation, distracts individuals from disturbing thoughts and emotions, and that it leads to an increased sense of self-efficacy. It can therefore be concluded that

being actively involved in physical activities can be useful in aiding at least some palliative care nurses release stress which is important as it support nurses' ability to flourish.

The findings of the study emphasized the importance of receiving positive feedback, such as being acknowledged and respected and being shown gratitude from patients and their family members, as it contributed to their flourishing in the context of palliative care. Several interviewed participants mentioned that their work being noticed and appreciated by patients, patients' families and the management team makes them feel valued and gives them courage to continue working despite facing daily challenges and difficulties. Keyes (2006) indicated that for an individual to function well they need to have an enhanced emotional well-being (presence of positive affect and low negative affect about oneself) which contributes to increased coping ability, self-esteem, performance and productivity at work. It would appear that receiving gratitude and acknowledgement would serve to enhance both positive affect, as well as aspects of psychological well-being, such as having a sense of meaning (Keyes 2006), all of which contribute to enhanced overall levels of well-being. These findings are echoed by Wood *et al.* (2008) and Lambert *et al.* (2012) who stated that gratitude leads to a number of positive emotional and social outcomes, such that of increased feelings of connectedness and greater perceived social support; as well as reduced stress and fewer depressive symptoms, while Armenta *et al.* (2016) stated that gratitude may also energize people's commitment towards improvement in important life domains such as health, work and relationships. These findings highlight the value and importance of palliative nurses receiving positive feedback, gratitude, respect and acknowledgement, and imply that palliative care organisations should note the importance it has in helping nurses continue working despite the challenges they encounter in a daily basis.

The findings further showed that possessing specific personality traits helped some participants to function well under difficult conditions. Interviewed participants revealed being introverted and having a sense of humour has helped them cope with stress and challenges of the work. A study by Alarcon and Aguirre (2009) reported that a sense of humour helps maintain a suitable emotional and mental state and it reduces the stressors of daily life. By contrast, whilst Moutafi *et al.* (2003) indicated that introverts do better on problem solving skills, they were also found to exhibit lower levels of happiness than extroverts. As such, the findings of the present study to some extent challenge such notions

and suggest that in at least some cases, introversion could play an adaptive role in supporting flourishing by reducing the interpersonal demands on individuals. As such, the findings of the study in this regard appear to serve as counterpoint to the prevailing view that introversion is associated with lowered levels of well-being. In particular, this finding suggest that at least for some individuals, introversion might support flourishing via the fact that introverts might have fewer interpersonal connections with others, and thus, may be subject to less role-conflict and fewer interpersonal demands (along with their associated stressors) than some extroverts. However, future research would be required to confirm the validity of this speculative conclusion.

The results of the study also revealed that external and internal motivation and the desire to work in palliative care played a role in participants' ability to flourish. The participants indicated that working in palliative care is what they truly wanted to do and that what motivated them to continue working in palliative care is the drive within them. The finding is consistent with a study by Toode (2015) on nurses' work motivation which found that nurses are in general more than moderately motivated to work and have strong intrinsic motivation. He further stated that different personal factors (background factors, individual priorities, and internal psychological states) and organisational factors (work place characteristics, working conditions, and patient safety outcomes) are slightly and mostly positively associated with nurses' higher work motivation (Toode, 2015). Based on the findings, internal and external motivation is important in palliative care nurses as it assists nurses to overcome challenges and work towards providing better service to patients and patient's families and this played a role in supporting nurses' ability to flourish.

Closely associated with the notion of motivation was the finding that having passion for the job and patients supported participants' ability to flourish. In Ryff and Keyes' (1995) psychological well-being theory, a person is believed to function well if he or she believes that their lives are purposeful and meaningful. To some participants, their job as palliative care nurses is meaningful and purposeful to them as they are able to help people in need of care. A few participants indicated that they love the job that they do and feel happy working with patients. These findings are supported in existing literature. For example, Phillippe *et al.* (2009) reported that people who engage in passionate activities may feel more zest and meaning in their life because passionate people have something to look forward to when they

rise in the morning than people who are not passionate about anything in their life. As such, findings of the study show that having passion is important in nurses because it helps them to continue working in palliative care.

Another theme that emerged from the analysis of the data suggests that having a positive mindset and attitude plays a significant role in participants' capacity to feel and function well in the context of palliative care. Interviewed participants mentioned that it is because of their positive mindset that they are able to work in palliative care despite working in challenging environment. It has been found by Naseem and Khalid (2010) that positive thinking and positive affect were found to be related to lowered stress levels, while Mayo Clinic Staff (2017) reported that a positive outlook enables a person to cope better with stressful situations, which reduces harmful health effects of stress on a person's body. It is thus evident that a positive mental attitude is helpful in reducing stress levels of participants.

The findings also revealed that maturity played a role in participants' ability to flourish in the context of their work. A few participants indicated that being mature enabled them to have a better understanding and handling of situations that occurred at work. According to Ryff and Keyes (1995), psychological well-being can be achieved if an individual has real insight of self, including good and bad qualities and still be able to accept oneself which can result to a positive mental health, all of which are qualities commonly associated with maturity. Research done by Anand *et al.* (2014) reported that emotional maturity is of a major determinant in shaping an individual's personality, behaviour and attitude, and it also helps enhance relationship with others, self-worth of the person and emotional stability. As such, the findings highlight that maturity played a role in nurses' ability to better manage and understand their environment and conditions at work and this enabled them to flourish.

The findings of the study also revealed that making a difference and the desire to do well in caring for patients and helping the general public has played a role in supporting participants to flourish in palliative care. The participants mentioned that the feeling of giving personal time to abandoned patients, buying them toiletries and teaching people about the awareness of diseases and how to treat them has helped them in their ability to flourish in palliative care. The feeling of making a difference in patients' lives has brought participants positive feelings and joy. This finding both finds support in and lends additional credence to Keyes's (2006)

theory on social contribution, which states that a person can experience social well-being when they see themselves having something worthwhile to contribute to society. An analogous conclusion was reached by Grand *et al.* (1988) who reported that adults with higher self-perceptions of generativity and usefulness demonstrate better psychological well-being, including lower levels of depressive symptoms, greater feelings of self-efficacy, as well as greater social connectedness. It can therefore be concluded that making a difference through generative acts played a significant role in nurses' positive feelings about their job and enabling palliative care nurses to flourish.

Findings further showed that having prior training and experience in nursing, palliative care, or having had the experience of being ill-treated as a patient in hospital helped some participants to function well at the workplace and as a result played a role in enabling flourishing among the participants. No studies could be located that specifically focused on the association between work-related training and experience and flourishing in the context of nursing. However, it seems highly probably that the increased sense of mastery and competence that might emanate when an individual has training and experience in a given field might enhance their sense capacity to effectively engage with their environment and to flourish.

Another finding also revealed that having fewer family and marital commitments played a role in enabling flourishing among some participants. The interviewed participants indicated that not having to worry about caring for children or helping children with schoolwork helped them to function well at work because they had less to worry about. However, some nurses encounter trouble in handling the different roles. A study done by Holahan and Gilbert (1979) reported that women who assumed home roles (e.g. wife, mother, and a home maker) and non-home roles (e.g. employee) frequently experienced conflict between competing role demands. It is evident that nurses with fewer commitments (family and marital responsibilities) seem to have fewer instances of role conflict, which in turn appears to have a positive influence on nurses' ability to function in palliative care; therefore, palliative care organizations could take into account nurses' roles of being a wife, mother, home maker and nurse and assist them in balancing the two roles and managing any ensuing role-conflict.

The findings of the study also showed that actively managing work played an important role in assisting participants to flourish. A very small number of participants indicated that being in control of their own schedules, and palliative care institutions having routine schedules gave them a sense of being in charge of how they can go about doing their job. This finding is supported by Coat and Lekhi (2008) who reported that jobs in well managed organisations can have a positive impact on health and psychological well-being of its people. This may also tie in with Ryff and Keyes's (1995) theory which indicates that social well-being is enhanced when individuals perceive their social worlds to be coherent and to make sense. On the basis of this theory it could be speculated that when the work environment is managed effectively, a greater sense of environmental coherence might ensue, which in turn enhances social, and thus also overall well-being. As such, it is important for palliative organisations to have a well-managed schedule for their nurses and give nurses an opportunity to manage their own schedules. This can assist nurses develop a far more efficient work plan for themselves which may result in an increased sense of environmental coherence, which in turn might support flourishing.

Another finding of the study underlined that being aware of one's work environment is important as it supports participants' ability to flourish. One participant indicated that knowing everything that's happening around her and of her work imbalances helps her be aware of what to fix. This finding is wholly congruent with Ryff's (1995) notion that to achieve psychological well-being, a person must have the ability to manage and be able to mould their environment. This capacity is also an important aspect of social well-being in the theory of Ryff and Keyes (1995) and social well-being in turn is proposed to directly enhance a person's capacity to flourish. A previous study done by Makinen (2014) is also consistent with this finding which reported that awareness enhances people's ability to understand each other, their environment and the functioning of social relationships. As such, findings show that it is important that palliative care nurses be conscious of their work environment as it helps them to be on alert of what is happening around them, and increases their ability to manage their environments, which in the longer run can help participants flourish.

The result of this study indicated that time taken away from work has played a role in helping participants flourish working in palliative care. An interviewed participant indicated that when on leave and at home she is able have time to herself where she can do anything that

pleases her, such as resting. Similar conclusions were reached by Karlsson-Kallstrom (2009) who specified that separation of nurses' work and private life is the foundation of nurses' well-being and emotional balance. In conclusion, it is important that palliative care nurses be given enough time to distance themselves from work as it allows them to regain energy which helps them to cope with the work and feel emotionally well.

2.8 Implications of the study for theory and practice

The findings that have been made in this study have a number of implications for theory and practice.

In relation to theory, the findings largely lend support to Keyes' theory of flourishing (Keyes, 2006; Ryff & Keyes, 1995). In particular, the finding that being able to make a difference in the lives of others enabled nurses to flourish accords with Keyes' claim that having something worthwhile to contribute to society enhances flourishing (2006). The fact that nurses felt more able to flourish as a result of meaningful and nourishing relationships both inside and outside of work also supports Keyes' notion that social well-being is intrinsic to flourishing (2002). Furthermore, the result that having passion supported nurses to continue working in palliative care and consequent to their flourishing supports Ryff and Keyes' (1995) view that having a purpose and meaningful life enhances flourishing. The fact that participants were able to flourish as a result of having work awareness (of their environment and work imbalances) also supports Ryff and Keyes' (1995) concept that being able to manage the environment increases flourishing. However, whilst it is commonly reported that introverts exhibit lower levels of happiness than extroverts (Moutafi *et al.,* 2003), the findings of the present study to some extent challenge such notions as some nurses directly attributed their capacity to flourish to their introverted natures. This suggests that in at least some cases, introversion could play an adaptive role in supporting flourishing by reducing the interpersonal demands placed on such individuals, and by according them with more free time to use to engage in leisure or other emotionally restorative activities that support their well-being.

In terms of practical implications, the researcher hopes that the study will be of value in supporting the Department of Health (DoH) together with Hospice Association of South Africa (HASA) to develop strategies aimed at supporting palliative care nurses cope and most

importantly flourish in the context of their work. The findings may also have value to counselors, therapist and other professionals who may be called upon to provide mental health care to palliative care nurses. Finally, the findings might also be of use to palliative care organisations in developing internal programmes and interventions focusing on the type of support their nurses need to flourish. In relation to all of the potential avenues for implementation outlined above, the findings highlight:

- The importance of receiving positive feedback in the form of gratitude, acknowledgement, and respect from management, patients, their families, and others. As such, intervention strategies could be created that sensitize management of the value of these things, and encourage them to balance any critique with ample positive feedback.
- The critical importance of having time away from work. This suggests that ensuring that palliative care nurses receive and make use of sufficient leave time could be of value in enhancing their capacity to flourish.
- The value of religion and spirituality in supporting flourishing, which could be actively mobilised and enhanced among religious nurses in the context of counselling or other interventions.
- The important role played by having meaningful and nourishing relationships inside and outside of work. This suggests that there might be value in strategies such as group debriefing or counselling sessions, encouraging the formation of informal support groups among nurses, etc.
- The importance of actively managing work. This suggests that palliative care organizations could give nurses freedom to actively manage their own work plan as this might be of value in enhancing their ability to flourish.
- The significant role of receiving support from the management team and family. This suggests that there might be value in strategies aimed at creating formal or informal support groups involving these parties where mutual support could be given.

2.9 Limitations of the study

Limitations occur in the context of every study. The sample of participants in the present study was relatively small, and the palliative care nurses were all females (11 African and 3 white) from a single South African province (Gauteng). As such, transferability of the

findings is limited to contexts similar to that of the participants, and caution should be exercised when seeking to transfer findings beyond these bounds. However, it is hoped that having interviewed nurses from 6 different palliative care institutions, this limitation might have been mitigated to some extent.

Another possible limitation was that identification of flourishing among nurses was based on self-reports, which may for a variety of reasons not necessarily always be trustworthy. Given that this limitation was anticipated, the researcher attempted to minimize the risks associated with self-reported flourishing by also requesting various members of the management of each palliative care institutions to identify flourishing nurses. Only nurses who were identified as flourishing by both parties (the nurses themselves as well as management) were selected for the study.

2.10 Recommendations for future research

Additional research needs to be undertaken in exploring whether the findings of the study would apply in the context of other locations and demographic sub-groups. In particular, future research could seek to include participants from different regions of the country, and from different racial groups. Whilst palliative care seems to be dominated by female nurses, it is also plausible that male nurses might exhibit different pathways to flourishing. There may also be significant value in conducting follow-up quantitative studies aimed at empirically verifying and quantifying the findings that emerged from this study, which will enable broader scale generalization of the findings. As part of such research, flourishing scales could be administered to nurses, along with a variety of other scales assessing the constructs identified in this study, which will enable the strength of the association between flourishing and these constructs to be empirically established.

Room also exists for more deeply exploring the most salient psychosocial factors that emerged in the study which supported the participants' ability to flourish in the context of their work. Such an understanding might be of value in informing various interventions that might be of significant value in assisting nurses who are languishing to make a transition to perform well and flourish.

2.11 Conclusion

The present study aimed to qualitatively explore flourishing among a group of 14 nurses working in palliative care in the South African context, drawing on sociologist Corey Keyes's theory of flourishing as theoretical basis for the study (Keyes, 2016; Ryff & Keyes, 1995). The study used semi-structured and focus group interviews to collecting the data, which were then analysed by means of thematic analysis. Findings indicated that participants' religious and spiritual beliefs were a source of strength for them to continue working in palliative care. The result of the study showed that the support they received from the management team, family and neighbours enabled nurses to flourish as they felt their work was valued and acknowledged. Moreover, findings indicated that meaningful and nourishing relationships also played a role in supporting nurses' ability to flourish because these relationships assisted them in coping with their work. The findings of the study also emphasised the important role that receiving counselling has played in helping participant's better cope with balancing stressors of their work. Another finding highlighted that being actively involved in physical activities played a role in supporting flourishing among nurses. The result of the study revealed that positive feedback from the management team, patients and patient's families also contributed to participants' capability of flourishing. Most participants found joy in making a difference in patients' lives. Furthermore, what enabled many nurses to flourish was taking time away from work which enabled them to rest and re-energize. Another finding revealed that having specific personality traits such as a sense of humour and introversion supported participants to flourish. The findings of the study also revealed that having passion for the job and patients played a role in supporting participants to flourish as they felt what they did was purposeful and meaningful to them. It is hoped that these findings would serve as useful guidelines in developing interventions aimed at supporting more nurses working in palliative care to flourish.

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CHAPTER 3

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

3.1 Introduction

This chapter reviews the conclusions, recommendations, and limitations that emerged in the study. Following a brief summary of the study, conclusions drawn from the findings are discussed. The limitations that arose during the course of the study are presented next. Finally, recommendations for future research are presented based on the conclusions and limitations discussed.

3.2 Conclusions

The current study aimed to explore factors that support nurses to flourish whilst working in palliative care. Comparatively few studies on this topic have been done, despite the significant challenges associated with this profession. Palliative care centres on controlling pain in terminally ill patients and focuses on holistic care approach which includes emotional, social and spiritual care (Despelder & Strickland, 2011:192). Nurses play a significant role in caring for patients in palliative stages of illness, typically working in shifts lasting between 8 hours and more in a week (Sithole, 2012:10), and this work has been noted to exact a high toll on nurses, and often negatively impacts their well-being. Whilst these aspects of palliative care nursing have been researched (e.g. nurses' and patients' perceptions of expert palliative nursing care (Johnston & Smith, 2006), or evidence in relation to the cost and cost-effectiveness of palliative care (Smith *et al.,* 2014)), little is known about what makes nurses working in palliative care flourish, and the aim of the study was to address this gap.

The present study was informed by an interpretivist ontology in which the world is viewed as relative and subjective, as well as a constructivist epistemology, in which knowledge is regarded as being constructed by people in interaction through a process of interpretation (Sarantakos, 2005:30). A qualitative, non-probability sampling method, namely purposive sampling was used to obtain participants for the study that fit the sampling criteria, which specified that only registered nurses between the ages of 21 – 75 years who have worked in palliative care for at least 2 years and more would take part in the study. Participants were retrieved from different palliative care homes, which included Wide Horizon hospice,

Steppingstone hospice, Hospice Wits, FWC Hospice, East Rand Hospice and Sebokeng Old Age Home and Multipurpose Centre. The process of sampling and data collection took place between August and November of 2017 and January to September of 2018. The researcher used two methods in gathering data for the study, which included ten semi-structured interviews and two focus group interviews. Both the semi-structured and focus group interviews were digitally recorded and these recordings were transcribed and subjected to qualitative thematic analysis. Following the recording of data, the researcher transcribed the data recorded in a verbatim manner. The researcher then read through the transcripts several times and looked for patterns and similarities within the data. Descriptive codes were then inductively assigned by the researcher to the data. Through a process of constant comparison these initial codes were refined into secondary codes and sub-codes, and redundant codes were deleted or merged with other codes. Following this, codes were grouped into categories and themes that addressed the research questions. A total of 17 main themes were identified from the analysed data, which suggest that palliative nurses are supported in their capacity to flourish via religion and spirituality, making a difference (generativity), receiving support, having experience, receiving counselling, having meaningful and nourishing relationships, engaging in physical activities, having fewer commitments, receiving positive feedback, actively managing work, possessing specific personality traits such as a sense of humour, being motivated, having a positive mindset and attitude towards their job, having work awareness, maturity, passion and 'me time'.

The findings of the study indicate that participants' religious and spiritual beliefs provided them with a source of strength that enabled them to continue working in palliative care. The participants mentioned that their sense of being connected to a higher power, prayer and faith, as well as the support they receive from religious ministers supported their coping and consequent flourishing. These findings find support in a study done by Koenig (2012) which reported that both religion and spirituality help people cope better with stress and internal and external adversity, all in which increases positive emotions. Another study by Efficace and Marrone (2002) found that faith increases the body's resistance to stress. In line with existing research, the findings emanating from this study showed that various dimensions of religion and associated spiritual activities and support constitute a significant source of coping and well-being in palliative care.

Participants also indicated that with the support and acknowledgement that they received from their management team, the staff, family members and neighbours, they felt deeply valued, which enabled them to flourish in spite of the demands placed on them in the context of their palliative care work. Gulacti (2010) confirmed this finding by reporting that receiving social support provides fulfilment of basic social needs of loyalty and feeling of part of a group. As such, it can be concluded that social support likely plays a very significant role in enabling palliative care nurses to flourish.

Another factor which played a role in helping participants overcome challenging work conditions was receiving counselling. The participants in the study indicated that receiving counselling and being able to express their feelings assisted them in coping better and dealing with their work stressors. In support of this finding, a study by Chen and Haller (2015) confirmed that counselling interventions might be of significant aid to nurses. However, contrary to this, it was also found in the present study that some participants found it difficult to express their feelings to counsellors due to their cultural norms. As such, counsellors and palliative care organisations need to take this possibility into account when designing interventions.

Moreover, the findings from the study also indicated that having meaningful and nourishing relationships on a social and professional level played a role in helping participants cope with challenges and supporting their ability to flourish. Participants indicated that the support they get from other staff members and families enabled them to engage in conversations that allowed them to be hopeful and positive towards life. Previous research confirms that feelings of being connected to others play a role in a good physical and mental health (Baumeister & Leary, 1995).

Another factor found to contribute to flourishing among nurses working in palliative care is being actively involved in physical activities. Participants emphasized that activities such as taking walks and playing tennis facilitated positive mental states and cleared their minds, all of which were reported to reduce stress and bodily tension. In line with this finding, Scully *et al*. (1998) reported that increases in physical fitness are likely to facilitate the individual's capacity for dealing with stress, while Miner (2003) confirmed that physical activities can be useful in helping individuals distract themselves from negative thoughts and emotions.

Furthermore, many participants indicated that they experience positive feelings when they receive positive feedback from their patients and their families, and when they were respected and acknowledged by their management team, which in turn contributed to their flourishing. Several participants expressed that their hard work being acknowledged and appreciated played a role in helping them face daily challenges and difficulties at work. Research done by Wood *et al*. (2008) and Lambert *et al*. (2016) suggest that the expression of gratitude increases feelings of connectedness and greater perceived social support. Armenta *et al*. (2016) elaborate on this by stating that gratitude may energize people's commitments towards improving their health, work and relationships.

The findings of the study also revealed that specific personality traits were regarded by a small number of participants as one of the factors that helped them flourish under difficult work conditions. In particular, these participants mentioned that having a sense of humour and being introverted helped them cope with stress at work. Alarcon and Aquirre (2009) confirmed that having a sense of humour helps maintain a positive emotional and mental state. In contrast, research done by Moutafi *et al.* (2003) indicated that people with introverted personalities were found to display lower levels of happiness than those with extroverted personalities. As such, this finding represents a counterpoint to this notion and suggests that in certain cases, introversion might actually serve an adaptive function and support well-being, and that this occurs via the fact that introverted people may have fewer external ties, which in turn may imply that fewer demands are placed on them and that there might be less role conflict experienced.

The findings of the study also revealed that what played a role in supporting nurses to flourish was internal and external motivation. Participants indicated that having the desire to work in palliative care and help chronic patients supported their ability to flourish. A study by Toode (2015) confirmed that nurses typically have strong intrinsic motivation and are generally moderately motivated to work. As such, it would appear that especially intrinsic motivation, which seems to accompany the profession of nursing to a higher than average degree, might be a highly significant factor in enabling nurses to flourish in the challenging context of palliative care.

Moreover, the findings of the study indicated that a positive mindset and attitude towards the job contributed to enabling nurses to flourish working in palliative care. In particular, these participants mentioned that they are better able to cope with the emotionally demanding aspects of their work by having a positive mindset and attitude. Previous studies confirm that positive thinking is related to reduced stress (Naseem & Khalid, 2010), while Mayo Clinic Staff (2017) also confirm that having a positive outlook helps a person cope better with stressful situations.

Another finding which contributed to nurses flourishing is maturity. Participants emphasized that if they had not matured enough and been older in age they would not have handled palliative care work as well. These findings found support in a prior study done by Anand *et al*. (2014) which reported that emotional maturity plays a role in enhancing relationships and individuals' emotional stability and it shapes individuals' personality, behaviour and attitudes. As such, it can be concluded that maturity plays a role in helping nurses better manage and understand their work environment and cope well under difficult conditions.

The results of the study also indicated that having passion played a role in helping some nurses to flourish. Participants indicated their love for their job and patients helped them to overlook the difficult work conditions in palliative care. Research done by Phillippe *et al.* (2009) confirms that people engaging in passionate activities might feel more enthusiasm and meaning in their lives than people who are not passionate. Given that positive emotions and meaning are intrinsic components of flourishing (Ryff & Keyes, 1995), it can be concluded that passion thereby positively impacts overall well-being.

The results of the study also indicated that making a difference through generative acts supported nurses' ability to flourish. Grand *et al.* (1988) confirmed the finding by reporting that adults with a higher self-perception of generativity exhibit better psychological well-being and greater social connectedness, including lower levels of depressive symptoms. In particular, interviewed participants indicated that helping their patients by buying them toiletries and spending time engaging with them enabled them to feel joy in their lives.

Furthermore, a few participants indicated that prior experience in nursing, palliative care training and their experiences of related activities (such that as taking care of chronic ill

family members and being admitted to hospital with a terminal illness) helped them to be able to function well and supported them in flourishing whilst working in palliative care. No existing research could be located that reported similar findings.

Another factor found to contribute to flourishing among nurses is having fewer commitments. In particular, participants in the study expressed that not feeling worried about looking after children after work or performing any marital obligations helped them function well and enabled them to flourish. However, some participants did encounter problems juggling different roles and as a result, experienced role conflict. This in turn could adversely impact participants' capacity to cope and function well. Holahan and Gilbert (1979) echo this conclusion by reporting that women who assumed roles of being a mother, wife, home maker and an employee frequently experience conflicting role demands.

The finding also indicated that nurses managing their own work plan and palliative care institutions having effective routine schedules played an important role in supporting nurses' capability to flourish. The participants emphasized that working with routine schedules and making their own work plans gave them a sense of being in charge of their work. Previous studies confirm that well managed organisations can have a positive effect on the health and psychological well-being of its people (Coat & Lekhi, 2008).

Another factor found to play a role in supporting participants in flourishing is having work awareness. One participant expressed that knowing what is happening around her and being aware of her work imbalances helps her to aware of what to fix. In Ryff's (1995) concept of psychological well-being, a person has to be able to manage their environment and mould the environment (environmental mastery), and as such, this finding supports the notion that environmental mastery is positively associated with flourishing. A study by Makinen (2014) confirmed that awareness enhances people's ability to understand each other, their environment and functionality of social relationships.

Finally, the findings of the study also revealed that time taken away from work supported some participants to flourish. In particular, participants indicated being on leave and being at home gave them the necessary rest to regain their energy and recover emotionally. Research

done by Karlsson-Kallstrom (2009) confirmed that nurses' separation of work and private life is essential to their well-being and their emotional balance.

3.3 Implications

As will be discussed in this section, the findings presented in the study have a number of implications in relation to theory and practice.

In terms of theoretical implications, the findings of the present study provide an additional support to Keyes' (2002) theory of flourishing which is comprised of 3 interrelated dimensions of well-being which are emotional well-being (presence of positive affect and low negative affect about life), psychological well-being (presence of subjective experiences of contentment and/or happiness, a person who is healthy and functions optimally despite of life's challenges) and social well-being (people's experience of the quality of their relationships with other individuals, their neighborhoods and communities).

The finding that being able to make a difference though generative acts instilled positive feelings in participants which played a role in supporting the ability of nurses to flourish supports Keyes' (2006) theory that an individual's acts of contributing to society enhances flourishing. The results also show that meaningful and nourishing relationships, inside and outside of work, helped nurses deal with challenging work conditions and this accords with Ryff and Keyes' theory which holds that creating and forming positive relations with other people supports the overall capacity to flourish (1995).

The research indicates that some of the participants were able to flourish because of the passion they had for their job and patients which is in support of Ryff and Keyes' (1995) concept that flourishing can be reached if an individual has a sense of belief that his or her life has purpose and meaning. The findings of the study revealed that work awareness of participants played a role in supporting their flourish. This finding is in accord with Ryff and Keyes' view that being able to better understand and manage one's environments increases the chances of flourishing (1995). By contrast to the above, where the study's findings lend support to existing theoretical perspectives, a significant finding emerged that challenge the notion that introverts exhibit lower levels of happiness (Moutafi *et al.*, 2003). The findings of this study suggest that in some cases, introversion can be adaptive and support individual's

capacity to flourish and that this occurs via the reduced interpersonal demands that introverts sometimes experience.

In relation to practical implications, the researcher hopes that the study will be of value in guiding and supporting the Department of Health (DoH) together with Hospice Association of South Africa (HASA) to develop strategies and interventions on how to assist palliative care nurses to better cope and flourish in the demanding context of their work. The findings in the present study may also serve to help counselors, therapists and other professionals who provide support to nurses. However, whereas the findings of the study suggest that receiving counselling played a significant role in supporting flourishing among some participants, among other nurses some cultural norms (of not talking about personal life struggles with others) were found to be a barrier that prevented them from availing themselves of counselling. As such, the findings suggest that counsellors and therapists working with palliative care nurses (as well as members of management who might refer nurses to counselling) would need to be sensitive to the possible existence of such norms, and find appropriate ways to support nurses who espouse such norms.

Overall, the findings might also be of use to palliative care institutions in guiding them to develop internal programmes and interventions specifically focusing on the support their nurses need in order to flourish. In particular, the findings of the study suggest that in all the avenues outlined above, there would be value in emphasizing the importance of receiving positive feedback where palliative care institutions can create intervention strategies focusing on informing management of the value of being acknowledged, being respected and shown gratitude. An emphasis also on having time way from work is of critical importance. This suggests that palliative care institutions should ideally ensure that their nurses receive sufficient leave time as it could be valuable in enhancing their ability to flourish in the context of their work. Furthermore, it is suggested that strategies such as forming informal support groups might be of value as meaningful and nourishing relationships inside and outside of work were found to play a role in enabling nurses to flourish. Another possible avenue that might be of value in enhancing palliative care nurses' well-being is religion and spirituality which could be mobilised and enhanced in the context of counselling and other interventions. The importance of actively managing their own work could also be of value as this could give nurses freedom in creating a more efficient work plan for themselves which

could enhance their ability to flourish. Finally, the significant role of receiving support from the management team and family played a role in supporting nurses' ability to flourish. This suggests that creating strategies that include close family members in informal support groups could be of value in enhancing nurses to flourish.

3.4 Limitations

As in the case with all scholarly research, this study is not without its limitations. The researcher was able to recruit and interview a relatively small number of 11 African women and three white women from five urban communities and one township from South African province (Gauteng). This imposes some limitations on the transferability of the research findings. This suggests that transferability of the findings is limited to the context similar to that of interviewed participants, and as such, it is important that caution should be used when seeking to transfer findings beyond such contexts. However, as participants were from six different palliative care institutions, it is hoped that this limitation might have been mitigated to some extent.

Another limitation in the present study was that the process of identifying flourishing among nurses was based on self-reports. This method of self-identification may not necessarily always be trustworthy. As such, the researcher attempted to minimize the risks associated with self-reported flourishing by requesting various members of management of each palliative care institution to assist in identifying flourishing nurses. The nurses who were selected for the present study were therefore identified as flourishing both by themselves as well as by members of management.

3.5 Recommendations for future research

In this section recommendations are presented that might be beneficial for future studies which are conducted on the topic of flourishing among nurses working in palliative care in South Africa.

The findings of the research study suggest that more research should be conducted in other locations and demographic sub-groups in exploring whether the findings of the study do apply in those contexts. In particular, future research could include participants from different

racial backgrounds and different regions within South Africa. Despite the fact that palliative care institutions appear to be female dominated, studies on male nurses in palliative care should be conducted as they might exhibit different pathways to flourishing.

As the present study was qualitative in nature, future research should conduct follow-up quantitative studies focusing on empirically quantifying and verifying findings that emerged from this study and as a result will enable more widespread generalization of the findings. The researcher did not make use of any flourishing scales to measure whether nurses were flourishing after self-identifying and being identified as flourishing by managers, and as such, it would be of value that future research should administer a variety of flourishing scales to nurses in assessing the constructs identified in the study which in turn will enable the strength of the association between flourishing and these constructs to be identified.

Additionally, more focused research that individually focuses on the factors found to support flourishing in the present study (such as spirituality, social support, passion, etc.) could be of value in better understanding how these factors serve as pathways to flourishing. In turn, such understanding could be of value in informing interventions aimed at supporting palliative care nurses who are languishing in making a transition towards feeling better and functioning more optimally.

3.6 Summary

This chapter presents a conclusion to the present study by providing an overview of the limitations, implications, and recommendations related to the study. In the first section of the chapter a summary and conclusion was presented in which the entire research process was described, and main findings were summarised. The limitations in the current study were also outlined. Theoretical and practical implications of the study were discussed, followed by recommendations for future studies on the research topic.

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APPENDIX A

NORTH-WEST UNIVERSITY
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Humanities and Health Research Ethics Committee HHREC
2017 -08- 11
HHREC Stamp

12 July 2017

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR FLOURISHING NURSES WORKING IN PALLIATIVE CARE

TITLE OF THE RESEARCH PROJECT: A Qualitative Exploration of Flourishing among Nurses Working in Palliative Care

REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: Keisamang Gaile Motloung

ADDRESS: 26 Zone 10 Extension 3 Sebokeng 1983

CONTACT NUMBER: 081 750 8507

You are being invited to take part in a research project that forms part of my research study exploring flourishing among nurses working in palliative care. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part. Prior to publication of the study's results (or the point that publication is in process), you may also withdraw the data you generate.

This study has been approved by the **Humanities and Health Research Ethics Committee (HHREC) of the Faculty of Humanities of the North-West University (NWU-HS-2017-0097)** and will be conducted according to the ethical guidelines and principles of the international Declaration of

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Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records to make sure that we (the researchers) are conducting research in an ethical manner.

What is this research study all about?

- *This study is about better understanding how flourishing (by which we mean feeling and doing well in life) manifest among nurses working in palliative care*
- *This study will be conducted at Wide Horizon Care hospice in Vereeniging. Participants will be asked to complete the Mental Health Continuum-Short Form (MHC-SF) questionnaire consisting of 15 questions in order to determine nurses' level of flourishing. Following this, semi-structured and focus group interview (consisting of 3-4 questions) will take place to collect the information needed for the research study. The researcher has been trained to use these methods.*
- *The MHC-SF will approximately take 15 minutes to complete; the individual interviews are anticipated to last around 20-40 minutes, and the focus group interview is expected to last 30-60 minutes.*
- *Approximately 20 participants will be included in this study (14 participants will be individually interviewed and 6 participants will be part of a focus group).*
- *The objectives of this research are:*
  - *to explore palliative care and challenges that nurses encounter in this context*
  - *to explore which psychosocial factors allow nurses working in palliative care to flourish*
  - *to explore how flourishing manifests among these nurses*

Why have you been invited to participate?

- *You have been invited to participate in this study because you are a nurse working in palliative care and you have also complied with the following inclusion criteria: you are a nurse between the ages of 21-60; be registered nurse; work as a nurse employed in Palliative Care Home for period of at least three years; to complete a Mental Health Continuum (consisting of 15 questions); be identified as flourishing within the context of their work as palliative care via your score on the Mental Health Continuum (short form) and/or via their peers and managers.*
- *You will be excluded if you scored low on the mental health continuum*

What will your responsibilities be?

- *Initially, you will be invited to complete the Mental Health Continuum-Short Form (MHC-SF) questionnaire consisting of 15 questions in order to determine your level of flourishing. This questionnaire should take around 15 minutes to complete.*
- *If your score on the Mental Health Care indicates that you are flourishing, you will then be invited to take part in a 20-30 minute session where 5 questions shall be asked to you and you will be asked to honestly answer each question as best as you are able to. The researcher will inform you that the session will be recorded so that the researcher can easily get the information you have given him/her later and only the researcher and his/her supervisor, Dr Werner Nell, will listen to these recordings.*
- *You will also be asked to take part in a 30-60 minute long group discussion session during which the same 5 questions will be asked. Here you will be asked to take part in a group discussion where questions will be asked and you will also be asked to answer the questions as best as you can be able to. The group discussion session will also be recorded.*

Will you benefit from taking part in this research?

- *There will be no direct benefits for you in taking part in this study*

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- *The indirect benefit will possibly be, palliative care facilities together with the South African Nursing Council (SANC) and National and Provincial Department of Health (DoH) work together in designing interventions suitable for nurses working in this field specifically and ensuring that their employees are taken care off, especially having daily exposure to suffering and death. As such, the findings might be of use to these decision-makers in palliative care organisations as it might hopefully inform interventions, training and other policies and procedures.*

Are there risks involved in your taking part in this research and how will these be managed?

- The risks in this study, and how these will be managed, are summarised in the table below:

Probable/possible risks/discomforts	Strategies to minimize risk/discomfort
Because the researcher will ask you questions about what has been hard for you working in the palliative care homes, you will think about difficult times in which you have encountered. This could make you feel emotional discomfort or emotional stress	The researcher has arranged with Lifeline a counsellor who is willing to support and provide counselling sessions for participants. Whom you can contact for one counselling session of 30 minutes
During the focus group session, you will be interviewed as part of a group. Others also taking part in the focus group session will therefore know that you have participated and will also know what you have said.	Group rules with regards to confidentiality will be established and negotiated before the focus group session commences. If there is anything you would not feel comfortable in sharing in the group, then you are free to not say anything.

- However, we do believe that the benefits to you and to science (as noted in the previous section) outweigh the risks we have listed. If you disagree, then please feel free not to participate in this study. We will respect your decision.

- Should we learn, in the course of the research, that someone is harming you, or that you are intending to harm someone, then we must tell someone who can help you/warn the person you are intending to harm.

Who will have access to the data?

- *Your identity will be kept secret (that is, in no way will your results be linked to your identity) in the study by not revealing who participated in the study. As a participant, you will be referred to by name during the reviewing of the given information and your personal details will also not be written in the final report (dissertation). During the collection of information (the interview and focus group) people taking part will not be called by their name, instead they will be given a number (e.g. P1).*
- *Confidentiality (that is, I shall make sure that we protect the information we have about you) will also be ensured. Some of your private information might be required during this study (e.g., you will be asked to provide your name and contact details) but your name will not be made known and your information will be handled and kept private and in secrecy were possibly can. No identification revealing information will be used in any writings resulting from this study and only the team of researchers will work with the information that you shared. All sensitive information will be protected by locking it up and storing it on a computer that is only usable through a password.*
- *Only I, the researcher, and my supervisor, Dr Werner Nell, will have access to your personal information and the answers that you provide. Information will be kept safe and protected by locking written papers in locked cupboards in the researcher's office and for information saved in computers, and it will be password protected.*
- *Reporting of findings will be anonymous by ensuring your name and personal information are not reflected in the findings*

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CVF

- *Only the researchers and the study leader will have access to the data. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected.*
- *Information recorded during interviews and discussion sessions will be written and put into words by the researcher. As soon as information is written down, the recordings will be deleted.*
- *Data will be stored for five (5) years on a password-protected computer*

What will happen to the data?
The data from this study will be reported in the following ways: written up as chapters. In all of this reporting, you will not be personally identified. This means that the reporting will not include your name or details that will help others to know that you participated (e.g., your address or the name of your institution). This is a once-off study, so data will not be re-used.

Will you be paid/compensated to take part in this study and are there any costs involved?
Participants will not be paid/compensated to take part in the study. There will be no costs involved.

How will you know about the findings?
Once the mini dissertation report is final, an information leaflet with guidelines outlining strategies aimed at enhancing flourishing will be provided to the hospice for nurses who are not flourishing, in assisting them as to what they can do and work on based on the findings from flourishing nurses. Furthermore, unless they opt otherwise, the nurses will all be provided with constructive personal feedback (possibly via e-mail) on their MHC-SF scores.

Is there anything else that you should know or do?
- You can contact Keisamang Gaile Motloung at 081 750 8507 or gailemotloug@gmail.com if you have any further queries or encounter any problems.
- Alternatively, you can contact my supervisor, Dr Werner Nell at 016 910 3427 or Werner.Nell@nwu.ac.za
- You can contact the chair of the Humanities and Health Research Ethics Committee (Prof C van Eeden) at Chrizanne.vaneeden@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher. You can leave a message for Prof van Eeden with Ms Daleen Claasens (016 910 30441).
- You will receive a copy of this information and consent form for your own records.

CvF

Declaration by participant

By signing below, I ..... agree to take part in a research study entitled: Exploring flourishing among nurses working in palliative care

I declare that:

- I have read and understood this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher (if this is a different person), and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I understand that what I contribute (what I report/say/write/draw/produce visually) could be reproduced publically and/or quoted, but without reference to my personal identity.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) ..... on (date) ..... 20....

....

Signature of participant **Signature of witness**

- You may contact me again **Yes No**
- I would like a summary of the findings of this research **Yes No**
- I would like feedback on my functioning/wellbeing as reflected in the questionnaires I completed **Yes No**

The best way to reach me is:

Name & Surname: _____

Postal Address: _____

Email: _____

Phone Number: _____

Cell Phone Number: _____

In case the above details change, please contact the following person who knows me well and who does not live with me and who will help you to contact me:

Name & Surname:

_____

Phone/ Cell Phone Number /Email:

_____

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CUF

Declaration by person obtaining consent

I (name) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (place) ..... on (date) ..... 20....

....

Signature of person obtaining consent **Signature of witness**

Declaration by researcher

I (name) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (place) ..... on (date) ..... 20....

....

Signature of researcher **Signature of witness**

This document is an adapted version of the one used by HREC, Potchefstroom Campus (HREC General WICF Version 2, August 2014).

APPENDIX B

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
South Africa, 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: http://www.nwu.ac.za

Institutional Research Ethics Regulatory Committee
Tel: +27 18 299 4849
Email : Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the **Humanities and Health Research Ethics Committee (HHREC)** on **12/07/2016**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby **approves** your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: A qualitative exploration of flourishing among nurses working in palliative care.

Project Leader/Supervisor: Prof HW Nell
Student: Ms Gail Motloung

Ethics number: N W U - HS - 2 0 1 7 - 0 0 9 7
(Institution - Year - Project Number)

Application Type:

Commencement date: 2017-07-12 **Expiry date**: 2020-07-12 **Risk:** Medium

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HHREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HHREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HHREC:*
  - *annually (or as otherwise requested) on the progress of the project, and upon completion of the project*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
  - *Annually a number of projects may be randomly selected for an external audit.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HHREC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via HHREC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-IRERC and HHREC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the HHREC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*
- *HHREC can be contacted for further information via Daleen.Claasens@nwu.ac.za or 018 210 3441*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HHREC for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis

Digitally signed by Linda du Plessis
DN: cn=Linda du Plessis, o=NWU, ou=Vaal Triangle Campus, email=linda.duplessis@nwu.ac.za, c=ZA
Date: 2017.07.31 13:11:48 +02'00'

Prof Linda du Plessis