

**HEAL THYSELF NURSE: THE DEVELOPMENT OF A LOGOTHERAPY-BASED
PSYCHO-EDUCATIONAL STRESS-MANAGEMENT PROGRAMME FOR STUDENT
NURSES**

by

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ABSTRACT

Limited research has investigated the stress-related experiences of South African nursing students. Moreover, there is a scarcity of empirical studies that have reported on the development and evaluation of psycho-educational stress-management programmes that focus on both pathogenic, as well as positive and meaning-related factors among nursing students.

The aim of this investigation was to study compassion fatigue, burnout, compassion satisfaction and meaning in life among a sample of nursing students with the aim of developing, and then empirically evaluating, a psycho-educational stress-management programme. The psycho-educational stress-management programme was articulated from a logotherapy-based perspective.

A research design, consisting of three interdependent phases, was used to pursue the aim of the study. The aim of phase 1 was to describe the (1) prevalence of, and (2) correlations between, the deleterious and positive and meaningful effects of caring and among a sample of 80 nursing students ($M_{\text{age}} = 22.40$ years, $SD = 11.1$, female = 91.25%). The results indicated that participants may benefit from a logotherapy-based psycho-educational stress-management programme.

The purpose of phase 2 of the study was to develop a logotherapy-based psycho-educational stress-management programme for nursing students. The goal of the logotherapy-based psycho-educational stress-management programme was to assist participants to develop the skills, knowledge and abilities that may be required to address deleterious challenges, and enhance positive and meaning-related opportunities.

In phase 3 the logotherapy-based psycho-educational stress-management programme was presented to a sample of 42 first year nursing students ($M_{\text{age}} = 20.21$, $SD = 1.57$, female = 79.31%). A convergent parallel mixed methods research design was used to evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme. Quantitative

results indicated (1) a reduction in compassion fatigue and burnout, and (2) an increase in compassion satisfaction and meaning in life, scores over the course of the programme. Qualitative analysis supported the quantitative results.

It was subsequently concluded that the logotherapy-based psycho-educational stress-management programme was effective in assisting participants to address the deleterious , as well embrace the positive and meaning-related effects of caring. However, ongoing support may be required to fully assist nursing students to address stressful challenges.

KEY TERMS: burnout, compassion fatigue, compassion satisfaction, logotherapy, meaning in life, mixed methods research, professional quality of life, stress-management programme, stress in nursing.

DEDICATION

This thesis is dedicated to my beloved wife, Evette.

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DECLARATION

“I declare that **HEAL THYSELF NURSE: THE DEVELOPMENT OF A LOGOTHERAPY-BASED PSYCHO-EDUCATIONAL STRESS-MANAGEMENT PROGRAMME FOR STUDENT NURSES** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references”

H.D. Mason

Date

CHAPTER 1

INTRODUCTION

“That which gives light must endure the burning”

~ Viktor E. Frankl

1.1 BACKGROUND TO THE THESIS

As a country, South Africa is a contradiction in terms: a polarised motherland where overcrowded and impoverished townships stand in stark contrast to prosperous suburbs (Bhorat, Leibrandt, Maziya, Van der Berg & Woolard, 2001; Duncan, Bowman, Naidoo, Pillay & Roos, 2007). This state of disparity stands as an epitaph to, amongst others, the country’s former apartheid policy. There were great expectations for the birth of an equal South Africa following the abolishment of apartheid and the subsequent 1994 elections, especially in the light of a newly scripted democratic constitution (Deegan, 2001). Yet, despite the strong egalitarian tone that signifies South Africa’s post-apartheid constitution, some authors have suggested that the rainbow nation remains or, in some respects, have even become more of, an unequal society (Bond, 2004; De Klerk, 2004; Durrheim, Mtose & Brown, 2011).

Apartheid and its vestiges have been identified as major contributing factors towards the current inequality challenge in South Africa (Deegan, 2001; Durrheim et al., 2011). Reddy and Sokomani, (2008), Seekings (2007) and the World Bank (2012) explain that, in addition to the legacy of apartheid, factors such as a weakened global economy, continued high levels of unemployment, low demand for unskilled labour in a country characterised by scarce skills shortages, a structurally imbalanced education system and remarkably widespread social and welfare programmes, are also adversely affecting the inequality challenge. This leaves people continuing to bear the brunt of being unemployed and poor while, ironically, enjoying the full spectrum of constitutional human rights.

Mann, Gruskin, Grodin and Annas (1999) indicate that the concept of ‘human rights’ aims to describe, extend, promote, as well as protect the level of societal well-being of all individuals in an attempt to enable them to realise their full potential. Donald and Mottershaw (2009) add that a

human rights approach encompasses an analysis of the structural causes, versus the symptoms, of poverty and inequality. From a human rights perspective the concept of poverty is defined in terms of low income, poor healthcare and education, the inability to exercise political rights, as well as the absence of dignity, respect and confidence. Thus, poverty is not pathologised, but regarded as a form of social inequality. Lastly, human rights also take account of certain social and legal entitlements, such as access to healthcare, education and basic services, for example water, electricity and sanitation (Donald & Mottershaw, 2009; Pillay, Ahmed & Bawa, 2013).

Despite South Africa having one of the most progressive constitutions in the world that encapsulates the ethos of a human rights approach, it appears that the gap between the 'have's' and the 'have-not's' is widening (Durrheim et al., 2011; Milanovic, 2011). A report by the World Bank (2012) indicates that South Africa "...stands as one of the most unequal countries in the world" (p. viii). The inequality challenge is further aggravated by an unemployment rate of approximately 25.2%, as well as the government and private sectors', respective, apparent inability to create employment opportunities, which cuts citizens off from social and legal entitlements (Terreblanche, 2003; World Bank, 2012). This has, amongst others, given rise to widespread grassroots level service delivery and other protests (Booyesen, 2007).

Subsequently, an ever widening inequality gap is not only emerging, but it is also negatively affecting social relations and cohesion, mental health and substance abuse, crime and violence, as well as social pathologies such as domestic violence (Booyesen, 2007; Duncan et al., 2007; Ekurhuleni Declaration on Mental Health, 2012; Pickett & Wilkinson, 2009). To address these imbalances, many have called for transformation to address, amongst others, healthcare reform (Ekurhuleni Declaration on Mental Health, 2012).

1.1.1 Healthcare reform

The first democratically elected South African government inherited a healthcare system flawed by inequalities and various forms of explicit and implicit oppressive practices across all sections of society (Foster, Freeman & Pillay, 1997; Nel, 2007; Van der Berg, Burger, Theron, Venter, Erasmus & Van Eeden, 2010). Healthcare varies from the most basic services, subsidised and

provided by the state, to the highly sophisticated services, mostly provided in the private sector for those who can afford it.

The public healthcare sector serves a large section of the South African society, mostly the low- and no-income groups (Mokoka, 2007; Myburgh, Solanki, Smith & Lalloo, 2005). Consequently, the public healthcare sector is often viewed as overused and under-resourced (Department of Health, 2011; McIntyre & Gilson, 2004; Swarts, 2013). In contrast, the private healthcare sector is being run according to commercial lines and therefore tends to serve middle- and high-income earners.

However, middle- and high-income earners are minority groups within the South African milieu (McIntyre & Gilson, 2004; Statistics SA, 2011). It could subsequently be argued that only a minority of South Africans can afford private medical aid and/or cash payment for services. Yet, this minority has access to the vast majority of healthcare and related resources (Agbola, Damoense & Saini, 2004; Heyns, 1998).

According to the Department of Health (2011) the private sector provides services to, approximately, 16% of the South African population. In contrast, the public sector delivers services to an estimated 84% of the population, which translates into 42 million citizens - a significant proportion of these citizens do not even make use of public healthcare services due to an inability to afford some of the 'out of pocket' payments required to access some facilities. Those who make use of the private sector are also affected because costs have proliferated over the past decade, without an apparent increase in access (Department of Health, 2011).

With the escalating costs of healthcare (Alperstein, 2009) and mounting levels of poverty within South Africa (Durrheim et al., 2011), which are located against a backdrop of deteriorating levels of an already underperforming public healthcare system (Van der Berg et al., 2010), transformational policies have been aimed at improving the general health of the population as well as attending to structural and societal inequalities (Botha & Hendricks, 2009). A recent example of this would be the National Health Insurance (NHI) plan.

1.1.2 The National Health Insurance plan

The NHI plan aims to provide a quality, relevant and efficient healthcare system, which is both equitable and sustainable, to all South Africans and legal residents regardless of socio-economic status (Department of Health, 2011). This stands in contrast to the current two-tier system where access to medical care is largely a function of commercialism, i.e. where services are mostly accessible to those who have the financial means to afford it. The two-tier system has been described as unsustainable, commercialised, expensive and highly curative, rather than preventative (Department of Health, 2011). The World Health Organisation (WHO) (2008) notes that the aforementioned factors could undermine the improvement of health on a global scale. The NHI plan aims to address these challenges.

According to the Department of Health (2011) the implementation of the NHI plan depends on four key interventions that have to occur simultaneously, namely (1) a comprehensive transformation of healthcare service provision and delivery, (2) the total overhaul of the entire system, (3) a fundamental change in administration, and (4) the provision of a comprehensive package of care that is underpinned by a re-engineered primary healthcare system. The services will be provided via appropriately accredited and contracted public and private providers with a specific focus on health promotion and prevention (Department of Health, 2011).

However, questions have been raised about the sustainability of the NHI plan within a country characterised by a relatively small tax base, a significant proportion of its people living in abject poverty, and high unemployment rates with a substantial number of citizens already being beneficiaries of social and/or other government-related grants (Amado, Christofides, Pieters & Rusch, 2012; Botha & Hendricks, 2009). Furthermore, the comprehensive coverage that is proposed (i.e. no out-of-pocket contributions or co-payments at the service point) may not be feasible or sustainable (Van der Berg et al., 2010). Levels of utilisation are also difficult to predict given the dearth of data on public sector demand and use. Furthermore, approximately 10 000 additional general practitioners as well as between 7000 - 17 000 specialists would be required to provide the envisioned NHI services (Van der Berg et al., 2010). There appears to be no easy or straightforward solutions. Rather, the proposed NHI plan seems to highlight the complexity of already existing challenges within the South African healthcare sector.

Notwithstanding the cautions and criticisms, it needs to be reiterated that access to healthcare is an entrenched human and constitutional right for every South African citizen and legal resident (Pillay et al., 2013). Yet, these constitutional rights remain mere aphorisms for millions of impoverished citizens and call attention for the dire need to refocus a highly polarised healthcare system in which the poor endure the burden of inequality.

1.1.3 The inequality of the healthcare system

Landman (2003, 2007) provides an account of the tragic and dire situation at a public health facility, namely the Kalafong Hospital in Atteridgeville, near Pretoria. According to her, misery cuts across race and gender in this setting. Patients who visit the Kalafong Hospital have the following in common: poverty, hopelessness and loneliness. She adds that poverty negatively impinges on patients' already limited social support structures. Some children agree to be sexually assaulted, just for food. A lack of funds on the part of the Kalafong Hospital also makes it challenging to provide counselling services to many of those in dire need (Landman, 2003, 2007). However, the Kalafong Hospital context is not unique. Rather, it could be termed 'uniquely South African.'

Cochrane, De Gruchy and Petersen (1991) noted, more than two decades ago, that South Africa was in the midst of an extended social crisis, which included a collapse in the norms and values of family life and a legacy of suspicion and division between people. Yet, daily stressors such as poverty, unemployment, crime victimisation and HIV/Aids are still rampaging through the nation, suggesting that the mentioned social crisis is still on-going (Altbeker, 2007; Motsemme, 2007; Pillay et al., 2013). The aforementioned stressors are daily realities for patients at the Kalafong Hospital, and other healthcare facilities. Yet, while such struggles may negatively affect healthcare patients, nursing staff are exposed and have to cope with their own primary stress and trauma as well as the secondary stress and trauma of patients, for example dealing with ill and dying patients amidst already strenuous, as well as under-resourced, working environments.

1.1.4 The role of nurses amidst the healthcare setting

The South African Constitution and the NHI plan reiterate the country's dedication to provide a quality healthcare system for its citizens and legal residents. This commitment is in line with the Declaration of Alma-Ata that proposes 'health for all' (WHO, 1978). The concept of health can be defined as a state of physical, spiritual and mental well-being, and not the mere absence of disease or infirmity (WHO, 1948, 2006).

Despite criticisms of potentially being too idealistic (Magnussen, Ehiri & Jolly, 2004), expensive (Cockerham & Cockerham, 2010) and unsustainable (Swersissen & Crisp, 2004), a primary healthcare model serves as the ideal vehicle to achieve the goal of 'health for all' (WHO, 1978). This (health for all) is a goal that has become even more relevant in an age where challenges, such as HIV/AIDS and a myriad of lifestyle diseases, have become commonplace (Bergh & Theron, 2008; Lawn, Rohde, Rifkin, Were, Paul & Chopra, 2008).

The concept of primary healthcare can be defined as essential healthcare that is based on practicality, evidence informed and socially acceptable methodologies that are universally accessible and affordable to both the community and the country (Lawn et al., 2008; WHO, 1978). Furthermore, it entails the first level of contact that people, i.e. patients, have with the healthcare system and is articulated in a spirit of participation, self-reliance and self-determination (Kelly & Van der Riet, 2001; Swarts, 2013).

Within the South African context, primary healthcare plays an important role by aiming to deliver certain entitlements, as enshrined in the country's constitution, to the masses. This includes, but is not limited to, access to healthcare, health education, basic medical treatment, mental health services and referrals to secondary or specialised service providers (Ekurhuleni Declaration on Mental Health, 2012; Pillay et al., 2013).

Nurses fulfil an important role in the delivery of primary healthcare services within the South African context (Dennill, King & Swanepoel, 1999). Mokoka (2007) indicates that, apart from forming one of the largest groups of healthcare workers in South Africa, nurses also provide an

important connection with patients, offer physical and emotional support, perform a patient-advocacy role with other care providers, and have direct one-to-one caring and supportive contact with patients as well as their families, often under traumatic circumstances.

According to Makie (2006) the contribution by nursing staff to the well-being of patients and their families and to the hospital system as a whole, is often not sufficiently acknowledged or recognised. Subsequently, nurses may experience a lack of personal accomplishment. Levert, Lukas and Ortlepp (2000) add that despite the importance of nursing services, which includes time-consuming hospital hours and strenuous work, they are often perceived as playing an inferior role, having lesser status and often receive mediocre remuneration, which could result in and/or exacerbate staff shortages in a country where there is an already existing scarcity of professional health providers. In addition, nurses are often depicted by the media as being unmotivated and insensitive towards patients (Magome, 2009; Ribeiro, 2004) – depictions that go against the spirit of a basic human rights and the ‘health for all’ approach. However, these behaviours may, in some instances, point to the ‘negative costs of caring’, namely compassion fatigue and burnout (Figley, 2002; Leiter, Harvie & Frizzell, 1998; Levert et al., 2000; Stamm, 1997, 2002).

1.1.5 The costs of caring: Compassion fatigue, burnout and compassion satisfaction

Nursing is regarded as a stressful occupation (Levert et al., 2000; Makie, 2006; Mokoka, 2007). Stamm (2005) refers to the umbrella term, professional quality of life, to identify the occupational hazards namely compassion fatigue and burnout, and the protective factor – compassion satisfaction – that may affect helping professionals, such as nurses. The concept of compassion fatigue was first identified by Joinsen (1992) as an attempt to conceptually describe the deleterious effects that secondary traumatic stress could have on registered nurses. However, the pathogenic symptoms and conditions of compassion fatigue and burnout provide only a partial perspective.

The concept, compassion satisfaction, originated from the observation that workers in the helping professions are not necessarily negatively affected by helping others, but could in fact display high levels of resilience (Ortlepp & Friedman, 2002; Stamm, 1997). Compassion

satisfaction therefore refers to the level of satisfaction, as well as feelings of success that helping professionals experience as a consequence of their duties, tasks and occupations (Stamm, 1999).

Whereas compassion fatigue and burnout are characterised by exhaustion and lack of efficacy, compassion satisfaction is regarded as the portrayal of efficacy (Stamm, 2002). Hence, it could be argued that while, for example, nurses may encounter stressful challenges (burnout and compassion fatigue), they also have the opportunity to discover meaning and grow from their experiences (compassion satisfaction). The umbrella term, professional quality of life, therefore points toward the potentially paradoxical outcomes – opportunity and challenge – that may be part and parcel of the helping professions, such as nursing. Frankl (2006) proposed a similar, apparently paradoxical, theory namely, logotherapy.

1.1.6 Logotherapy

From a logotherapy perspective it is argued that meaning is an unconditional ‘potentiality.’ That is, humans have the freedom of will that allows them to search for and discover meaning even against the backdrop of stressful realities (Frankl, 1988). Shantall (2002) argues that humans ought to move beyond just psychologically-based coping if the aim is to discover meaning when confronted by stressful circumstances. Thus, Shantall (2002) suggests that humans ought to focus on adopting a worldview that regards the pursuit of meaningful values as the criteria for successful living. An inability to do this could result a low sense of meaning in life.

A low sense of meaning is described as ‘existential frustration’ and/or the ‘existential vacuum’ (Frankl, 1978; Makola, 2007). The concepts of ‘existential frustration’ and ‘existential vacuum’ are not necessarily pathological. Rather, it may be indicative of a call to search for meaning (Shantall, 2003). People who experience a low sense of meaning could appear apathetic, bored and lethargic (Frankl, 2008).

From a logotherapeutic perspective the discovery of meaning could, theoretically speaking, be a possibility even against the backdrop of the experiences of compassion fatigue and burnout. It can also be hypothesised that a positive relationship may exist between the concepts of meaning and compassion satisfaction; while a low sense of meaning could be related to compassion

fatigue and burnout. Therefore, meaning may serve as a potential protective factor against compassion fatigue and burnout while augmenting compassion satisfaction (Frankl, 2006; Yiu-kee & Tang, 1995).

1.2 RESEARCH PROBLEM AND RATIONALE

The purpose of this section is to discuss the research problem and rationale for this study. In Section 1.2.1 a personal reflection of experiences and thoughts that motivated the study is provided. This is followed in Section 1.2.2 with a brief theoretical conceptualisation after which the research questions are presented in Section 1.2.3.

1.2.1 Personal reflection

In 2006 the researcher began a rewarding and challenging journey as lecturer and workshop facilitator¹ with groups of foundation level and first year nursing students enrolled at a South African university. The researcher was tasked to present a series of psycho-educational programmes to these groups of students. These programmes were regarded as, amongst others, an important avenue to assist students to deal proactively with academic and personal challenges that they may encounter within the context of higher education (Mason, 2010; Van Heerden, 2009).

The groups of nursing students had a particularly demanding academic curriculum and challenging practical coursework that they had to complete. Notwithstanding the aforementioned stressful challenges, which suggested the apparent need for psycho-education-related assistance, the groups of nursing students were often resistant to the researcher's efforts (i.e. lecturing and workshop facilitation duties); the students 'just did not have the time' to attend the programmes and seemingly regarded it as 'just another add-on course.' Furthermore, the researcher perceived the students, year after year, to be apathetic, bored and lethargic when attending the mentioned programmes. The aforementioned occurrences challenged the researcher on various levels.

¹ Reference will from this point forward only be made to the term 'researcher' in an attempt to ease readability. In instances where the terms 'lecturer' and/or 'facilitator' are more appropriate, reference will be made as such.

As a lecturer and workshop facilitator the researcher recognised the apparent limitations of the psycho-educational programme content given the demands that the groups of nursing students faced. As a psychology professional it seemed that the groups of nursing students were being challenged with demands that could, at times, exceed and overwhelm their available coping mechanisms. Based on secondary stress-related research conducted during his Master's degree studies (Mason, 2008), the researcher deduced that the strenuous demands placed on the nursing students could predispose them to the development of conditions such as compassion fatigue and burnout. However, as a student of logotherapy, the researcher was challenged to believe that nursing students could discover meaning within the context of a challenging course and university experiences, as well as against the backdrop of an ever looming threat of compassion fatigue and burnout.

The aforementioned ideas were anecdotally verified during an informal debriefing session with a nursing student from one of the groups. The nursing student relayed, in graphic detail, all the traumatic content that she was exposed to within the hospital context as part of the practical training component. Additionally, she spoke about the challenging curriculum and the discipline, diligence and commitment that are required to attain academic success. However, she was quick to add that she regarded nursing as a calling - a mission in life that has endowed her with many 'riches.' She enthused that it was the meaningfulness of her future role as a registered nurse that served as the motivation to remain disciplined, dedicated and committed to her academic studies in spite of the stressful challenges. A logotherapeutic interpretation would suggest that the student's perceived future role served as a source of meaning: a definite purpose that was bestowed upon her for which she personally was responsible to bring to fruition (Shantall, 2002).

Deducing from the aforementioned, it appeared plausible to the researcher that meaning could be discovered and/or frustrated within the domain of higher education. Furthermore, it seemed that the presence of a meaningful purpose could serve as a possible protective factor for nursing students in their efforts to manage a particularly demanding academic course and stressful practical training experiences. Moreover, when considering the researcher's experience of nursing students' bored, apathetic and lethargic behaviour through a logotherapeutic lens, it seemed that they could, amongst others, be calling out for meaning.

Based on the aforementioned personal insights and reflection, the researcher developed, presented and empirically evaluated a logotherapy-based psycho-educational programme for first year nursing students in 2010. The students' reactions to the mentioned programme were in sharp contrast to previous years. Instead of appearing bored, apathetic and lethargic, students actively participated during the programme by asking questions and debating important issues.

Qualitative findings from the mentioned logotherapy-based psycho-educational programme were reported by Mason & Nel (2011). One student (a participant in the study reported on), who initially regarded the programme as futile, commented that: "It made me realise what I would have missed if I had left or skipped class. The first class made me learn to tell people about my mother's disability...without fearing if anyone was going to judge me...I found meaning whether people accept you or reject you..." (Mason & Nel, 2011, p. 470). While another noted that: "From this workshop I have discovered meaning in pain that I have endured. The meaning that had long been there but my eyes were closed. Now that I have learned and I think I understand why sometimes we have to experience pain; because there is a hidden meaning that we have to find out..." (Mason & Nel, 2011, p. 471). In essence, students indicated an enhanced awareness of the potential seeds of meaning that lay dormant in life's challenges.

A limitation of the logotherapy-based psycho-educational programme was that it did not focus specifically on compassion fatigue, burnout or the stressors that nursing students experience as part of their training. This limitation became apparent after a student from the particular group reported for personal counselling. The student was struggling to effectively manage stressors that emerged from, amongst others, practical training challenges. While the logotherapy-based programme may possibly have assisted the mentioned student to negate the stigma of seeking psychological assistance, it did indicate that there may be a need to focus on, amongst others, compassion fatigue and burnout.

1.2.2 Theoretical conceptualisation

Researchers seem unanimous that registered nurses are confronted on a daily basis by the stark realities of life, as few others are (Kalliath, O'Driscoll & Gillespie 1998; Levert et al., 2000; Makie, 2006; Ribeiro, 2004). While international research has dealt with the stress and coping, as well as the negative consequences related to caring amongst nurses, less emphasis has been placed on the South African nursing community (Makie, 2006). Furthermore, there appears to be a paucity of research addressing the stress, coping and the deleterious effects of caring work amongst South African nursing students, in particular.

Nursing students, unlike registered nurses, are still in the process of developing the skills, knowledge, abilities and attitudes required to deliver professional-related caring services. Due to their 'still developing' skills repertoire, it could be argued that nursing students may be exposed to a heightened risk of pathogenic outcomes, such as compassion fatigue and burnout. However, empirical findings indicate that stressful incidents can also have positive and growth-enhancing effects, for example compassion satisfaction and the discovery of meaning (Frankl, 2006; Mason, 2011; Stamm, 2010). Hence, nursing students could potentially experience compassion satisfaction and discover meaning despite the stressful challenges that they encounter.

In addition to the aforementioned, mainstream empirical investigations tend to emphasise a pathogenic orientation, i.e. a focus on compassion fatigue and burnout, at the exclusion of the potential benefits of caring-related work. Moreover, nursing-related research studies that address compassion fatigue, burnout and compassion satisfaction have not necessarily been articulated from a logotherapy perspective - this despite the fact that one of the leading programmes designed to address compassion fatigue, namely the Accelerated Recovery Programme (Gentry, Baranowsky & Dunning, 2003), was, in part, inspired by Frankl's (2006) logotherapy theory.

Research related to the development of psycho-educational stress-management training programmes that address compassion fatigue and burnout, such as the Accelerated Recovery Programme, appear to be scarce (Gentry et al., 2003; Ribeiro, 2004). What is more, limited empirical evidence have been presented to validate the efficacy of the Accelerated Recovery

Programme and similar stress-management programmes (Gentry et al., 2003; Ribeiro, 2004; Van Tonder, 2005).

Yet, when empirical studies have been conducted to evaluate the efficacy of stress-management programmes among those in the healthcare fields, it has mostly been articulated from quantitative perspectives (Ribeiro, 2004; Van Tonder, 2005). While quantitative research offers various benefits, such as generalisation of results from a sample to the broader population, it is also limited (Barnes, 2012). Amongst others, quantitative research does not give voice to participants' thoughts, feelings and perceptions about the topic or concept being investigated (Creswell, 2014).

Qualitative research designs offer researchers the opportunity to investigate participants' thoughts, feelings and perceptions about topics of interest (Creswell, 2012). However, qualitative research has also been criticised for, amongst others, its strong subjective orientation (Barnes, 2012). Ensuring validity and generalisation of qualitative findings also appear to be challenging (Creswell, 2012; Guba & Lincoln, 1994).

A mixed methods research design, which emphasises the collection, analysis and integration of both quantitative and qualitative data, offsets the limitations of the mentioned approaches, respectively (Teddlie & Tashakkori, 2009). Additionally, by utilising mixed methods designs, researchers could develop a more holistic understanding of the problem being investigated than would be possible when using mono methods (quantitative or qualitative in isolation) (Creswell & Plano Clark, 2011). Hence, conducting a mixed methods study could enable researchers to develop a general understanding by building on existing quantitative measures and designs, which could then be extended and further explained through qualitative exploration. An integration of the two strands of data could then, potentially, provide novel insights and raise awareness to new avenues for further research (Creswell, 2012).

To date, limited South African-based mixed methods studies have focussed on evaluating the efficacy of psycho-educational stress-management programmes for nursing students. A search of the SABINET database, which hosts prominent South African journals, using the keywords,

‘nursing students’, ‘professional quality of life’, ‘compassion fatigue’, ‘compassion satisfaction’, ‘burnout’, ‘logotherapy’, and ‘mixed methods research’, respectively and in various combinations, did not result in any relevant hits.

When considering the foregoing arguments, the following gaps in the existing body of research can be identified namely, limited:

- Empirical investigations that focus on the prevalence and incidence of compassion fatigue, burnout, compassion satisfaction and meaning in life among nursing students;
- Development of psycho-educational stress-management programmes to assist nursing students to address compassion fatigue and burnout in a proactive manner;
- Psycho-educational stress-management programmes that, in addition to a pathogenic focus, emphasise the positive and growth enhancing aspects of nursing;
- Research studies that report on the efficacy of psycho-educational stress-management training programmes among nursing students; and
- Use of mixed methods research designs to investigate the efficacy of psycho-educational stress-management programmes developed for nursing students.

The aforesaid limitations pave the way for this study and are articulated as research questions.

1.2.3 Research questions

The following two primary research questions will be addressed in this study, namely:

- Do nursing students experience deleterious, and/or positive and meaningful, effects of caring, such as compassion fatigue, burnout, compassion satisfaction and meaning?
- Will the development, presentation and empirical evaluation of a logotherapy-based psycho-educational stress-management programme that addresses compassion fatigue, burnout, compassion satisfaction and meaning, prove to be of benefit to nursing students when evaluated by means of a mixed methods approach?

The aforementioned, mixed methods research question, can be further divided into quantitative and qualitative research questions. The primary quantitative research questions are:

- Will the logotherapy-based psycho-educational stress-management programme reduce participants' experiences of compassion fatigue and burnout?
- Will the logotherapy-based psycho-educational stress-management programme enhance participants' experiences of compassion satisfaction and sense of meaning in life?

The guiding qualitative research question is:

- What are participant's thoughts, feelings and perceptions of the logotherapy-based stress-management programme?

1.3 RESEARCH AIM AND OBJECTIVES

The aim of this study will be to identify, describe, explore and develop an understanding of the stressful challenges, as well as the positive growth-enhancing and meaning-centred opportunities that are embedded in the student nursing experience, as a means of informing, developing and empirically evaluating a logotherapy-based psycho-educational stress-management programme.

The research objectives that will be investigated are to:

- Describe the prevalence of deleterious effects of caring, with specific reference to compassion fatigue, burnout and other context-specific stressors, among nursing students;
- Describe the prevalence of positive and meaningful effects of caring, with specific reference to compassion satisfaction and meaning, among nursing students;
- Describe the correlations between stressful, as well as positive and meaningful effects of caring among nursing students;
- Develop a logotherapy-based psycho-educational stress-management programme for nursing students; and
- Evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme by means of a mixed methods approach.

1.4 THESIS STATEMENT

Nursing is a stressful career. Hence, training for a career in nursing may also be regarded as stressful. Limited South African research has focussed on the stress-related experiences of nursing students. Additionally, South African research regarding the potential meaning-centred experiences that may underlie the nursing student experience is almost non-existent. Nursing students ought to be supported to (1) cope effectively with stressors on a daily basis, (2) acknowledge positive and meaningful experiences, and (3) discover meaning notwithstanding the omnipresent threats of, amongst others, compassion fatigue and burnout.

One avenue to pursue the aforementioned is through the development and presentation of a logotherapy-based psycho-educational stress-management programme. However, such a programme ought to be evaluated empirically. A mixed methods approach could assist researchers to develop a holistic understanding of the value of a logotherapy-based psycho-educational stress-management programme developed for, and presented to, nursing students.

The primary thesis propounded in this study is that a conceptual understanding and empirical investigation of stressful challenges (e.g. compassion fatigue and burnout), as well as positive and growth enhancing experiences (compassion satisfaction and meaning), within the context of the student nursing experience, can inform practical application in the form of a logotherapy-based psycho-educational stress-management programme for nursing students.

This study aims to provide novel information about the (1) experiences of nursing students with specific reference to compassion fatigue, burnout, compassion satisfaction and meaning in life, and (2) value of a logotherapy-based psycho-educational stress-management programme. On an applied level, findings could offer insight and understanding for psychologists, and others, who work with nursing students in university settings. In terms of a basic contribution, it is hoped that the study could bear out new findings and assist in establishing novel avenues for further research within the South African context.

1.5 DELINEATION AND LIMITATIONS

Limitations are inherent in academic work and ought to be identified, discussed and addressed (Hofstee, 2006). The following two aspects can be regarded as delineations and limitations, namely:

- (1) The empirical data that were utilised to inform the development of the psycho-educational stress-management programme for nursing students were collected during the 2011 academic year by means of a purposeful sample. Consequently, only students who were enrolled for the first, second and third academic years during 2011, in the programme Nursing Science at a specific South African university, were included in this section of the study.

The logotherapy-based psycho-educational stress management programme was developed in 2012. The empirical evaluation of the efficacy of the mentioned programme was conducted in 2013. Hence, quantitative results and qualitative findings will be limited to the data collected from first year nursing students who registered at one South African university during the 2013 academic year.

Subsequently, the generalisability of the findings will be limited. Therefore, the researcher encourages further empirical investigations to test the efficacy and value of the logotherapy-based psycho-educational stress management programme proposed in this study. Additionally, the findings of this study will be limited to a university-based training context and will not necessarily take the practical realities and challenges that may be part of registered nurses' experiences, into account.

- (2) The researcher acknowledges that numerous aspects, such as organisational politics, employee motivation and remuneration could affect the development of compassion fatigue and burnout (Maslach, 2006; Robbins, Odendaal & Roodt, 2003). These aspects, which reflect the complexity of human behaviour amidst the work context, will not be investigated in this study. However, the empowering-based nature of psycho-educational services will aim to provide nursing students with the skills, knowledge and abilities to address future challenges in a meaningful manner.

The delineated areas mentioned in the aforementioned sections serve as the impetus for further post-doctoral research and exploration. Given the apparent empirical scarcity of data regarding the effectiveness of secondary stress management programmes (Van Tonder, 2005), further study and exploration appears to be an important area of research.

1.6 SIGNIFICANCE OF THE STUDY

The significance of this study is to be found in potential benefits for the primary stakeholders. Three primary stakeholders have been identified, namely:

- (1) Nursing students enrolled at the mentioned university - on a practical level nursing students will benefit because an empirical study, which is entrenched in a holistic theoretical grounding (compassion satisfaction and meaning, as well as compassion fatigue and burnout), is being conducted. This creates the opportunity to inform and challenge current psycho-educational programmes on offer to nursing students. Additionally, the outcomes of the stated empirical study will be synthesised and incorporated to develop a logotherapy-based psycho-educational stress-management programme;
- (2) Healthcare services - research indicates that nurses who are affected by, amongst others, compassion fatigue and burnout are less likely to provide optimal patient care (Levert et al., 2000; Ribeiro, 2004). Hence, it could be hypothesised that, all things being equal, nurses who are ‘thriving’ would be able to provide optimal patient care. It is hoped that this study could contribute to assist nursing students to experience a sense of meaning and compassion satisfaction, i.e. to thrive, in spite of the stressful challenges that they may encounter. Subsequently, this study could contribute to improved healthcare service provision by focussing on the needs of nursing students; and
- (3) Scientific psychology and the nursing profession - while extensive international research has been conducted about the deleterious effects that trauma and stress can have on registered nurses, limited empirical studies have been conducted within the South African context. Additionally, the majority of South African research has been conducted from a pathogenic perspective and focussed on registered nurses. This study will draw from a holistic theoretical grounding, i.e. an emphasis on pathogenic and meaning-centred

constructs, and will be focussing on student nurses. The holistic approach to be adopted in this study could potentially contribute to existing theoretical knowledge regarding the well-being of student nurses. It is hoped that when student nurses graduate and begin to fulfil the roles of registered nurses, that they are able to transfer the skills, knowledge and abilities gained through the logotherapy-based psycho-educational stress-management programme, to their professional field. Therefore this study could make a contribution to both the existing body of scientific knowledge and the nursing profession.

1.7 OVERVIEW OF CHAPTERS

The objectives of this study will be investigated, presented, discussed and achieved in six chapters. The objectives of the chapters are stated below.

Chapter 1

Chapter 1 serves as an introduction to the study that outlines the aims, objectives and research questions to be investigated.

Chapters 2 and 3

The purpose of Chapters 2 and 3 will be to contextualise the study in relation to relevant literature. The following two broad aspects will be discussed, namely (1) the logotherapy perspective (Chapter 2), and (2) psychological stress and professional quality of life (i.e. compassion fatigue, burnout and compassion satisfaction) (Chapter 3).

Chapter 4

Chapter 4 will present an outline and discussion of the paradigm adopted to investigate the research questions. Hence, the chapter will be focussed on addressing the research approach, strategies and procedures for example the sampling procedures utilised, data collection and analysis, as well as ethics.

Because limited empirical studies have focussed on professional quality of life and meaning among nursing students, and the aim of this thesis is to describe and understand the phenomena in question, both quantitative and qualitative data will be collected and analysed. Subsequently, a

mixed methods research design will be adopted. The quantitative research design can be described as descriptive-correlation and quasi-experimental; qualitative content analysis will serve as research design for the qualitative data; and a convergent parallel mixed methods approach will be adopted to integrate the quantitative and qualitative methods.

Chapter 5

The purpose of Chapter 5 will be to present and discuss the results emanating from the study. The results will be discussed in relation to pertinent literature and research findings in an attempt to contribute to the existing body of scientific knowledge.

Chapter 6

Chapter 6 will serve as the conclusion to the study. As such, the chapter will have three broad aims, namely to: (1) synthesise the literature review and empirical findings, (2) discuss the basic and applied implications, and (3) highlight the limitations and suggest directions for future research.

CHAPTER 2

THE LOGOTHERAPY THEORY OF VIKTOR E. FRANKL

“The human needs a framework of values, a philosophy of life...in about the same sense that he needs sunlight, calcium, and love.”

~ Abraham Maslow

2.1 INTRODUCTION

Yalom (1980 p. 1) identified four “...ultimate concerns...” of being-in-the world: (1) death, (2) freedom, (3) isolation, and (4) meaninglessness. He explains that these concerns are not the result of internalised psychodynamic projections or instinctual strivings. Rather, the four ultimate concerns flow from people’s struggles with the “...existential givens...” of life: (1) everybody will die, (2) humans have an innate freedom and are therefore ultimately responsible for themselves - there is no one to blame, (3) even if people have meaningful interpersonal relationships, the profound fear of being alone in the universe, remains, and (4) there is an ongoing struggle to find meaning in our daily actions (Yalom, 1980, p. 1). These anxieties, which form the bedrock of existential psychology, challenge humans with the unnerving realisation that being-in-the-world is not an easy and emotionally painless experience (Heidegger, 1962; Kierkegaard, 1957; May, 1961; Spinelli, 2007).

Existential psychology, which focusses on the study of how individuals experience the world, tends to emphasise the sombre and darker aspects of the human condition (Wong, 2009a). In contrast, logotherapy, which is regarded as a positive-oriented school of existential psychology (Cho, 2008; Fabry, 1994), adopts an optimistic view by emphasising the affirmative, creative and meaning-centred aspects of being human (Frankl, 2008). In this regard Frankl (1967, p. ix) asserts that “... there are as many existentialisms as there are existentialists.”

Consistent with the optimistic logotherapy perspective of human potential, Shantall (2002) explains that the act of reflecting on existential (ultimate) concerns ought to be considered a uniquely human achievement: no animal or other earthly being, apart from humans, is capable of

reflecting on its own existence. Shantall's assertion points to the phenomenological aspects of logotherapy that, according to Frankl (1967, 2004), refers to the 'language' of a pre-reflective self-understanding, versus an interpretation of a given phenomenon based on preconceived patterns and ideas. Frankl (2006) echoes Shantall's (2003) perspective when he notes that the act of existential questioning and reflection is meant to inspire humans to search for and discover meaning in life.

The purpose of this chapter is to contextualise the study in relation to Frankl's logotherapy. Logotherapy was profoundly interwoven and influenced by Frankl's life experiences. In Section 2.2, an overview of Frankl's life experiences is provided. According to Shantall (2003) logotherapy is based on three fundamental tenets, namely the (1) freedom of will, (2) will to meaning, and (3) meaning of life. These three tenets are discussed in Section 2.3. In Section 2.4, three logotherapy concepts, namely, (1) meaning, (2) existential frustration, and (3) tragic optimism, are discussed.

Logotherapy techniques aim, amongst others, to enhance people's awareness of the unique meaning-centred opportunities that await them in the future. The purpose of Section 2.5 is to discuss the following six logotherapy techniques namely, (1) Socratic dialogue, (2) paradoxical intention, (3) attitude modulation, (4) goal setting, (5) the mountain range exercise, and (6) logo-autobiography. Some criticism against logotherapy are discussed in Section 2.6. The chapter is concluded in Section 2.7 by means of a reflective discussion.

2.2 PRISONER 119 104: VIKTOR EMIL FRANKL

Shortly after the Great Depression of the 1930's, the National Socialist German Workers' (Nazi) Party rose to power in Germany. The Nazi ideology was, *inter alia*, rooted in anti-Semitism, totalitarianism and militant Nationalism. What resulted from this ideology was an unquenchable thirst for power that left scores of victims in its wake (Shantall, 2002). Yet, amidst the Nazi tyranny there were also those individuals who managed to retain their human dignity; those individuals who, in the face of ever looming nihilistic darkness, transcended to the pinnacle of optimal humanity; individuals who could triumphantly declare that they had suffered through the worst of atrocities while maintaining a sense of inner peace (Frankl, 2006).

The journey towards the pinnacle of optimal humanity was not romantic, tranquil or peaceful. It was an arduous, fierce and brutal struggle between life and death. However, it was also drenched in meaning. The self-transcending journey of, amongst others, one man, was to influence the lives of millions of people and challenge the prevailing psychology discourse at large (Frankl, 1962). This was the journey of prisoner 119 104.

In September 1942 a young, yet world-renowned, Jewish medical doctor, his bride, his parents and his brother were arrested in Vienna and transported to a Nazi concentration camp in Auschwitz (Boeree, 2006). It was events that occurred there, and at three other camps, that led the young doctor – prisoner 119 104 – to realise the significance of meaning in life. Prisoner 119 104 was Viktor Emil Frankl (Boeree, 2006).

Viktor Frankl's inborn optimism convinced him, prior to being transported to Auschwitz, to sew his life's work, in the form of a manuscript, into the lining of his pocket (Frankl, 2008). When arriving at Auschwitz, Frankl had to part with his life's work. However, his spiritual aspirations were not dampened by the loss of his manuscript or by the stench of death, guilt and pain that embodied the concentration camp experience. Rather, it propelled him forward in his journey towards the pinnacle of optimal humanity (Shantall, 2002). Amongst others, Frankl would spend whatever time at his disposal to reconstruct his manuscript, first in his mind, then on slips of paper.

In a truly logotherapy fashion, Frankl epitomised the truism that the surest way of discovering meaning, is through being. In other words, he actualised timeless values in the face of psychosocial suffering by embodying meaning-directed living; the values that Frankl actualised in the most appalling of concentration camp circumstances were irreversibly meaningful (Shantall, 2002). Thus, in contrast to Maslow's (1970) view that lower order needs have to be satisfied before one can aspire to living an actualised life, Frankl's (2008) experiences suggested that human beings can self-transcend and actualise their potential in even the harshest of conditions.

Frankl's lost manuscript, and subsequent experiences, were later commemorated in his book *The doctor and the soul* (Frankl, 1965, 1986). His other pioneering work, namely *Man's search for meaning* (Frankl, 1959, 1984, 2006, 2008) has sold millions of copies worldwide (Boeree, 2006). There were, amongst others, six specific events that acted as 'turning points' in Frankl's life. These turning points are reminiscent of Yalom's (1980) ultimate concerns. Furthermore, the experiences influenced the development of Frankl's logotherapy theory. These six turning points were:

- (1) **One day I want to be a doctor and a good person** - Frankl was born on 26 March 1905. At the age of three Frankl decided that he wanted to become a medical doctor (Shantall, 2003). However, Frankl also wanted to be a good human being. He believed that meaning could be discovered by reaching out beyond one's own fears and doubts in order to be of service to others. Hence, Frankl regarded practising medicine as 'not just an occupation', but as a calling from life itself to discover meaning through relating to others. Paradoxically, his service to others also became a gift to himself (Shantall, 2002). Furthermore, Frankl viewed his life and calling in a highly responsible way and took a fearless stance amidst even the harshest of concentration camp circumstances. Frankl was, in the final analysis, more than just a medical doctor and a good person. Rather, his life served as a monument and inspiration for others (Shantall, 2003).

- (2) **Someone is watching over me** - Frankl (1997, p. 31) recalls the following childhood experience: "One sunny morning, I awakened. With my eyes still closed, I was flooded by the utterly rapturous sense of being guarded, sheltered. When I opened my eyes, my father was standing there, bending over me, smiling." The aforementioned experience afforded Frankl with the insight and belief that life has human beings' best interest at heart. This does not imply that life is meant to be a journey grounded in joy and hedonistic pleasure. Rather, life can, from a metaphorical perspective, be regarded as a 'classroom' where humans have the task of discovering the potential meaning hidden in every situation (Wong, 1998a). Hence, Frankl suggests that life is always 'watching over' humans in the sense that it is constantly questioning humans. The manner in which humans choose to respond to the 'call of life' may assist them to discover meaning.

Therefore, from a logotherapy perspective, it is an important to (1) be aware that life is a constantly evolving process, and (2) engage in on-going virtuous actions and reflective contemplation. By engaging in this process of virtuous living humans can discover and actualise logotherapeutically meaningful values such as integrity, honour and courage.

- (3) **One day I too shall have to die** - “One evening, just before falling asleep, I was startled by the unexpected thought that one day I too would have to die. What troubled me then - as it has done throughout my life - was not the fear of dying, but the question of whether the transitory nature of life might destroy its meaning” (Frankl, 1997, p. 29). Frankl’s existential angst, as indicated in the mentioned quote, led him to the realisation that meaning is often hidden amidst the transitory nature of life. Yet, he also suggested that the fleeting quality of life does not eradicate its meaning (Frankl, 2006). Rather, it points toward the importance and subsequent responsibility that humans have been endowed with; the responsibility to reach out to others, to embrace the possibilities of meaning as well as to fully utilise the limited time afforded to them: “Birth and death enclose us in a space of time given to us to occupy” (Shantall, 2003, p. 7).
- (4) **An education towards meaning** - At the age of thirteen Frankl was challenged by a school teacher who explained that life, in the final analysis, was nothing more than a reductionist process of combustion (Frankl, 2000). The young Frankl responded by exclaiming that if that was the case, life would have no meaning - a worldview that he vehemently opposed.

In 1924, at the age of 19, Frankl published an academic paper, on Sigmund Freud’s invitation, in the *International Journal of Psychoanalysis*. However, he became disenchanted with the reductionist psychoanalytic perspective. Frankl subsequently joined Alfred Adler’s school of Individual Psychology. Then, in 1925, Frankl published an academic paper in the *International Journal of Individual Psychology*. He was expelled from the Society of Individual Psychology after publically proclaiming that Adler’s school of thought ought to move beyond ‘psychologism’, i.e. the hypothesis that the psychologist is a technician and the patient a machine that needs to be ‘fixed’. From

Frankl's perspective, it was important to focus on the human being behind the psychological diagnosis, and not just the disease. Apparently, Adler never spoke to Frankl again.

The search for meaning emerges as a prominent theme in Frankl's education, which spanned across all the seasons of his life. Frankl regarded it as his life mission to oppose nihilism (Marshall, 2009). In other words, to contest the doctrine that life is, essentially, meaningless. He subsequently established the 'Third Viennese School of Psychotherapy', namely logotherapy (Lukas, 1998). The term, logotherapy, can be literally translated as 'healing through meaning.'

- (5) **Honour thy father and thy mother** - In 1942 Frankl was invited by the United States Consulate-General in Vienna to collect an American immigrant visa. This would have afforded Frankl the 'freedom' to move from Nazi occupied Vienna to the safety of the United States of America and continue with his work and research. Because the visa did not cover his elderly parents or brother, Frankl had to choose to accept the invitation and leave his family behind, or stay with them in Vienna. This was, as Frankl (2006) states, not an easy choice. Frankl had wished for "...a 'hint' from Heaven..." to guide him to make a meaningful choice (Frankl, 2006, p. xv).

When returning from the Consulate, he noticed a piece of marble lying on a table in his parents' home. When enquiring from his father where the piece of marble came from, he was informed that it was from a Jewish Synagogue that had been destroyed by the Nazis. Inscribed on this piece of marble was one of the Ten Commandments: 'Honour thy father and thy mother that thy days may be long upon the land the Lord thy God giveth thee' (Deuteronomy 5:16). This was Frankl's 'hint' from heaven. He rejected the American visa and, a few days later, he and his entire family were rounded up and sent to Nazi concentration camps. Frankl's entire family, except his sister who managed to escape prior to captivity, perished during their incarceration.

(6) **Liberation from Auschwitz** - The concentration camp experiences infiltrated every fibre of the inmate's being (Frankl, 1986). Life assumptions related to, amongst others, invulnerability, trust in the world as a good and safe place, as well as confidence in human goodness, were shattered; the prisoners were 'changed' by their experiences.

Liberation from the concentration camps then again challenged the assumptive worlds that prisoners came to internalise during their incarceration. Values that they freely enjoyed in the pre-Holocaust period had to be re-actualised. Amongst others, families, homes and the prisoners' assumptive worlds had to be rebuilt. Additionally, the 'new found' freedom had to be embraced.

According to Frankl (2006) the sudden release from the camps created a 'moral deformity' amongst the inmates: they turned from the oppressed, to the oppressors. Frankl (2006) continues: the liberated inmates had to be led back to the values and worldviews that had defined their pre-Holocaust lives.

Many pre-Holocaust values were inevitably closely tied to familial relationships. However, disillusionment followed when the inmates realised that there were no family members awaiting them as they had passed away in the concentration camps (Shantall, 2002). Frankl and his comrades were confronted with the 'ultimate concern' that "...suffering has no limits..." (Frankl, 2006, p. 92). Even the psychological 'pleasure' of liberation was bestowed with pain. Yet, life remained unconditionally meaningful.

Logotherapy is a culmination of philosophical thought, empirical testing and real life application. The aforementioned 'turning points' discussion reveals how Frankl's life experiences served as the testing ground to formulate and examine his theory. With these experiences as foundation, Frankl conceptualised logotherapy in terms of three pillars.

2.3 THE THREE PILLARS OF LOGOTHERAPY

Logotherapy is based on three fundamental principles, or pillars, namely the (1) freedom of will, (2) will to meaning, and (3) meaning in life. These three principles are discussed in Sections 2.3.1 - 2.3.3.

2.3.1 Freedom of will

Logotherapy asserts that humans are ultimately free: they are spiritual beings who have been endowed with the freedom of will (Lukas, 1998). The concept, freedom of will, refers to the human capacity to choose how one will respond to life's inevitable challenges (Frankl, 1988). This concept is in direct opposition to the principle of determinism.

Frankl (2000) strongly opposed the idea of determinism. In other words, he opposed the theorem that humans are merely the products of their instincts and/or environments. Rather, logotherapy asserts that humans are ultimately free to make the choices that shape their lives notwithstanding environmental influences and/or genetic predispositions (Frankl, 2000).

Shantall (2003) explains that the freedom of will does not imply freedom from external circumstances. Rather, it points out that humans can choose how to respond to the inevitable confrontations, e.g. 'existential givens', which they may encounter in life. Thus, it encompasses a freedom 'towards' something; a freedom towards responsibility and to choose one's attitude towards one's circumstances, whether it be a demanding environmental stressor or genetic predisposition.

The freedom of will remains present under all life circumstances, even in the face of the most dismal of life afflictions. Frankl (1978, p. 52) explains that "...as a professor in two fields, neurology and psychiatry, I am fully aware of the extent to which man is subject to biological, psychological and sociological conditions. But in the addition to being a professor in two fields I am a survivor of four camps - concentration camps, that is, and as such I also bear witness to the unexpected extent to which man is capable of defying and braving the worst conditions possible." Hence, human beings have the ability to discover meaning even if it does not fall into the traditionally perceived realm of life success (Frankl, 1978).

2.3.1.1 Ecce Homo

The need to be successful, popular and to accomplish something worthwhile in life is an inherent human characteristic (Maslow, 1970). According to Frankl (1988) *Homo Sapiens* consider life in terms of success and failure, such as increasing wealth, competing against each other, and attaining prestige, happiness, pleasure and power. Such a dichotomous way of measuring and evaluating success can make one vulnerable to unpredictability, fate and other events beyond human control (Marshall, 2009).

Aside from the thinking of the *Homo Sapiens*, Frankl (1988) also introduces the concept, *Homo Patiens* - the suffering human being. For the *Homo Patiens* 'failure' and unavoidable suffering becomes tolerable and existentially significant if it is met with meaning (Frankl, 1988; Wong, 2009b).

When confronted with unavoidable suffering, the avenue to meaning is through, amongst others, the actualisation of the freedom of will (Lukas, 1998). This enables *Homo Patiens* to 'rise above' challenging circumstances as a means of discovering meaning. The person suffers with courage and dignity, and superimposes meaning onto conditions that may otherwise have been defined as psycho-social tragedies (Graber, 2003). Frankl (2000) summarises: "Facing a fate we cannot change, we are called upon to make the best of it by rising above ourselves and growing beyond ourselves, in a word, by changing ourselves" (p. 142), and "What matters in life is to achieve something. And this is precisely what you have done. You have made the best out of your suffering ... *Ecce Homo!*" (1967, p. 98).

Ecce Homo, the exemplary sufferer, is a term used to describe those individuals who grasp and embrace unavoidable suffering as a call to live more meaningful lives (Lukas, 1998). The exemplary sufferer forgets about the self and transcends hardship by, amongst others, reaching out to others or dedicating the self to an important task, i.e. by activating the will to meaning (Frankl, 2000). This, according to Wong (2012a), requires a meaning mind-set.

2.3.1.2 The meaning mind-set

Wong (2012a) synthesises the concepts of will to meaning and *Ecce Homo* by introducing the notion of the ‘meaning mind-set.’ The meaning mind-set, adapted from ‘Frankl’s cross’ (Marshall, 2009), is presented graphically in Figure 2.1.

Peterson and Seligman (2004) argue that, in an ideal world, most people would want to live virtuous lives. In other words, people would be motivated to focus on and pursue meaningful engagement, positivity and optimism, as a means of making a difference in the world. However, the pursuit of the virtuous life, referred to by Aristotle as ‘eudaimonia’, is frequently underscored by the difficult choices that humans are required to make (Schumaker, 2007). Such choices are often made on the basis of people’s basic value systems.

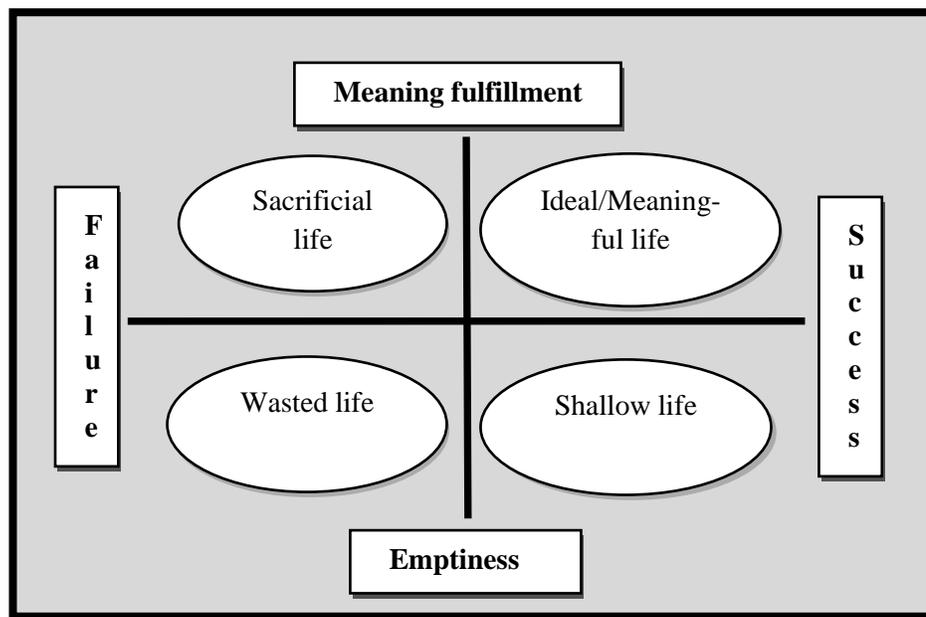


Figure 2.1. The meaning mind-set (Adapted from Wong, 2012a, p 1)

Wong (2012a) distinguishes between two basic sets of values, namely meaning fulfilment, and the pursuit of pleasure (hedonism) and/or power. People can either be successful or fail at their pursuits of the aforementioned values. Success in this context refers to choices, behaviours and attitudes that enhance and focus on the establishment or discovery of meaning (Frankl, 1978). Subsequently four possibilities emerge, namely the (1) ideal, (2) sacrificial, (3) wasted, and (4) shallow life (see Figure 2.1).

The ideal life, also referred to as the meaningful life (Wong, 2012b), would include the pursuit of meaning as aligned with a person's life purpose. Wong (2009b) indicates that meaning and happiness ensues from dedicating one's life to an important pursuit and/or purpose. From this perspective humans are regarded as meaning-seeking beings that have been endowed with the unique spiritual capacities to search and discover meaning, even in the midst of suffering (Frankl, 2008). Wong (2012a, 2012b) identifies examples of people who would fall into this category as, amongst others, Nelson Mandela, Mahatma Ghandi and Mother Theresa. However, Frankl (2000) cautions that all people have the responsibility to discover their unique and respective life purpose. Subsequently, the notion of the ideal life should be regarded as a highly individual and personal concept that cannot necessarily be objectively judged or reduced to an all-encompassing set of criteria (Waterman, 2008).

According to Wong (2012a) the sacrificial life is a combination of the pursuit of meaning, which is not necessarily aligned with a person's life mission, and failure. This perspective is aligned with the ideal life as both include elements of self-transcendence, resilience and accepting the basic existential challenges of life (Wong, 2012b). Yalom (1980) suggests that confrontation with the mentioned existential challenges may, at one's own peril, be avoided through denial or illusion. Yet, even though such confrontations are potentially painful and anxiety-provoking, honest acknowledgement could ultimately prove rewarding (Yalom, 1980). However, with regards to the sacrificial life, Wong (2012a) suggests that people, who fall into this category, may not be answering the specific questions that life is posing to them. For example, people could be 'hiding away' from an important purpose due to fear of social rejection (Wong, 2012b).

The wasted life perspective includes elements of emptiness (low search for, or presence of, meaning) and failure. This may be tantamount to what Frankl (2008) refers to as the existential vacuum, i.e. a life that is devoid of meaning. However, Frankl (1975a) also indicates that the existential vacuum is not necessarily pathological, but may serve as call towards meaning. In other words, people who find themselves in the 'wasted life' quadrant are called towards the realisation of meaning as represented in the 'ideal life' quadrant. This call to search for and

discover meaning is what Camus (2005, p. 2) regarded as “...the most urgent of questions...” in life.

The shallow life represents the exclusive pursuit of happiness and success. Baumeister, Vohs, Aaker and Garbinsky (2013) indicate that the ‘happy life’ is based on the supposition that need satisfaction and the establishment of homeostasis will ensure fulfilment. However, it has been argued that humans have a genetically-based happiness set-point and that they consistently adapt to positive experiences - thereby returning to a happiness set-point and reestablishing homeostasis (Lyubomirsky, 2010).

This type of success is experienced as empty and unsatisfying (Wong, 2011). The shallow life can be equated to running on a ‘hedonic treadmill’ where apparent increments in rewards, for example materialistic wealth and fame, fail to produce sustained personal growth, subjective well-being and meaning fulfilment (Brickman & Campbell, 1971; Lyubomirsky, 2010). Rather, as people experience greater accomplishments and gather more possessions, their expectations also rise. Eventually they habituate to the new level, and it fails to satisfy their ever increasing needs (Maslow, 1970). This brings about the image of remaining stuck in the ever-elusive pursuit of hedonistic happiness (Baumeister et al., 2013; Lyubomirsky, 2010).

The four lives, represented in Figure 2.1, are related to different mind-sets (Wong, 2012a). Human beings have all been endowed with the freedom of will to choose the trajectories and pursuits of their lives within, often, difficult and challenging circumstances. Frankl (1984, p. 131) states that every person remains responsible for the choices that they make: “...each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible.” Wong’s (2012a) central argument is that a meaning-centred mind-set (i.e. a cognitive schema or paradigm that regards the pursuit of meaning as an important value) as encapsulated by the ideal life, is one that could assist humans with the dual task of searching for and discovering meaning. This could prove helpful in their efforts to not only overcome adversities, but to grow from it. The freedom of will enables humans to aspire to the ideal (meaningful) life.

2.3.2 Will to meaning

According to Graber (2003) the concept, will to meaning, encompasses the most basic of human motivations. Crumbaugh (1971) agrees and states that humans have an intrinsic will to search for and discover meaning in their lives. Shantall (2003) adds that humans have the desire to know that they exist for a reason and that their lives have an ultimate purpose. From a logotherapy perspective life is regarded as a mission and task. Humans have the responsibility to fulfil their life tasks in order to discover meaning; the responsibility to discover their uniqueness in this world. This uniqueness, amongst others, enables humans to suffer with dignity by infusing all of life with meaning (Crumbaugh, 1973).

According to Frankl (1962, 1988, 2000, 2006) the will to meaning gives rise to three important logotherapy principles, namely:

- (1) Humans are always reaching out to the world in order to discover and actualise meaning. Therefore, Frankl regards the will to meaning as humans' primary concern;
- (2) The meaning that humans attempt to actualise is not some abstract notion or theory. Rather, it points towards something that exists concretely, objectively, as well as right here and right now; and
- (3) The will to meaning enables humans to transcend everyday challenges and discover value in even the most demanding of circumstances. Thus, all of life becomes a quest, as well as an opportunity, to search for, realise and discover meaning.

The will to meaning is posed in opposition to Freud's concept 'will to pleasure' and Adler's theoretical concept 'will to power' (Crumbaugh, 1971). When the basic human motivation, will to meaning, is blocked or frustrated, existential frustration may manifest. In such circumstances humans may be motivated by either the will to pleasure or the will to power. However, existential frustration could, paradoxically, also point toward a call for meaning: a search for meaning amidst life's hardships. As such, humans could be called to move from the shallow and/or wasted life quadrant, to the ideal, or meaningful, life section (as depicted in Figure 2.1). The will to meaning is influenced, *inter alia*, by two logotherapy concepts, namely (1) noö-dynamics and (2) self-transcendence (Lukas, 1998).

The concept, noö-dynamics, refers to a life-enhancing and healthy tension that progressively orientates humans toward the actualisation of significant values as they pursue their unique life tasks (Lukas, 1998). According to Frankl (2006, p. 104) humans are constantly engrossed in a dynamic state of tension between “...what one has already achieved and what one still ought to accomplish.” Hence, this state of dynamic tension, which is represented in Figure 2.2, points toward the purpose, values and assignments that humans ‘ought to’ discover and actualise. Furthermore, the ‘ought to’, refers to significant values, responsibilities and resolutions that are directed toward the world outside of individuals’ own egos, such as living for an important cause, another person and/or a vocation. In other words, noö-dynamics are motivated and realised through self-transcendence (Frankl, 1966). It also serves as a form of eudaimonia: a dynamic state of human flourishing that is associated with living a life of virtue and/or a holistic state of well-being based on the enduring pursuit of meaningful goals, i.e. by ‘doing what is worth doing’, by transcending beyond hardship and suffering (Buddha, 1993; Haidt, 2006; Snyder & Lopez, 2007).

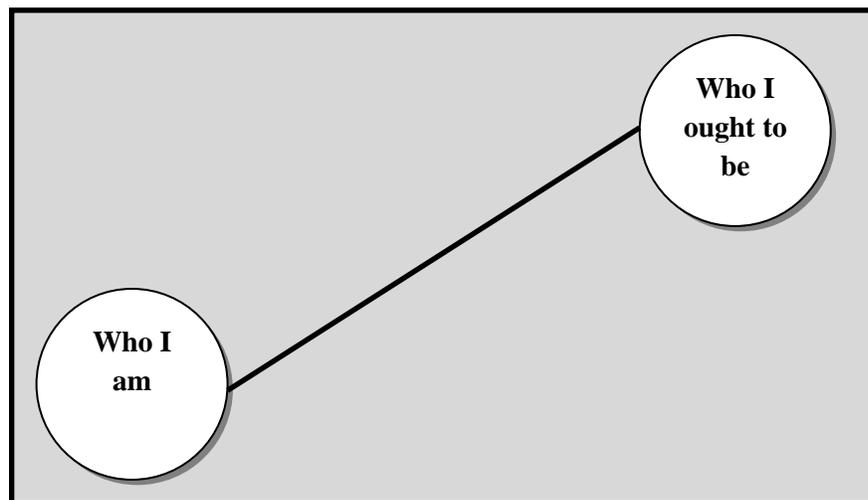


Figure 2.2. The noetic tension

The logotherapy concept, self-transcendence, refers to the unique human capacity to reach beyond the self; to reach beyond one’s own pain, suffering and circumstances to fulfil an important task, realise a significant ideal and reach out to others or to a higher power (Frankl, 1966; Havenga-Coetzer, 2003). It is described by Frankl (1978) as the defiant human spirit that contradicts biological programming and social indoctrination. According to Lukas (1998) self-

transcendence encompasses the highest stage in human development. Frankl (2000) describes self-transcendence as a ‘height psychology’, or *religio*; an unconscious ‘religiosity.’

From a logotherapy perspective the concept of *religio* refers the noetic notion that humans are tasked with the existential responsibility to discover meaning in all of life; humans have the responsibility to search for and discover meaning whether confronted by disease, disorder and distress, or even when they encounter more prosperous (for example, insight, love and growth) circumstances. Therefore, *religio* can be translated as the (1) acknowledgement that life is unconditionally meaningful, (2) recognition that humans are motivated by a search for meaning, and (3) belief that humans have the freedom and responsibility to reach out beyond their own immediate needs and egocentricity towards other people and important causes; humans are motivated by a striving and yearning towards meaning; a will to meaning becomes the primary motivation in their lives.

Frankl (1992, p. 75) describes the aforementioned as follows: “We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms - to choose one’s attitude in any given set of circumstances, to choose one’s own way.”

Subsequently the deduction can be made that the will to meaning is neither an aim in itself nor a reducible need. Rather, it encompasses the pursuit of a purpose and meaning beyond narrowly defined self-interests. It refers to a self-deterministic pursuit of a meaningful and virtuous life and not, necessarily, hedonistic pleasure (Ryan, Huta & Deci, 2008). Rather, pleasure is regarded by Frankl (1978) as resulting from the discovery of meaning. Meaning manifests as a ‘pull’ from the noetic dimension, i.e. a place where a transpersonal awareness can recognise the meaning potentialities of the human being (Frankl, 2004). The aforementioned is inspired by a dynamic tension that constantly reminds humans of what they still ought to achieve and become in life (see Figure 2.2). Hence, the pursuit of meaning becomes a guidepost for living (Fabry, 1988).

2.3.3 Meaning in life

Logotherapy posits that life is unreservedly imbued with the potential seeds of meaning (Frankl, 2010). In other words, all of life is unconditionally meaningful (Frankl, 2006). However, humans have the responsibility to discover and realise meaning; it is not a given. The discovery of meaning requires a healthy tension between who people are and ought to be (see Figure 2.2). Subsequently, humans can make less meaningful choices, such as failing to establish a meaningful tension in life that may, amongst others, culminate in either a shallow or wasted life (see Figure 2.1). The consequences of such choices are, nonetheless, also potentially meaningful (Fabry, 1988). The concept 'meaning in life' therefore indicates that meaning can be discovered even in the aftermath of less-meaningful choices and in the midst of the most stressful and dire of life circumstances (Frankl, 2010).

From a logotherapy perspective the stressors of life are described by the concept, tragic triad (Graber, 2003). The tragic triad, and its three components, are graphically represented in Figure 2.3.

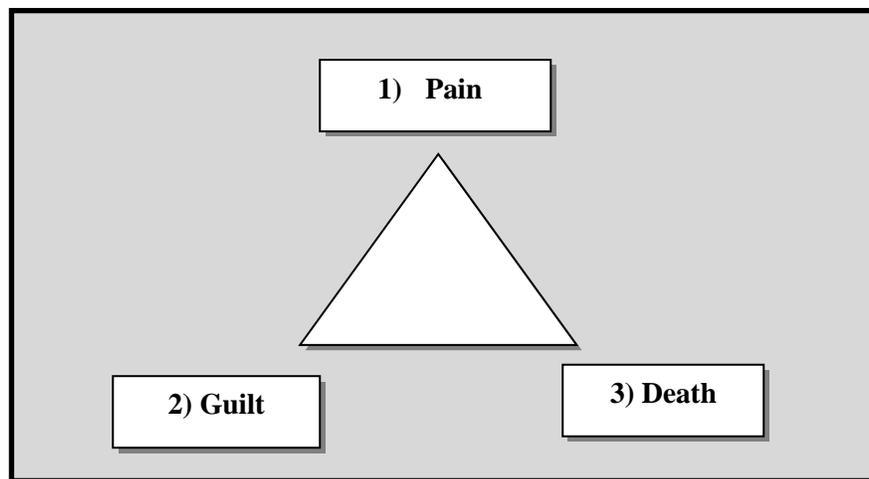


Figure 2.3. The tragic triad

According to Marshall (2009) the stressors, 'pain', 'guilt' and 'death' all belong to the logotherapy concept, tragic triad. 'Pain' points to the reality of human suffering; 'guilt' indicates the awareness of human fallibility; and 'death' refers to the awareness of human mortality. Frankl (2006) emphasises that the contents of the tragic triad are not subject to repression nor does it represent the instinctual aspects of being human. Rather, when humans are confronted by

pain, guilt and death, it ought to make them aware of their spiritual aspirations and impress upon them, their unique life tasks and accompanying values that only they can discover; the stressors of life may therefore serve as a catalyst to doing or being that creates an imperative to act in the present, instead of postponing action to a future time; it can inspire noö-dynamic tension (Marshall, 2009). Hence, life's inevitable stressors could be regarded as an, often unheard, 'cry for meaning' (Frankl, 1978).

Lukas (2000) indicates that life itself does not necessarily provide the meaning that humans may be motivated to discover. Rather, life sets the stage, often under the guise of suffering, but also under favourable and psycho-social conditions, for humans to search for and discover meaning (Lukas, 2000). However, with regards to suffering *per se*, Shantall (2002) and Wong (2009b) caution that meaning can only be discovered when such suffering is *unavoidable*. Frankl (2006) asserts that suffering for the sake of suffering is masochistic and not meaningful. However, the discovery of meaning can also become apparent in the absence of suffering, i.e. under more benign conditions (Crumbaugh, 1973).

Meaning can be discovered in three ways (Graber, 2003). These three avenues to meaning are graphically depicted in Figure 2.4.

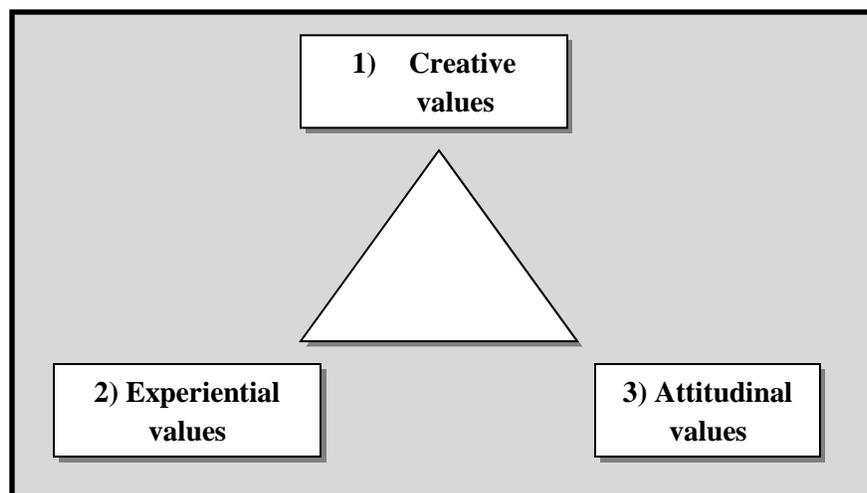


Figure 2.4. The meaning triad

The meaning triad, as depicted above, indicates that meaning can be discovered in three ways, namely by:

- (1) Creating a work or doing a deed (creative values). Creative values may include, for example, becoming involved in meaningful projects, such as art, writing, inventions or study (Graber, 2003). The primary emphasis is on making a unique contribution to the world;
- (2) Experiencing something or encountering someone (experiential values). Experiential values refer to experiencing something meaningful, for example a beautiful sunset or nature in its full glory. Frankl (2006) is adamant that the experience of love is one of the most important experiential values humans may feel towards another, since it indicates the recognition of the uniqueness of another person and an acknowledgement of their full potential as human beings; and
- (3) The attitude that humans assume towards the inevitable and unavoidable suffering (attitudinal values). Attitudinal values include virtues such as kindness, courage and a sense of humour in, especially, the face of adversity. When suffering is inevitable, the only thing humans can do is to change their attitude towards their situation (Frankl, 1988).

According to Emmons (2005) there are four areas of meaningful pursuit, namely (1) work, (2) intimacy, (3) spirituality, and (4) transcendence. Westerhof, Bohlmeijer and Valenkamp (2004) add that (1) interpersonal factors, for example character traits and self-acceptance, (2) relationships, (3) physical integrity, such as health, and (4) material needs, for example meeting basic needs, could also serve as sources of meaning. Klinger (2012) suggests that relationships serve as a core source of meaning, while Wong (1998b) identifies seven cross-culturally relevant (Wong & Wong, 2006) sources of meaning, namely:

- (1) Achievement;
- (2) Intimacy;
- (3) Relationships;
- (4) Self-transcendence;
- (5) Self-acceptance;
- (6) Religion; and

(7) Fairness.

Regardless of the broad areas covered by the aforementioned sources of meaning, it may be important to consider that meaning is a highly personal discovery (Frankl, 2008). Therefore, an even broader range of spiritual, cultural, political and philosophical values, beliefs and concerns could also serve as potential sources of meaning. However, from a Franklian perspective, creative, experiential and attitudinal values could be discovered, as people search for meaning, regardless of any specific sources.

Wong (2012c) claims that there are at least six different stages in the process of the search for meaning, namely:

- (1) Inertia - individuals have not yet embarked on a search for meaning;
- (2) Exploratory - people begin to actively question and search for meaning, but a definitive purpose or answer has not yet been discovered;
- (3) Discovery - in this stage individuals begin to discover meaning in some of their life domains;
- (4) Completion - people cease their search for meaning as they have discovered sufficient answers to the questions posed in the second stage (exploring). Frankl (1984, p. 137) states that "...life has a meaning up to the last moment, and it retains this meaning literally to the end." Thus, from a logotherapy angle it could be hypothesised that the completion stage and the end of life, ought to coincide;
- (5) Emergency - this stage could occur at any given point, as it refers to a life crisis or trauma that shatters a person's assumptive world (Pearlman & Saakvitne, 1995). The emergency stage could also point to confronting 'ultimate concerns' in life (Spinelli, 2007; Yalom, 1980). These experiences challenge people's efforts to 'make sense' of the apparent meaninglessness (Janoff-Bulman & Yopyk, 2004). Heine, Proulx and Vohs (2006) suggest, as part of their 'meaning making theory', that humans have an innate need to make sense, i.e. discover meaning, in life. While this may account for the, often heightened, need to make sense out of crises and ultimate concerns, it should be noted that Frankl (1988) is adamant that an objective meaning exists that has to be discovered. In other words, meaning ought not to be confused with 'myth making' just in order to

restore a sense of equilibrium (Frankl, 2010). The focus ought to be on establishing a healthy noetic-tension with life; and

- (6) Stagnant - during the stagnant stage people could experience a sense of meaning frustration, because they may encounter doubt, despair or even feel 'stuck.' This could, amongst others, be because the wrong questions are asked or incorrect conclusions drawn.

King and Hicks (2012) as well as Klinger (2012) suggest that confidence and optimism in achieving one's goals serve as the strongest predictors of high levels of meaning in life. Referring to a study conducted by King, Hicks, Krull and Del Gaiso (in Klinger, 2012), where participants' moods were experimentally manipulated by reading and writing about meaningful (reuniting a baby and mother) versus distressing (causing a motor vehicle accident where a baby is killed) events, Klinger (2012) concludes that positive affect does play an important role in a person's experience of life as meaningful or not.

However, Frankl's (2006) experiences of suffering and hardship in the Nazi concentration camps suggest that mood and positive affect, as sources of meaning, provide only a partial perspective. Hence, the uniquely human capacity to transcend beyond suffering and superimpose optimism and confidence in demanding circumstances, may therefore also serve as important predictors as well as sources of meaning. This leads Guttman (2008) to conclude that discovering meaning is no mean feat; it is a courageous human achievement in a world of ubiquitous stress, which ties in with Spinelli's (2007) notion that being-in-the world is not an easy and straightforward task.

2.4 LOGOTHERAPY CONCEPTS

What will be ultimate in the lives of human beings? A Freudian pursuit of pleasure or an Adlerian pursuit of power? Frankl (2000) reminds us that only we, as humans, can make these choices. To find his way through the existential desolate labyrinth that was Auschwitz, Frankl focussed on the pursuit of meaning as the 'right' way to live. The purpose of this section is to discuss three central logotherapy concepts, namely (1) meaning (Section 2.4.1), (2) existential frustration and the existential vacuum (Section 2.4.2.), and (3) tragic optimism (Section 2.4.3).

2.4.1 Meaning

The concept of ‘meaning’ is of central relevance to the field of psychology (Heintzelman & King, in press; Makola, 2007; Wong, 2009a). A substantial body of research has indicated a positive relationship between the presence of meaning in a person’s life and psychological well-being (Chamberlain & Zika, 1988; King et al., 2006; Moomal, 1999; Ryff & Singer, 1998; Steger & Frazier, 2005; Steger, Oishi & Kesebir, 2011; Zika & Chamberlain, 1992). In contrast, an absence, or low presence, of meaning in life has been correlated with indicators of psychological distress, for example, depression (Dash & Hutzell, 1986; Klinger, 2012), addiction (Asagba, 2009; Crumbaugh, 1968; Edwards & Holden, 2001), secondary stress and burnout (Yiu-kee & Tang, 1995), suicidal ideation (Heisel & Flett, 2004), as well as general life dissatisfaction (Joshi, Marszalek, Berkel & Hinshaw, 2014; Steger et al., 2011; Wong, 2009a).

Numerous theorists, philosophers and researchers have studied the concept, or close derivatives, of meaning in life (Baumeister, 1991; Camus, 2005; Maddi, 1970, 1998; Maslow, 1970; Steger, 2009; Reker & Wong, 1988; Yalom, 1980). Among these investigators, Reker and Wong (1988, p. 221) define the concept of meaning as the “...cognizance of order, coherence and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfilment.” Baumeister (1991) relates meaning to the psychological needs of purpose, value, self-efficacy and self-worth. Steger (2012) adds that meaning provides humans with the understanding that their lives matter – this perspective echoes Frankl’s view that meaning entuses people’s lives with purpose, thereby making it about more than just a quest for survival. While there may be disagreement about specific conceptualisations, investigators seem to agree that Frankl acted as the forerunner of placing the meaning in life concept on the psychology map (Graber, 2003; King & Hicks, 2012; Reker, 1994; Shantall, 2003; Steger, 2009; Wong, 2012b).

2.4.1.1 Influences on Frankl’s perspective of meaning

Guttman (2008) states that the philosophers Søren Aabye Kierkegaard (1813–55), Friedrich Nietzsche (1844–1900) and Max Scheler (1874–1928), had a particularly strong influence on Frankl’s perspective of life and his logotherapy theory. Amongst others, Kierkegaard stated that the avenue to happiness ought to come from the ‘inside’ and if people attempted to force their

way towards it using any means necessary, that “...they only close the way to this door” (Guttman, 2008, p. 21). This is akin to Frankl’s (1978) argument that happiness ought not to be pursued for its own sake. Rather, he proposed that it is the unintended consequence of dedication to a task or cause ‘greater’ than the individual involved.

Frankl (1984) was fond of quoting Nietzsche: “He who has a *why* to live for can bear with almost any *how*” (p. 97). This quote points to a central assumption in Frankl’s theory, namely that a meaningful purpose serves as an ‘anchor’ in the lives of humans, which enables them to transcend beyond any set of psycho-social challenges. He confirms: “...those inmates who were oriented toward the future, whether it was a task to complete in the future, or a beloved person to be reunited with, were most likely to survive the horrors of the camps” (Frankl, 1986, p. x).

Scheler’s philosophy emphasised, amongst others, that meaning could be discovered through investigation of the *noos* (Guttman, 2008). The term, *noos*, is derived from a Greek word meaning ‘spirit.’ Frankl (2010) included this concept in his theory and described it as the ‘noetic’ dimension. However, Frankl (2008) was adamant that the noetic does not refer to spirituality in the religious sense. Rather, it refers to that which makes humans uniquely humane, i.e. the capacity to choose one’s own way even in the most stressful of circumstances.

Deriving inspiration from the aforementioned philosophers, Frankl wrote extensively about the meaning as well as the psychological relevance and importance of meaning in life (Frankl, 1975a). The main thesis of Frankl’s seminal work, *Man’s search for meaning* (Frankl, 1959, 2008), is that life is unconditionally meaningful. Amongst others, Frankl (1988) exclaims that humans are not meant to suffer *per se*. Nor are humans meant to experience life as a journey grounded in nihilistic insignificance and quiet desperation. Rather, humans are meant to discover meaning in the face of psycho-social life challenges. However, the question remains: What is meant by the concept, meaning?

2.4.1.2 Unpacking meaning

To understand Frankl’s reference to meaning, it is essential to consider two interrelated concepts, namely the (1) conscience, and (2) dimensional ontology. In the sections that follow

the concepts of meaning, conscience and dimensional ontology will be discussed. The foregoing discussions are synthesised *via* a reflective discussion and conclusion, in Section 2.4.1.3.

Meaning: A brief introduction. Lukas (1998) defines meaning as doing the one thing that humans are called to do or be in a particular situation; meaning is to realise either creative, experiential or attitudinal values in the face of life's challenges (Lukas, 1998). Shantall (2003) adds that meaning is both a spiritual quest and a watershed experience that is marked by an intimate relationship with life. Humans may experience this spiritual quest through, amongst others, religious affiliation, a calling to pursue a certain career or completing an important task. As a watershed experience, meaning has the power to flood a lifetime's suffering and hardship with existential significance in an instant (Shantall, 2002). The aforementioned occurs when humans come to discover the truth of their being: that they are irreplaceable and have unique contributions to make in the world (Frankl, 1988, 1997, 2008).

King et al., (2006) explain that the concept of meaning refers to a sense of significance that transcends beyond the trivial or momentary moments and challenges of life. To this, Steger (2012) adds that meaning in life refers to the capacity to recognise order, coherence and purpose in life, as well as set, pursue and attain goals, which could result in a sense of fulfilment. Frankl (2006) adds that meaning is discovered when people dedicate themselves to live for someone or something *beyond-the-self*.

The beyond-the-self aspect of meaning refers to a yearning to contribute to prosocial causes that could have a meaningful impact on others (Mariano & Vaillant, 2012). Prosocial contributions appear to be indicative of optimal youth development and thriving (Damon, 2008). It can subsequently be argued that meaning, in addition to an intrapersonal component, also encompasses an interpersonal dimension whereby people transcend beyond self-interests and address issues that are of collective concern. In essence, meaning implies that humans transcend psycho-social challenges that may be defined by suffering and live for something other than themselves as they embrace the hidden *logos* of life (Shantall, 2002).

Fabry (1988) introduces the concept 'supra-meaning' and explains that in this dimension points to 'ultimate meaning.' According to Frankl (2000) the concept of 'ultimate meaning' refers to a meaning-centred dimension that is beyond human logic and understanding. It refers to the hidden *logos* of life, i.e. the intricate order of the universe and the divine. Even though Frankl (2006) acknowledges ultimate meaning, he tends to focus on the meaning of the moment, which is discovered *via* the conscience.

The conscience. According to Frankl (1975a, p.120): "...man must be equipped with the capacity to listen and obey the ten thousand demands and commandments hidden in the ten thousand situations with which life is confronting him." The conscience enables a human being to deal with life's ten thousand demands; to become aware of and discover meaning amidst psycho-social challenges. From a logotherapy perspective the concept, conscience, refers to a moral guide an inner intuitive sensitivity that enables humans to choose between right and wrong, or good and evil, as well as to discover and embrace meaning. Havenga-Coetzer (2003) depicts the conscience as the 'meaning organ.' The meaning organ is located in the uniquely human dimension, namely the noetic. This is discussed in the subsequent section.

The dimensional ontology. Humans are three dimensional beings (Frankl, 2006). These three dimensions include the (1) somatic, (2) psychic or mental, and (3) spiritual core or noetic. This is referred to as the 'dimensional ontology' (Frankl, 2006). The three mentioned concepts will now be discussed.

The somatic dimension. Human beings, animals and plants have all been afforded with a physical body. The physical body, or somatic dimension, encompasses a complex biochemical machine (Lukas, 1998). Furthermore, it includes the organic and physical functions, processes and parts of the biological and physiological body. The somatic plane is overarched by the psychic dimension.

The psychic dimension. The psychic dimension is the abode of cognitions and emotions. Cognitions include, amongst others, intellectual capacities, learned behavioural patterns and social impressions (Lukas, 1998). The psychic dimension additionally houses emotional states,

moods, instincts and related derivatives. Lukas (1998) explains that the psychic characteristics are shared between humans and animals. This dimension is typically the focus of the field of psychology. From a logotherapy perspective it is hypothesised that the psychological dimension ought to be complemented, not replaced, by a more inclusive dimension, namely the 'noetic.'

The noetic dimension. According to Frankl an airplane does not cease to be a plane when it is grounded (Frankl, 1988, 2010). However, an aeroplane only fully becomes a plane when it is flying - its 'task and mission' is only fully realised in the air. Likewise, humans do not stop being human when they function primarily on the somatic and/or psychic dimensions. However, they only become optimally human when viewed from and functioning on the noetic dimension; the full human potential is actualised in the noetic dimension (Frankl, 2006).

From a traditional psychological perspective the noetic, or spiritual dimension, has not been the focus of extensive research (Frankl, 2000; Makola, 2007). The term, spiritual dimension, has several religious undertones in the English language. In contrast, the German term, *Geistig*, does not share the mentioned religious connotations. For this reason Frankl (1988, 2000, 2006) prefers the use of the term 'noetic', instead of spiritual, because it is more inclusive (Frankl, 1988, 2010).

According to Lukas (1998) the noetic is a uniquely human dimension. As was argued in the forgoing sections, human beings share the somatic and psychic dimensions with plants and animals, respectively. However, while plants remain a function of their somatic properties and animals are bound by their instincts, humans have the freedom to rise above psycho-social challenges, interpret their biological reactions, weigh up options, and choose the most meaningful as well as direct action whilst engaging in a constant search for meaning. Therefore, while human existence may, to a certain extent, be deterministic, the capacity to make a choice between stimulus and response is always possible (Pattakos, 2010).

Whilst the noetic and psychic dimensions both appear to acknowledge the freedom of will to varying degrees, there are four specific differences, namely:

- (1) Human freedom and responsibility exist on the noetic dimension. While human existence may often be deterministic on the somatic and psychic dimensions, Frankl (2006) hypothesises that the triumphant nature of the human spirit is contained within the noetic dimension. This empowers humans to actualise their freedom of will toward any fate that they may have to face in life (Frankl, 1967);
- (2) The conscience is seated in the noetic dimension (Shantall, 2003). The noetic overarches the somatic and psychic dimensions. Thus, the noetic is considered to be a more inclusive dimension when compared to the somatic and psychic planes. Subsequently noetic-based meaning can be detected and discovered amidst situations and challenges that may otherwise be perceived as negative or harmful from a psycho-social perspective;
- (3) The noetic dimension differentiates humans from animals and plants (Frankl, 1988). Therefore, the noetic is described as the ‘uniquely human’ dimension; and
- (4) Frankl (2006) argues that, in contrast to the somatic and psychic dimensions, the noetic cannot become ill. However, Lukas (1998) indicates that the noetic dimension may become blocked through physical illness, psychopathology or indoctrination. Yet, if meaning can break through the blockage, it may inundate a person’s life with existential significance (Shantall, 2003).

2.4.1.3 Meaning: A reflective discussion and conclusion

Human beings are constantly ‘questioned by life’ (Shantall, 2003). Subsequently life can be regarded as a chain of questions that merges into a task, an assignment or a mission. Humans are constantly straddling the existential tension between ‘who they are’ and ‘what they ought to be’ as they encounter psycho-social challenges (see Figure 2.2); this tension is meant to awaken the human search for meaning.

The noetic dimension contains the yearnings to search for, and discover, meaning in the face of life’s questions. Because human beings have been endowed with the freedom of will, they can choose to act as meaning-directed beings. In other words, they can choose to do what is right, good and moral in life; they can choose to discover meaning. Such a meaning-centred ontology, however, requires one to develop a meaning-directed epistemology (Wong, 2009a, 2009b, 2012a).

The conscience serves as the epistemological device to discover meaning. It is the core component of a meaning-centred frame of reference; it assists humans to build a bridge between the challenges of life and the subsequent choices that they make (Wong, 2012b). If these choices are based on the realisation of, amongst others, creative, experiential or attitudinal values, it can assist a person to discover meaning (Makola, 2007).

Mason (2012a) argues that meaning is so complex that to discover it “...humans ought to breathe paradoxes like they breathe air... through psychophysical suffering, humans are confronted with the opportunity to discover noetic Meaning...Humans who transcend subjective experiences of psychophysical suffering and discover Meaning breathe paradoxes like they breathe air” (p. 26). In other words, humans ought to move beyond the traditional confines of linear and dichotomous thinking and embrace a paradoxical worldview that regards challenges as potential avenues to meaning. The paradox is located in the noetic dimension: it regards faith, hope and love, as well as suffering, guilt and death, as two sides of the same coin; meaning permeates both conditions of human life (Heintzelman & King, in press). However, the choice of whether to pursue and discover meaning remains a personal decision that confronts all human beings.

The choices that humans make, will, according to Frankl (1988, p. 51), “...set the pace of being.” He explains that the decision to pursue meaning creates the dynamic tension between ‘who a person is’, and ‘ought to be.’ It sets the stage to be pulled forward towards intentional living, creates a future orientation and highlights a pursuit of meaning-centred values. This establishes a meaning mind-set “...a *why* that can bear almost any *how*” (Frankl, 2006, p. ix).

The challenge to define the concept, meaning, remains elusive. Shantall (2002) explains that meaning is not a purely rational or cognitive act. Rather, it emerges from the noetic dimension and is therefore, essentially, spiritual. Consequently, meaning can only be experienced through the intuitive grasp of an open mind. Shantall (2002) concludes that meaning must first be experienced before it can be linguistically described or defined. Subsequently the definition of the concept of meaning may only make sense when viewed within the context of a phenomenological experience.

Shantall (2002), nonetheless, provides ten characteristics of meaning, namely that it:

- (1) Is living an intentional life that is directed towards growth and fulfilment, even in the face of hardship;
- (2) Entails pursuing a definite mission in life;
- (3) Focuses on retaining human dignity and refusing to descend to sub-human or animalistic levels of existence;
- (4) Requires humans to take a defiant stand for what is right in life;
- (5) Embraces self-transcendental living;
- (6) Implies understanding that life is an on-going quest;
- (7) Focuses on developing the maturity to live with uncertainty;
- (8) Requires faith in the unconditional meaning of life;
- (9) Infuses life with a sense of purpose; and
- (10) Implies life and choices are shaped by the conscience.

To comprehend meaning, humans ought to entertain and be open to a paradigm shift in their thinking. Instead of regarding positive experiences as meaningful and negative experiences as meaningless, one has to give attention to psycho-social truths (e.g. suffering can bring about negative psychological consequences) in such a way that its counterpoint logotherapeutic truth (e.g. suffering contains the potentiality of meaning) is also acknowledged. Meaning is deeper than logic and therefore attempts to capture and ‘freeze’ this concept as an abstract theory is challenging. Yet, “...when humans discover Meaning they realise that they are in dialogue – that they are immersed in a dance – with life. This invigorates them with hope, faith, and inspiration...they move from the periphery of the dance floor to fully embrace the dance with life. Meaning, like dawning light, triumphantly emerges out of the darkness of suffering” (Mason, 2012a, p. 27).

2.4.2 Existential frustration and the existential vacuum

Frankl (2000) recounts an invitation to present a university lecture on the topic ‘whether the new generation is mad?’ During a taxicab ride to the university, Frankl asked the driver what his thoughts were. The driver responded: “Of course they are mad; they kill themselves, they kill

each other, and they take dope” (Frankl, 2000, p. 99). This conversation reflects the dynamics of the existential vacuum: a life devoid of meaning and significant values.

According to Frankl (1988) modern-day humans live in an age of crumbling traditions and vanishing values. Shantall (2003) adds that people may, amidst such a context, experience feelings of nihilistic insignificance. Frankl (2000) conceptualises the experience of nihilistic insignificance as the ‘existential vacuum.’ This sense of meaninglessness is illustrated by Frankl’s (1986) concept, the mass neurotic triad, which is graphically illustrated in Figure 2.5.

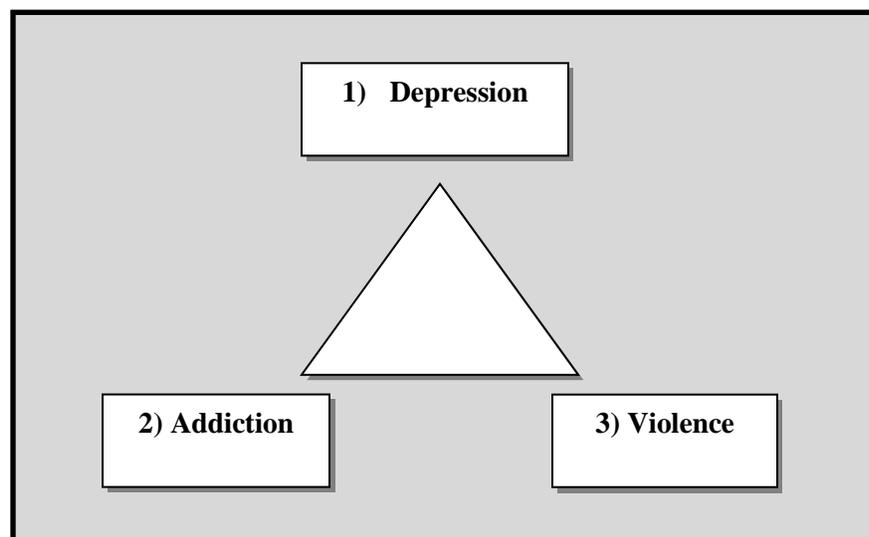


Figure 2.5. The mass neurotic triad

The mass neurotic triad and its contents, namely depression, addiction and violence, points to the existential vacuum. Havenga-Coetzer (2003) describes the existential vacuum as an experience of emptiness and a belief that life is meaningless or utterly futile. This creates a metaphorical inner void. To ‘fill the void’, humans may pursue hedonistically-based happiness- and/or power-related values, for example unwarranted aggression towards others and the Self, substance use and dependency, as excessive pursuit of and focus on instant gratification, a sense of purposeless, as well boredom, apathy and lethargy (Joshi et al., 2014). The aforementioned could also bring about noögenic neurosis and depression (Lukas, 1998).

According to Lukas (1998) the existential vacuum may result from a twofold loss, namely:

- (1) Loss of instinctual security - the gradual disappearance of the security and relevance afforded by instincts within the modern-day world has left humans at a loss. This has brought about a situation where humans are challenged to search for and find the 'right way to live' - described by Aristotle as the virtuous life (Biswas-Diener, 2008). Carr (2004, p. 41) explains that, central to Aristotle's view, meaningful living "...comes not from satisfying our appetites, but from doing what is morally worth doing." Thus, an exclusive focus on instinctual gratification could lead to existential frustration; and
- (2) Loss of traditions - Frankl (1986) explains that the erosion of values and traditions from modern day life, has left humans without an 'ought to.' In other words, humans are often not necessarily directed towards, or pulled forward by, meaning-centred values and tasks. Rather, humans may have conformed to values that are prescribed by others.

The aforementioned brings forth a condition, termed 'existential frustration.' This refers to the frustration that could be experienced in relation to a vague, indefinable or non-existent purpose, task or meaning in life.

Existential frustration is not necessarily pathological. Rather, as Lukas (1998) suggests, it serves as an alarm signal that urges humans to shape their lives in a meaningful way while orientating the Self towards 'being.' Frankl (2000) adds that there is a point where meaning and being merge. In other words, existential frustration ought to serve as a call from the conscience to assume responsibility for the pursuit of meaning through purposeful living. An inability to do so may intensify suffering and lead to noögenic neurosis and depression (Lukas, 1998).

2.4.3 Tragic optimism: A logotherapy perspective of suffering

From a logotherapy perspective the tragic triad and its contents – guilt, suffering and death - are regarded as daily realities of human life (Marshall, 2009). A linear and dichotomous view of the omnipresent tragic triad may leave humans feeling overwhelmed and victimised (Wong, 1998a, 1998b). Frankl (2006) states that when confronted by life challenges, *Homo Sapiens* may regard life as meaningless. This sense of meaninglessness could give rise to the existential vacuum; a void that could be filled with, amongst others, depression, violence and addiction - Frankl (1988,

2006) describes this triad-related dejection by means of the concept, mass neurotic triad (see Figure 2.5).

A paradoxical perspective that, in contrast to a linear and dichotomous view, embraces life's challenges and stressors as avenues to meaning, may leave humans with a sense of realistic and authentic hope (Mason, 2011a; Mason, Tladi, Mokoena 2011; Wong, 2012a). Such a perspective, which is consistent with the three logotherapy pillars (see Section 2.3), implies that humans, can superimpose the contents of the meaning triad (see Figure 2.4) over the contents of the tragic triad. This could give rise to the noetic triad, as depicted in Figure 2.6.

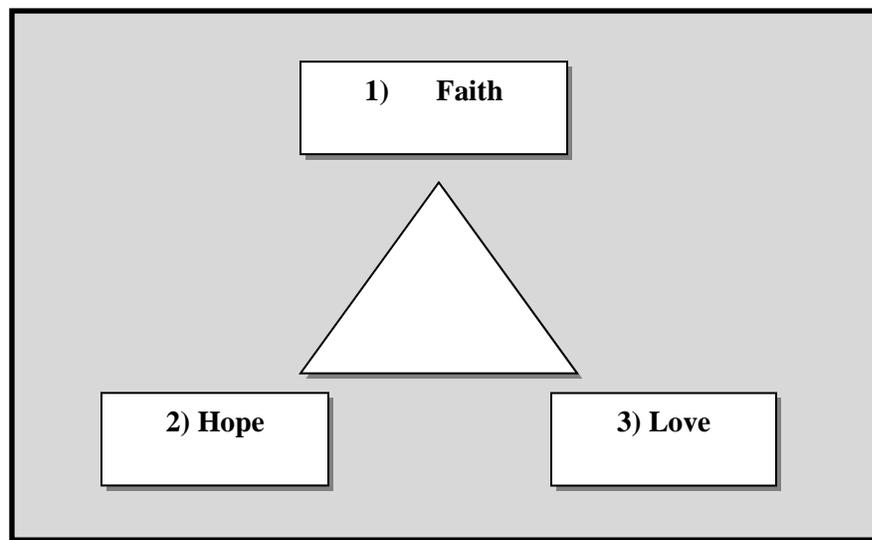


Figure 2.6. The noetic triad

The noetic triad, which consists of the components, faith, hope and love, reflects meaning-centred living in the face of suffering, tragedy, challenges and stress. When humans can embrace these values regardless of circumstances, they express tragic optimism (Mason et al., 2011).

The concept, tragic optimism, refers to the capacity to remain realistically optimistic and hopeful in the bleakest of situations (Frankl, 2008). According to Frankl (1988) tragic optimism implies that humans can, (1) turn suffering into an accomplishment, (2) discover an opportunity for growth from guilt, and (3) view life's transitory nature as an incentive to take responsible action.

Wong (2012a) illustrates tragic optimism in terms of five interrelated stages, namely:

- (1) Acceptance - Wong (2012a) describes 'acceptance' as the defining characteristic of tragic optimism. The concept, acceptance, points to an honest and realistic understanding of the permanence of an event or situation (Malan, 2011). Consequently it does not necessarily refer to accommodating events and challenges in a deterministic manner. Rather, it encompasses a heartfelt acknowledgement of reality. Furthermore it refers to a willingness to make the most of life, despite anything (Havenga-Coetzer, 2003);
- (2) Affirmation of the meaning of life - logotherapy postulates that life is unconditionally meaningful. The capacity to grasp this logotherapeutic truth serves as the second component of tragic optimism. Frankl summarises it as follows: "I told my comrades ... human life ... never ceases to have a meaning ... this infinite meaning of life includes suffering and dying, privation and death" (Frankl, 2006, p. 104), and "... life has a meaning to the last breath" (Frankl, 1986, p. xix);
- (3) Self-transcendence - meaning is discovered when human beings reach beyond their own fears, insecurities as well as self-interests and embrace their suffering for it to serve as a 'gift' to others (Lanz, 1992). Through this act of self-transcendence, humans discover meaning by relating to others. Subsequently the focus is de-reflected from excessive self-reflection to encompassing a meaning-centred way of being (Frankl, 1966);
- (4) Faith in life - Wong (2012a) describes 'faith' as the net that catches humans when all else fails. According to Frankl (1986) faith in life is an important aspect in the maintenance of, amongst others, psychological well-being when humans are confronted by unavoidable suffering; and
- (5) Courage to face adversity - the courage to face one's inevitable fate without flinching is, according to Frankl (1986), the highest of human achievements. The concept of courage does not refer to the absence of fear, but rather to the capacity to be pulled forward by something, such as an important task, that is of greater importance (Mason et al., 2011).

Wong (2012a) suggests that acceptance, affirmation of the meaning of life, self-transcendence, faith, as well as the courage to face adversity, are the five strands that produce the most resilient 'logotherapeutic rope.' It serves as a life line that enables humans, who are challenged by

unavoidable suffering “...to say ‘yes’ to life in spite of everything” (Havenga-Coetzer, 2003, p. 99).

2.5 LOGOTHERAPY TECHNIQUES

Logotherapy serves as an orientation and potential avenue to the discovery of meaning. Frankl (1975b, 1986, 1988) warns that logotherapy is neither a panacea nor a set of stringent techniques that provides clients with meaning. Rather, the focus is on creating awareness, in clients’ minds, that meaning is unconditional and then to facilitate their discovery of it. Thus, meaning cannot be given, but it has to be discovered and the logotherapist serves as a facilitator in this process (Graber, 2003).

Frankl (1986, 2006) explains that the noetic-based relationship between counsellor and client ought to transcend the use of techniques; logotherapy techniques ought to complement the meaning-centred relationship. He furthermore argues that the encounter between counsellor and client is a once given and destined experience between two spiritually alive human beings. Hence, the logotherapy encounter can be described as an authentic and dynamic interaction between counsellor and client (Frankl, 1975b; Shantall, 2003). Additionally, logotherapists ought to enter the uniqueness of the ‘moment’ and, in conjunction with the client, seek out, reflect on and uncover potential meanings that may exist or be possible (Shantall, 2003). The search for meaning can therefore be described as a process that draws on certain techniques as required.

There are three primary logotherapy techniques that can be drawn on to awaken the search for meaning, namely (1) Socratic dialogue, (2) paradoxical intention, and (3) attitude modulation. Three additional techniques/strategies include (4) logotherapy goal setting, (5) the mountain range exercise, and (6) logo-autobiography. These approaches are discussed in the subsequent sections.

2.5.1 Socratic dialogue

Socrates believed that the foremost role of a teacher is not to ‘pour’ information into students. Rather, he emphasised that the teacher ought to elicit from students what they intuitively know

(Shantall, 2003). The Socratic approach is comprised of, amongst others, the following four components, namely:

- (1) Socratic irony - Socrates pretended as if he did not know the answers to the questions that he was posing to his students. This served as the basis to either learn from his students and/or identify errors in their thinking and reasoning;
- (2) Socratic definition - the initial question typically requires that the concept under discussion was defined. This definition ought to be defined by the person being questioned;
- (3) Socratic analysis - the aforementioned definition is explicated and analysed through a series of subsequent questions. Socrates held his students accountable for their statements. In other words, students were challenged to think for themselves; to discover their own answers; and
- (4) Generalisation - subsequent to examining the question, Socrates persuaded his students to follow a line of inductive reasoning. That is, to reason from the specific to the general and attempt to apply their logical conclusions to their lives.

The Socratic philosophy serves as an important foundation in logotherapy. More specifically, the logotherapist works from the assumption that clients have the freedom of will as well as the innate motivation to search and discover meaning. This implies that clients can actualise meaning-centred values (creative, experiential and attitudinal values) from their noetic cores. Subsequently the task of the logotherapist is to enter into Socratic dialogue with clients and attempt to empower them to tap into their noetic dimensions where they can discover their answers and uncover the challenges that life has placed in front of them.

The essential logotherapy approach is confrontational, rather than prescriptive (Shantall, 2003). In other words, the logotherapist confronts the client, through provocative Socratic questioning, to place challenges and experiences before the conscience in an attempt to elicit meanings as well as grasp the significance of their beings. Because meaning is uniquely personal, the logotherapist cannot prescribe meaning; the client ought to grasp and discover unique meanings (Frankl, 1988).

Through the process of Socratic questioning, the client is assisted to hear the voice of the conscience more audibly (Shantall, 2003). The conscience, with its enhanced awareness of the person's unique noetic-based meanings, aspirations and tasks, will then prompt the client to pursue these meanings in the world (Shantall, 2003).

Shantall (2003) concludes that Socratic dialogue is "...at the heart of the logotherapeutic process..." (p. 79). Through the continuous focus of eliciting answers from clients, they are held accountable for their actions and the will to meaning is evoked; it serves as an education towards responsibility.

2.5.2 Paradoxical intention

The concept of 'de-reflection' forms the basis of paradoxical intention (Frankl, 1960a). The aim of de-reflection is to orientate clients towards the noetic dimension and away from a hyper-reflective state regarding problems and challenges. The concept, hyper-reflection, refers to a situation where humans may constantly dwell on problems, anxieties, insecurities, as well pathogenically-based challenges (Frankl, 1975b). This creates a 'vicious cycle' (graphically illustrated in Figure 2.7).

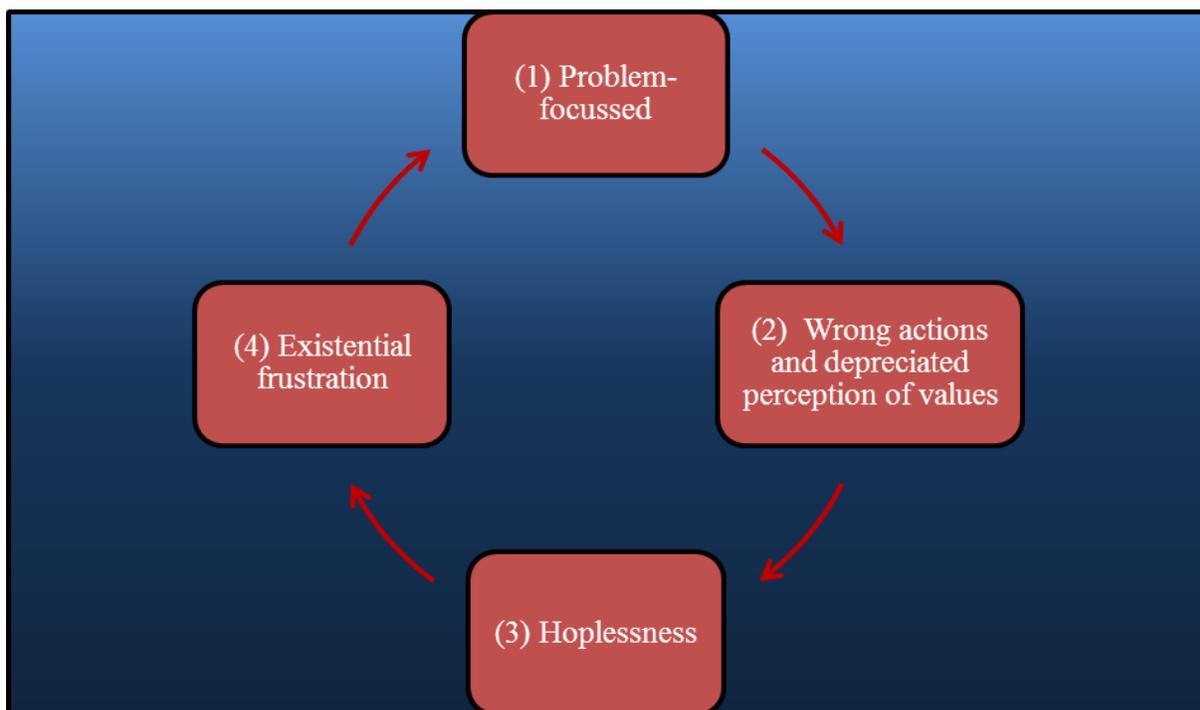


Figure 2.7. The vicious cycle (adapted from Lukas, 1998, p. 165)

The vicious cycle, as depicted in Figure 2.7, can be unpacked as follows:

- (1) The person hyper-reflects on a given stressor or life challenge. Hence, there is an exaggerated focus on either psychosomatic- or social intrapersonal challenges coupled with excessive self-reflection. This diminishes the uniquely human capacity to self-transcend, which produces a pathogenic-focussed worldview;
- (2) Wrong actions, perceptions and depreciated values follow as a result of the abovementioned worldview. Because limited or no noetically-based protests are lodged against 'wrong' actions, such as excessive rage, sexual perversion or substance abuse, the person falls into the clutches of the pursuit of pleasure and/or power (Joshi et al., 2014; Lukas, 1998). Subsequently positive opportunities are neglected. A sense of hopelessness may follow;
- (3) Hopelessness, meaningless and a sense of dread may now overtake the person. Life appears empty and worthless. The purpose of the person's existence is called into question; and
- (4) Existential frustration, which refers to an apparent self-perceived inability to realise the tasks afforded to a person, may develop. If existential frustration is not addressed, it could develop into the existential vacuum. Subsequently life may be lived in the pursuit of hedonistic pleasure and/or power as a means of 'filling' the void. Ironically, this may only serve to turn the problem-focussed attitude mentioned in point 1, into a way of being.

Paradoxical intention is suggested as an avenue to transcend out of the confines of the vicious cycle (Frankl, 1960a). Havenga-Coetzer (2003) explains that paradoxical intention draws on a uniquely human capacity, namely humour, to engage in the very activity that is 'dreaded.' Shantall (2003) adds that it allows humans to detach from their problem-focussed attitude and take a stand concerning themselves and the challenge that they face. The once ominous symptoms can now be viewed as something humorous (Frankl, 1960a). An example of the use of paradoxical intention would be when a student fears that he/she may fail an exam. The logotherapist would then assist the student to attempt to 'fail' the exam as best he/she can. Hence, a reversal of the student's attitude towards the problem may occur.

2.5.3 Attitude modulation

“One is not the helpless victim of one’s drives, of one’s environment and of one’s circumstances: One is endowed with the noetic faculty: one has the human capacity to take a stand against one’s ‘fate’” (Havenga-Coetzer, 2003, p. 29). When humans find themselves in the grips of an unavoidable and/or incurable tragic triad situation, they can still retain a stance of freedom towards their challenges. This ‘freedom towards’ is afforded through the realisation of attitudinal values (Frankl, 1960b).

Frankl (2006) explains that the realisation of attitudinal values can be regarded as the pinnacle of optimal humanity. By taking a defiant stand and adopting a courageous attitude towards challenges, the last of the human freedoms are actualised. It is within such a space that people can become ‘optimally human’ (Shantall, 2002).

The purpose of attitude modulation is to assist humans to adopt a spirited attitude towards their inevitable suffering; through suffering, they realise timeless values as well as discover and embrace their unique mission and task (Frankl, 1960b; Shantall, 2002). Lukas (1998) provides the following guidelines to facilitate the process of attitude modulation, namely, pointing out:

- (1) Value - humans, who suffer through an unstoppable ‘fate’, ought to be reminded that adopting an upright attitude in such circumstances is an outstanding human achievement. The capacity and ability of *not succumbing* to a challenging situation is commendable and ought to be praised and cherished. Lukas (1998) suggests that such acknowledgement reaches beyond sympathy and empathy, and reflects an honest and heart-felt esteem for the triumphant nature of the human spirit;
- (2) Meaning - the focus is one creating awareness of what meanings still exist in spite of the challenges that humans may encounter. Lukas (1998) cautions that this matter ought to be addressed in a sensitive and authentic manner;
- (3) What is healthy and intact - Lukas (1998) emphasises that those aspects that are not affected by suffering, ought to be pointed out. This could, for example, include pointing out to a grieving person that the meaningful memory of a loved one that has passed away, can never be taken away from them; and

(4) Perspective - the concept of 'logo-philosophy' has bearing in this instance. Essentially, logo-philosophy suggests that every suffering serves as an impetus to awaken human aspirations; to move from "...superficiality to profoundness" (Lukas, 1998, p. 159). Due to the transitory nature of existence, all humans are challenged by their existential finiteness; Frankl (2006): indicates "To live is to suffer..." (p. 170).

2.5.4 Meaning-centred goal setting

Goal setting is an important strategic tool that can be utilised to enhance levels of performance among university students and others (Morisano, Hirsh, Peterson, Shore, & Pihl, 2010; Nelson & Low, 2003). It is also regarded as technique that could aid people to realise and discover meaning in life (Klinger, 2012). According to Wong (2012c) goal setting serves as a basis in the quest for meaning as it aids people to ask and pursue questions such as: "What does life demand of me? What should I do with my life?" (p. 636).

Hutzell and Eggert (2009) explain that the use of goal setting within a logotherapy context ought to begin with an evaluation or assessment of the presence of meaning in a person's life. They suggest the use of the Life Purpose Questionnaire (Hutzell & Eggert, 2009). The Life Purpose Questionnaire serves as an empirical measure of Frankl's concept, will to meaning (Hutzell, 1986). This should, ideally, be followed with a process of value profiling. The task of value profiling could enable people to gain insight into their current as well as a desired (an 'ought to') value system or goal. Lastly, a process, which Wong (2012d) refers to as establishing a logotherapeutic mission statement, ought to be devised. The mission statement provides strategic direction to a person's life and could serve to move them towards the ideal/meaningful life (see Figure 2.1).

Hutzell and Eggert (2009) make use of the logotherapy exercise entitled 'write your own eulogy/ envision your tombstone and the message imprinted thereon' to assist clients and/or participants in a workshop to complete their mission statements. Participants are asked to imagine that it is some time in the future and that they are looking at their own tombstone and/or listening to the eulogy that is delivered at their respective funeral services. Next, they are requested to, while in a reflective state, write down what they would want to see engraved on their tombstone or have

said at the funeral. This exercise could elicit strong emotions and should therefore be facilitated in a respectful manner (Hutzell & Eggert, 2009).

Wong (2012c) suggests that his ABCDE strategy could augment logotherapy goal setting. He explains that the letters, ABCDE, denote the following:

- A - Acceptance. The notion of an honest acceptance of reality as it is, is a prerequisite for transformation and meaningful change (Shantall, 2003). Wong (2012c) suggests that people ought to be assisted by means of logotherapy techniques, for example Socratic dialogue, to challenge maladaptive thoughts, emotions and behaviours, in order to facilitate acceptance beyond immature defence mechanisms;
- B - Belief. “It is difficult to conceive how we can maintain hope and confidence in the face of bleak prospects without some belief, be it religious faith, trust in others or self-affirmation” (Wong, 2012c, p. 603). An empowering set of beliefs encourages people to sustain their goal striving efforts, discover their purpose for action and develop hope for the future;
- C - Commitment. Wong (2012c) explains that commitment, discipline, persistence and resourcefulness are indispensable in the pursuit and realisation of meaningful goals;
- D - Discovery. The discovery of meaning involves soul searching, awakening and enlightenment about how a person ought to live (Frankl, 1988). Such a search could enable people to unlock hidden talents, develop new strengths and uncover one’s calling in life; and
- E - Evaluation. The final step involves the evaluation of a person’s progress towards the realisation of life goals. It also refers to savouring meaningful experiences and lessons while reflecting on one’s life (Wong, 2012c).

2.5.5 The mountain range exercise

The mountain range exercise is based on Frankl’s (1986) invitation to consider the meaningful influences in a person’s life. Ernzen (1990) describes the exercise as a group activity, although it can also be utilised in a one-on-one counselling context, to facilitate discussion on the topic of life values.

The instructions to the exercise are as follows:

- Participants (assuming that it is utilised in a group setting) are invited to reflect on the people who made important contributions, or had a significant impact, on their lives;
- Pattakos (2010) suggests that this exercise be facilitated by means of drawing paper and coloured pens;
- Next, participants are asked to imagine that they are sitting on the top of a mountain range;
- The important people in their lives are now ‘placed’ on the peaks that stretch out in front of them - their names can be written down or pictures drawn to represent them;
- Participants are requested to identify the core values that each of the important people represent and write it down;
- The following examples of Socratic questions can then be asked: Which of the values listed did you internalise? Which values meant the most to you in your life? As you look over your life from this mountain range, when were you most yourself? Where did you find the courage to be yourself? What are the most important lessons that you learned from these people?; and
- Schulenberg (2003) suggests that participants present and discuss their drawings, as well as accompanying insights that they feel comfortable talking about, within the group setting.

The mountain range exercise incorporates both self-distancing and Socratic dialogue. Self-distancing assists people to put ‘distance’ between themselves and life challenges and aids in breaking the vicious cycle of hyper-reflection (see Section 2.5.2) (Frankl, 2006). The Socratic Method could enable people to conduct a meaning-analysis of their lives (see Section 2.5.1). Pattakos (2010) also describes the mountain range exercise as unfolding in nature. In other words, individuals are enabled to develop a new perspective.

In addition to the mountain range exercise Pattakos (2010) suggests the use of the ‘hero’s exercise’, which asks of participants to identify three heroes (or mentors). The most valued characteristics of these heroes are then listed and discussed by means of Socratic dialogue as was

done with the mountain range exercise. This approach can also be introduced into group discussions and offer similar benefits as listed in the aforementioned sections.

2.5.6 Logo-autobiography

The focus of logo-autobiography, also referred to as logotherapy life review, is to assist people to explore meaning opportunities by means of reflective writing that facilitates transformation and transcendence (Birren, 2006; Shantall, 2003; Wong, 2012b). According to Birren and Birren (1996), guided autobiography assists in the exploration of the ‘inside’ of people’s lives; this could be tantamount to exploration of the ultimate concerns of life (Yalom, 1980). In other words, the goal is not necessarily to effect purposeful change, as would be the case with therapeutic intervention, but to create the environment where people could feel psychologically safe enough to express their existential or experiential selves. Therefore, logo-autobiography could be therapeutic in nature, without being regarded as psychotherapy *per se*.

Empirical studies on the benefit of autobiographical methods appear to be limited. However, one of the important studies in the field, conducted by Birren and Hedlund (1987), indicated, amongst others, that meaning in life is formulated in the period between adolescence and young adulthood (15-25 years of age). Therefore, the use of logo-autobiography could prove to be beneficial when applied to, amongst others, psycho-educational programmes for young adults.

A study by Cho (2008) focussed specifically on the use of a logotherapy approach to autobiography. Findings indicated a statistically significant improvement when comparing pre- and post-autobiographical intervention scores on meaning in life by means of the Purpose in Life Test. Cho (2008) concludes that logo-autobiography could be beneficial within a group format to assist participants to “...search for meaning in life by sharing their own stories” (p. 137). Haight (1991) as well as Birren and Cochran (2001) concur and indicate that life satisfaction, self-esteem, psychological well-being and a sense of meaningful life integration could be regarded as potentially positive outcomes of autobiographic approaches.

The typical format used to conduct a logo-autobiographic session would comprise five steps over the course of, approximately, 6-10 sessions, each two hours in duration (Cho, 2008). The five steps include:

- (1) Warm up - participants are assisted to establish rapport by means of self-introduction, establishing rules and identifying themes of writing. This initial session could be 10 to 15 minutes in duration;
- (2) Writing autobiographies - participants are requested to reflect on the identified theme and write their logo-autobiographies. The facilitator ought to provide guidance and education about a specific topic should it be required. Cho (2008) suggests that approximately 40 minutes be dedicated to this task;
- (3) Break - a quick 10 minute break ought to be considered. This could afford facilitators the opportunity to relax for a couple of minutes;
- (4) Finding meaning - participants are now invited to share their autobiographies during a timeframe of 50 minutes. These can either be read out loud in a larger group context or the main ideas could be discussed. The focus of this step is on developmental exchange. In other words, identifying and exploring meaningful themes in participants' autobiographies. From a logotherapy perspective the focus could be on identifying scope for free action, how meaningful values could be actualised and on identifying and linking a person's purpose to their given autobiography (Frankl, 1986, 2008). This could precipitate a deeper and/or new understanding of life experiences. Reker, Birren and Svensson (2012) suggest that the aforementioned process of active sharing could bring about integrative reminiscence, i.e. active reconstruction of the past as a foundation for achieving meaningful integration with the present, as well as a realistically optimistic and hopeful projection into the future; and
- (5) Sharing and closing - Through ongoing empathetic understanding, encouragement and meaning-centred feedback participants could begin to develop new perspectives on painful experience of the past, increase self-esteem and enhance group cohesion. The theme for the subsequent session could also be outlined. This step ought to comprise about 10 minutes in total.

2.6 CRITICISM OF LOGOTHERAPY

Logotherapy has been criticised for, amongst others, its resemblance to religion (Boeree, 2006; Marshall, 2009). However, Frankl (2008) insists that the logotherapeutic approach facilitated change by emphasising spiritual, emotional, and physical awareness. Moreover, he is adamant that logotherapy is not rooted in religion. Nonetheless, Frankl's strong religious roots undoubtedly played an important role in shaping his theoretical ideas (Mason, 2012a). Recent research has also suggested that respondents living in poorer countries, tend to report higher levels of meaning in life (Heintzelman & King, in press). An interpretation of the aforementioned finding could be that a sense of meaning serves as a beacon of hope for disenfranchised persons (Mason, 2012b). One could further argue that Frankl's concentration camp experiences, which exemplified a pitiable existence, may have been a contributing factor in shaping his theoretical perspective.

2.7 REFLECTIVE DISCUSSION AND CONCLUSION

Logotherapy was forged amidst a context of adversity and hardship. It reflects and addresses one of the ultimate concerns of living, namely 'does life have any meaning?' At the heart of Frankl's (1984, p. 139) theory is the dictum that states: "...life's meaning is an unconditional one, for it even includes the potential meaning of unavoidable suffering." He adds that all humans have a natural reason for being. The task of life, according to Frankl (2006), is to unravel, discover and embrace this *raison d'être*. By addressing life's questions, humans can discover meaning. Frankl (2000) argues that 'the meaning of meaning' is to set the pace of being in a world characterised by omnipresent stressors.

Logotherapy appears to have a particular application to the field of nursing. Amongst others, nurses are often required to reach out to those who may be suffering, for example patients in a hospital setting, in order to discover a sense of occupational and/or personal satisfaction. These tasks, especially in a South African context, are often performed in contexts marred by suffering, misery and poverty (Landman, 2003). Furthermore, nurses are poorly remunerated and perform, what is often perceived by some to be, inferior roles (Levert et al., 2000; Mokoka, 2007).

The question subsequently emerges 'is there meaning to be discovered by nurses who work in trying circumstances?' Frankl (2000) would contend that there is always meaning to be discovered. From such a perspective the existence of a noölogical tension amidst the nursing context could be acknowledged. It could furthermore be hypothesised that nurses who manage to introduce and actualise the contents of the meaning triad - creative, experiential and attitudinal values - within the often tragic triad contexts where they may work, could be protected from pathogenic consequences because they are not just 'doing a job', but answering a call from life; they could reach beyond their own pain, suffering and circumstances and fulfil an important task, realise a significant ideal and relate to others; they express a tragically optimistic attitude; their lives serve as metaphorical flames that could light a thousand candles, and burn even brighter.

But what happens when the 'flame' begins to cast a longer and darker shadow? When a once meaningful pursuit and apparent calling turns into a seemingly futile and insignificant endeavour? When the 'residue' of on-going stressors, within an already demanding environment, begins to negatively impinge on nursing duties? These questions will be addressed, discussed and reflected upon in the subsequent chapter.

CHAPTER 3

PSYCHOLOGICAL STRESS AND PROFESSIONAL QUALITY OF LIFE

“There is a cost to caring”

~ Charles Figley

3.1 INTRODUCTION

Psychological stress (hereafter referred to as ‘stress’) is an inescapable reality of human life (Antonovsky, 1979). In general terms the concept of ‘stress’ can be described as the resultant effect of the complex interaction between people and their environments that may bring about a state of tension (Lazarus & Folkman, 1984). Stress could subsequently negatively impinge on, amongst others, psycho-social well-being (Antonovsky, 1985, 1993; Sue & Sue, 2010). Lazarus and Folkman (1984) suggest that humans ought to develop adequate coping strategies to effectively manage, and potentially mitigate, the negative sequelae of stress.

Despite having to cope with their own primary stressful experiences, those in the helping professions (hereafter referred to as ‘helpers’²) are also expected to address secondary forms of stress. The concept, secondary stress, refers to the, mostly negative, psychological consequences of bearing witness to the stressful experiences and accompanying suffering of others (Baranowsky, 2012; Figley, 2002a). Within the helping professions, secondary forms of stress could stem from compassionate interaction with clients³.

The concept of ‘compassion’ refers to an altruistic, humane and non-judgemental concern, as well as a desire to care for others (Gilbert & Proctor, 2006). A compassionate attitude can assist helpers to moderate clients’ suffering by identifying, acknowledging and acting upon their hurt and distress (Stamm, 1997). While acknowledging the importance of compassion, Figley (1995, p. 1) warns that: “There is a cost to caring.” As such, compassionate interaction with clients, or

²The generic term, helper, will be used to refer to persons who offer and provide professional assistance to clients. The term is used inclusively to refer to, amongst others, psychologists, medical professionals such as nurses, and counsellors.

³The term ‘client’ is used inclusively to refer to persons who receive professional assistance from helpers, such as psychologists, medical professionals such as nurses, and counsellors.

as Figley (1995) refers to it as ‘caring’, can be regarded as a ‘double edged sword’ that may potentially enhance helpers’ satisfaction, but also expose them to secondary forms of stress (Baranowsky, 2012).

Secondary exposure to stress could, amongst others, negatively affect how helpers perceive themselves, their work and interaction with clients (Levert et al., 2000; Stamm, 2002). Additionally, the ‘most’ compassionate helpers may be at a heightened risk for the development of compassion fatigue and burnout (Figley, 1985, 2002b; McCann & Pearlman, 1990; Stamm, 2002). Seligman (2011), referring to a psychological context, concurs by indicating that the field does little for the well-being of its practitioners, because if anything changes in the practitioner, it appears to be a shift towards depression.

However, Steed and Downing (1998) question the aforementioned pathology-based perspective. They argue that a monistic focus that only considers the negative effects of caring, such as compassion fatigue and burnout, at the exclusion of the potentially growth enhancing consequences, could create an inadequate conceptual framework (Steed & Downing, 1998).

Selye (1976) apparently came to a similar conclusion when he suggested that not all stress is necessarily ‘negative.’ More specifically, he argued that certain forms of stress could, for example, serve to mobilise organisms, such as humans and animals, to adapt to changing demands. Antonovsky (1987) agrees and explains that stress could have ‘salutary’, or strength-enhancing, effects. In other words, stress could prompt humans to search for and identify novel ways to address challenges, derive a sense of meaning and grow from their stressful experiences. Frankl (2006) proposes a similar thesis when asserting that even extreme forms of stress, such as being a prisoner of war, could result in heightened spiritual growth and the discovery of meaning. Stamm (2002) adds to the strength-focussed discourse by introducing the concept, compassion satisfaction. Stamm, Varra, Pearlman and Giller (2002) use the umbrella term, professional quality of life, to integrate the potential costs (compassion fatigue and burnout) and benefit (compassion satisfaction) of compassionate caring.

Evidence therefore indicates that compassionate interaction with clients could bring about both positive and growth enhancing (compassion satisfaction and the discovery of meaning), as well as deleterious (compassion fatigue and burnout) effects (Figley 2002a; Frankl, 2006; Stamm, 2002). The apparent challenge that helpers, and others, subsequently face is to manage and cope with stress in ways that could facilitate constructive and growth-enhancing adaptation, while striving to minimise and/or avoid negative consequences (Antonovsky, 1979; Lazarus & Folkman, 1984; Selye, 1976).

However, nurses, who work in highly stressful and often under-resourced environments, may find it particularly challenging to cope with, and manage, stress in growth-enhancing ways (Department of Health, 2011; Engelbrecht, Van den Berg, & Bester, 2009; Makie, 2006). Yet, based on the arguments propounded by Frankl (2006) one could hypothesise that stressful experiences cannot diminish the meaning of their work. To the contrary, stressors could serve to awaken nurses' spiritual aspirations to search for and discover potentiality (growth and meaning) against the backdrop of reality (stressful challenges) and in spite of psychological discomfort (Mason, 2011). This, though, would not just necessitate the application of adequate coping strategies, but would require a meaning-centred transformation (Shantall, 2002; Wong, Wong & Scott, 2006).

The purpose of this chapter is to present and discuss literature regarding the concepts of stress and coping, compassion fatigue, burnout and compassion satisfaction. In Section 3.2 the concepts of stress and coping are introduced. Three stress-related conceptualisations, as proposed by (1) Selye (1976, 1980), (2) Lazarus and colleagues (Folkman & Lazarus, 1985; Folkman, Lazarus, Gruen, & De Longis, 1986), and (3) a life span perspective (Arnett, 2000; Erikson, 1968, 1982; Levinson, 1978), are discussed.

Professional quality of life is introduced and discussed in Section 3.3. The mentioned discussion addresses the concepts of compassion satisfaction, compassion fatigue and burnout. This is followed, in Section 3.4, with a discussion on strategies to address stress, compassion fatigue and burnout, within the helping contexts. The chapter is concluded in Section 3.5.

3.2 PSYCHOLOGICAL STRESS

The concept, stress, originated from the scientific study of physics and not from empirical work steeped in the discipline of psychology or related fields (Stein & Book, 2006). However, since its inception in psychological nomenclature, the concept has been widely studied. In Section 3.2.1 an overview of the stress concept is provided. Amongst others, important historical researchers' efforts and seminal works are considered.

Due to the extensive empirical interest in the field of stress research, numerous conceptualisations have been proposed. This has, according to Jacobson and McGrath (1983), led to conceptual confusion, which is addressed in Section 3.2.2. This segment is concluded by means of a discussion of empirical research conducted on the topic of stress within the nursing context (Section 3.2.3).

3.2.1 An overview of the stress concept

The initial studies relating to the stress reaction was conducted by Walter B. Cannon in the 1930's and then, in the 1950's, by Hans Selye. However, Selye is generally considered to be the 'father' of stress research (Sue et al., 2010). He first became aware of the syndrome of 'just being sick' whilst enrolled in his medical studies (Selye, 1965). Instead of being interested in different medical diagnoses, Selye was intrigued by the commonalities that were fundamental to various diagnoses. He subsequently discovered that a variety of agents, such as heat, cold and radiation, all produced a common and non-specific set of responses (Selye, 1976). This gave birth to the conceptualisation of the stress syndrome.

In 1955 Selye presented his work on stress to the American Psychological Association (Jacobson & McGrath, 1983). The psychoanalytic school of psychology hypothesised that psychological reactions could bring about the stress response. In contrast, behavioural psychologists suggested that cognitive and perceptual processes formed the basis of the stress reaction. Amongst others, the aforementioned academic arguments firmly established Selye's pioneering work as part of psychological terminology (Jacobson & McGrath, 1983).

Following Selye's seminal work on the stress concept, Wolff (1953) coined the term, 'life situation approach.' Wolff's (1953, 1971) central hypothesis was that a 'protection reaction pattern' develops in response to a threat, or stressor, which may be physical or symbolic. The protection reaction pattern subsequently sets off a series of complex reactions aimed at averting and/or effectively dealing with the stated physical or symbolic stressor. Wolff's (1953, 1971) conceptualisation served as empirical evidence to merge Selye's theory with a psychological perspective.

Janis and Leventhal (1965) attempted to study the factors related to recovery from major surgery. They identified an inverted-U relationship between stress and recovery. This implied that an optimal level of stress produces an optimal level of functioning, adaptation or recovery. Stress levels that fall below or above the optimal level, could produce deteriorating levels of functioning, adaptation or recovery (Janis & Leventhal, 1965).

Lazarus and colleagues (Folkman & Lazarus, 1984, 1985; Folkman, Lazarus, Gruen and DeLongis, 1986; Lazarus, 1966, 1993; Monat & Lazarus, 1977) presented a theory of psychological stress, namely the 'transactional approach' that has formed the basis for a plethora of modern-day stress-related research studies. Lazarus' transactional approach regards stress as a transaction that occurs between humans and their multiple internal and external environments (Lazarus & Folkman, 1984).

Stress has a long past - it has been part of the human condition for millennia. However, the conceptual label of stress has a short history. In other words, while stress has always been inherent in human life, its conceptualisation is a more recent development. Since coining the stress concept, research interest has spread across various academic disciplines. Furthermore, diverse schools of psychology conceptualise stress from different theoretical perspectives. Subsequently, the stress concept began to take on numerous meanings - conceptual confusion began to rein (Jacobson & McGrath, 1983).

3.2.2 Clarifying conceptual confusion

Advances in research have given rise to various conceptualisations of stress. Initially, stress was regarded as a ‘response to’ syndrome. In other words, an external stimulus induces the stress reaction (Selye, 1965). However, many human activities could therefore be regarded as ‘stress inducers.’ Furthermore, many of these apparent stress inducers do not necessarily affect humans in negative ways. For example, physical exercise, which may elicit physical and emotional strain, could bring about positive responses such as enhanced psychological well-being (Atlantis, Chow, Kirby & Singh, 2004). Moreover, people tend to perceive stress inducers differently: what may, for one person, be regarded as an overwhelming negative experience, could be interpreted by another as an exciting challenge (McMahon, 2000).

To address the apparent conceptual confusion, three perspectives on stress will be considered below. Selye’s conceptualisation is discussed because it is generally considered to be one of the seminal works in the field of psychological stress research (Sue et al., 2010); Lazarus’ (1993, 1999) work is presented due to its broad acceptance as a theoretical framework in empirical stress studies; and the life-span perspective is deemed relevant when taking cognisance of the developmental phases, and related tasks, that may contribute to nursing students’ perception of stress (Mason, in press a).

3.2.2.1 Selye’s perspective of stress

According to Selye (1965), stress can be defined as the nonspecific reaction to a demand that is placed on the body. He furthermore indicates that stress signifies the unavoidable ‘wear and tear’ of life (Selye, 1976). Hence, stress cannot, nor should it necessarily, be avoided (Selye, 1980). Rather, humans ought to develop the coping skills required to address stressors in a constructive manner, which could enable them to live with a minimum amount of wear and tear within a context of omnipresent stress. Selye (1974) consequently indicates that stress is not necessarily ‘negative.’ More specifically, he differentiates between two categories of stress, namely (1) eustress, and (2) distress (Selye, 1980).

The concept, eustress, can be defined as a pleasant or curative form of stress (Selye, 1980). Thus, reference to eustress suggests that effective completion of certain performance-related activities

may require an optimal amount of stress. Subsequently, stress could fulfil a potentially positive function (Sue et al., 2010). In contrast, 'distress' refers to a negative, pathogenic and debilitating form of stress. Distress could manifest as, amongst others, aggression, passivity, withdrawal and a host of additional negative psycho-social sequelae (Bergh & Theron, 2004).

According to Selye (1965, 1974, 1976, 1980) the body's response to stress, coined the General Adaptation Syndrome (GAS), evolves in three stages, namely:

- (1) The first stage is the alarm reaction. During the alarm stage the body's general defence mechanisms are mobilised. This includes hormonal secretions that give rise to what is referred to as the stress-response, or the 'fight-flight' reaction. Next, muscle tone tends to become rigid, breathing patterns are exaggerated, hands and feet become clammy, and blood shifts away from the skin to internal organs. These changes prepare the body for action: fight-or-flight (McMahon, 2000);
- (2) The second stage is termed 'adaptation' or 'resistance.' During this stage the body aims to achieve maximum adaptation. Under ideal conditions the impeding demand, or stressor, starts to recede and homeostasis is restored by the body. However, should the stressor remain present after the initial threat, the body will remain in an aroused state and a third stage will emerge. Goleman (1995) adds that the stress reaction could be internalised and a person may remain 'stuck' in an on-going state of hyper-arousal; and
- (3) The third stage is termed 'exhaustion.' Subsequent to the enduring nature of the stress-producing stimulus, the body's adaptive efforts collapse. Stress induced conditions, such as digestive disorders, skin conditions and a variety of psychological conditions, may manifest (McMahon, 2000).

Selye's seminal work paved the way for additional studies, and conceptualisations, of the stress concept. One such a conceptualisation is presented by Lazarus (1999, 2000).

3.2.2.2 Lazarus' transactional model of stress

The main thesis purported by Lazarus' (1999) is that cognitive mechanisms and psychological processes, namely appraisal and coping, are instrumental in shaping the stress experience. Lazarus (1999) proposes that appraisal and coping, in combination, serve as mechanisms for

establishing the personal relevance of a particular stimulus. Hence, the relevance and meaning that a person attaches to a specific stimulus, or situation, is crucial to the arousal, or non-arousal, of stress reactions. While Lazarus (2000) proposes a model whereby stress could be described and studied, he also acknowledges that the stress-response is a unique characterisation between a specific person, an event or experience, and interpretation thereof. Lazarus' (1993, 1999) transactional model is graphically represented in Figure 3.1.

The core components of Lazarus' transactional model, as indicated in Figure 3.1, are now discussed:

- (I) **Person-environment interaction** - Lazarus (1993, 1999) depicts stressful experiences as 'person-environment transactions.' The person-environment transaction is influenced by the impact that a stressor has on individuals. Stressors are regarded as demands made by individuals' internal or external environments. Internal and external demands may be strenuous in nature and could subsequently bring about states of physical and psychological disequilibria (Cohen, 1984).

States of physical and psychological disequilibria could negatively affect psychosocial well-being (Lazarus & Cohen, 1977). Therefore, stressful person-environment interactions may require some form of action, or coping, to restore homeostasis. The subjective meanings that individuals attach to particular stimuli will determine whether they are framed as stressful or not. Hence, appraisal of the potentially threatening, or non-threatening, nature of a stimulus is a significant component of the transactional model (Lazarus & Folkman, 1984).

- (II) **Appraisal** - the concept, appraisal, refers to the process whereby humans assess the subjective meaning of a particular stimulus in relation to their lives (Lazarus, 1993, 1999). In other words, through appraisal humans attach meaning to the person-environment transaction (Epstein, 1973). Lazarus and Folkman (1984) differentiate between two types of appraisal, namely primary and secondary appraisal:

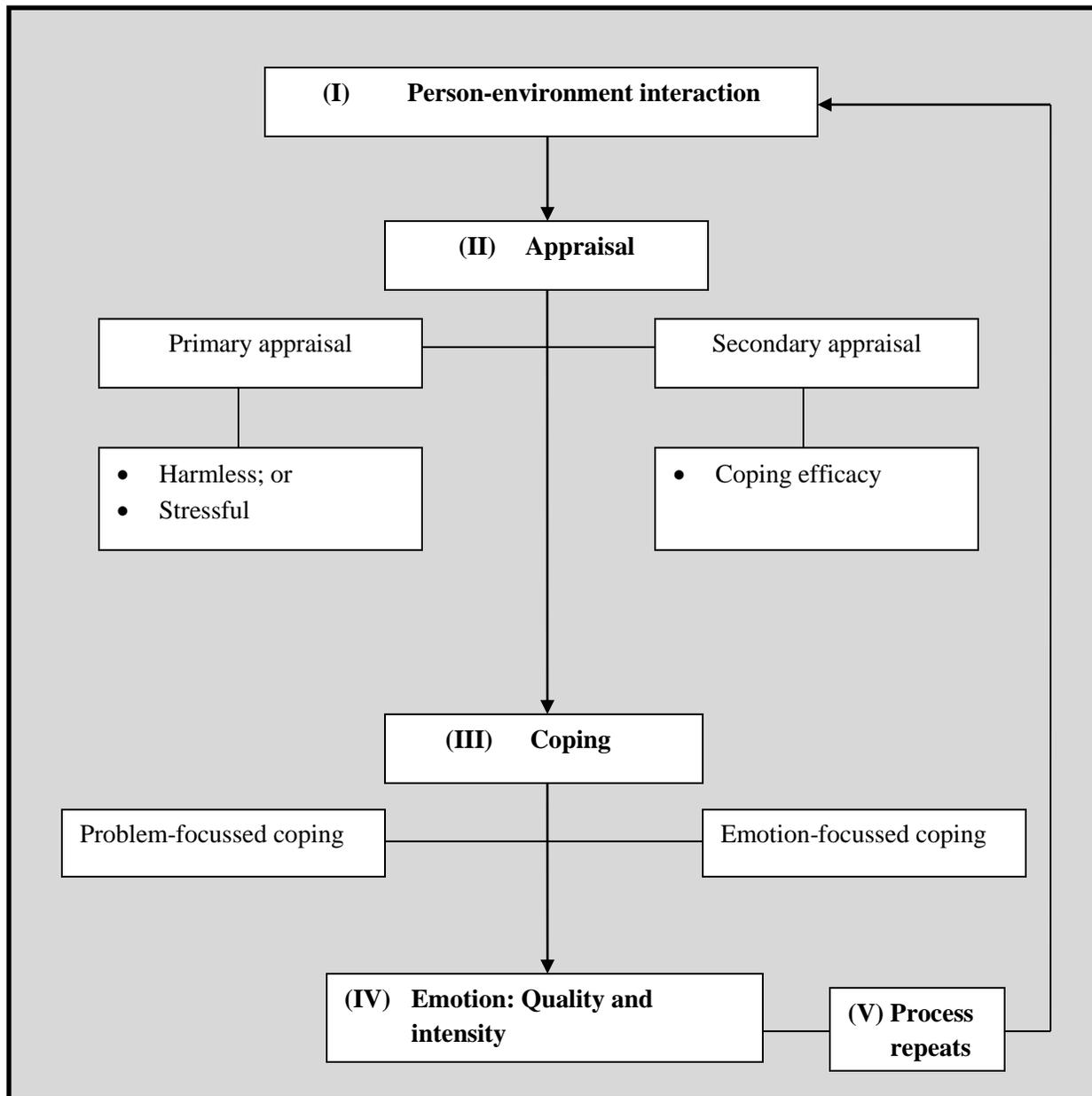


Figure 3.1. Lazarus' transactional model (Adapted from Lazarus & Folkman (1984), and Monat & Lazarus (1991))

- **Primary appraisal** - through primary appraisal individuals evaluate whether stimuli or situations may be threatening to their well-being or not (Lazarus, 2001). Folkman et al. (1986, p. 572) describe the concept of, primary appraisal, as the process where "...the person evaluates whether he or she has anything at stake in this encounter." The primary appraisal process is mutually shaped

through situational and personal factors as indicated by the person-environment interaction. Situational factors include variables such as (1) the nature of harm or threat, (2) familiarity with the environment, and (3) probability that the stressful outcome will occur (Folkman, 1984). Belief and commitment are the basic elements of assumed personal factors (Folkman, 1984). Individuals may appraise stimuli as either harmless, or stressful:

- Harmless - individuals do not perceive particular stimuli to be threatening to their physical or psychological well-being. Therefore, coping ability is perceived to be either adequate or exceeding the challenge posed by the stimulus on the individual; and
 - Stressful - stimuli are perceived as, potentially, exceeding coping resources. Subsequently stimuli are evaluated as possibly dangerous and stressful.
- **Secondary appraisal** - in the event that stimuli are evaluated as stressful during primary appraisal, individuals might initiate a process of ‘secondary appraisal.’ Secondary appraisal focuses on coping efficacy whereby humans evaluate their ability to alter the situation and manage potentially negative thoughts, feelings and/or behaviours that may result from the stressful person-environment interaction. Secondary appraisal leads to the third component of the transactional model, as presented in Figure 3.1, namely ‘coping.’

(III) **Coping** - According to Lazarus (1999) the concepts of appraisal and coping are the cornerstones of the transactional model of stress. Folkman and Lazarus (1984) define the concept, coping, as cognitive and behavioural efforts that aim to master, reduce or tolerate the internal and/or external demands that are created by stressful transactions. Coping has three distinct features, namely:

- It serves as a process orientation by focussing on what individuals think, feel and do in complexity-laden person-environment transactions;
- It is contextual. In other words, personal and situational variables collectively determine and inform coping efforts; and

- Assumptions are not made about what constitutes ‘effective’ or ‘ineffectual’ coping.

Folkman and Lazarus (1984) add that coping has two major functions, namely:

- The regulation of emotions; and
- Addressing the problems that initiated the stress transaction.

The aforementioned functions are, respectively, referred to as ‘emotion’ and ‘problem-focused’ coping. Folkman and Lazarus (1984) indicate that emotion-focussed coping is directed towards internal states, rather than external situations, that may have triggered the stress reaction. Emotion-focussed coping are more likely to be initiated when individuals may have appraised situations as harmful, threatening and potentially overwhelming. Examples of emotionally-focussed coping strategies include wishful thinking, minimising and avoidance (Folkman & Lazarus, 1984).

Problem-focussed coping are directed towards altering, addressing or managing external stressors (Folkman & Lazarus, 1984). Examples of problem-focussed coping efforts include, drawing on social support, developing new behaviours and initiating problem-solving behaviours. Problem-focussed coping may be most appropriate when dealing with a stressor that is changeable (Folkman & Lazarus, 1984).

Folkman et al. (1986) emphasise that both emotion- and problem-focussed coping ought to be interpreted in a context-specific manner. That is, neither form of coping is necessarily ‘better’ or ‘worse’ than the other. Subsequently, coping ought to be regarded as trait-like factors that are changeable relative to person-environment demands and challenges (Folkman et al., 1986).

- (IV) **Cognition and emotion: Quality and intensity** - Lazarus’ (1999) transactional model rests on the supposition that the cognitive mechanisms of coping and appraisal shape the person-environment transaction by serving as a frame of reference for establishing the subjective relevance of a specific stimulus. The concept of

‘subjective relevance’ points toward people’s unique psychological reactions, i.e. cognitions and emotions, about the stimulus.

The quality and intensity of individuals’ psychological reactions could give rise to various stress appraisals, namely:

- Threat appraisal - the stimulus is interpreted as exceeding coping abilities. If a stimuli exceed peoples coping abilities, it could be perceived as threat to, amongst others, psychological well-being;
- Challenge - the person-environment transaction is appraised as a challenge, versus an overwhelming stressor, and may elicit cognitions and emotions such as confidence, hope and excitement; and
- Beneficial - the stimuli are appraised as potentially beneficial. As example, individuals may perceive that their coping capabilities and resources exceed the potential stressor.

(V) **Process repeats** - individuals perceive and dynamically define stressful interactions on an on-going basis (Lazarus & Folkman, 1984). Hence, the transactional model ought to be regarded as a holistic and recursive process; not a deterministic or cause-and effect model (Lazarus, 1999). Subsequently, the richness and complexity of the person-environment transaction is a continuous and on-going process that occurs throughout the lifespan.

3.2.2.3 Life span perspectives of stress

Some forms of stress may originate from demands placed upon the body (Selye, 1980) or person-environmental interactions (Lazarus & Folkman, 1984). Alternatively, other forms of stress may be linked to developmental stages (Erikson, 1982).

According to Levinson (1978) the human life span is characterised by phases of ‘transition’ and ‘reconstruction.’ In other words, life can be regarded as a series of interdependent changes and adaptations. Each transition is typified by ‘marker’ events. Generic marker events include,

amongst others, marriage, birth of a child, career decisions and death of parents (Levinson, 1978).

The specific developmental stages identified by Levinson (1978) include:

- Early adult transition: this stage, which falls between the ages of 17 to 22, involves an exploration of the adult world by young adults without the assistance of their parents. Hence, it is a relatively independent stage of investigation and discovery;
- Entering the adult world: Levinson (1978) argues that humans typically ‘enter the adult world’, which involves greater financial and psychological independence, between the ages of 22 to 28. During this phase decisions regarding career, life values and romantic relationships appear to be prominent;
- Age 30-transition: this may be a particularly stressful time for those between the ages of 28 to 33. Amongst others, life values, which were, to a certain degree, established in the previous stage, are now to be fused with meaningful others’ belief systems. Between the ages of 33 and 40 people begin to encounter more demanding responsibilities, for example, parenting roles. This is also a period when career aspirations and family responsibilities become priorities;
- Mid-life transition: between the ages of 45 to 50 questions regarding the organisation of one’s life begin to emerge. This period may include crises of meaning, direction and the value of a person’s life. The importance of leaving a legacy may also emerge; and
- The late adulthood transition begins at age 60. During this phase people tend to slow down in terms of productivity and may begin to contemplate life achievements.

The transition phases, as conceptualised by Levinson (1978), necessarily encompasses certain inevitable developmental stressors. Successful completion of each stage is required to move effectively into the subsequent phase. Erikson (1968) also proposes that successful transition between life stages requires one to resolve certain developmental crises.

Erikson (1968) theorised that there are eight psycho-sexual stages of development. According to his theory, each developmental stage is characterised by a ‘crisis’ that ought to be addressed (Erikson, 1982). The eight stages are:

- Trust versus mistrust - during this stage, which occurs in the first year of infancy, the challenge is to develop an understanding that the world is a pleasant and safe place. Mostly, the infant's parents and/or primary caregivers are responsible to create a safe and encouraging environment. Successful completion of this stage will leave the infant with a sense of security. In contrast, unsuccessful completion may bring about feelings of anxiety and mistrust in the world;
- Autonomy versus shame and doubt - occurring between ages one and three, individuals will begin to assert their will and independence in the world. If development is facilitated by compassionate caregivers, a sense of autonomy will most likely develop. However, in the event of, for example, harsh punishment, a sense of shame and self-doubt may be embedded in the psyche;
- Initiative versus guilt - the primary task during this stage is to develop a sense of responsibility and initiative. The aforementioned will most likely occur between the ages of three to five when young children begin to initiate activities, such as play, with others. Successful completion may bring about a sense of initiative, creativity and confidence. Unsuccessful completion could result in feelings of guilt and being a source of annoyance to others;
- Industry versus inferiority - children between the ages of six and, approximately, 10, are often exposed to learning environments that predispose them to acquiring new knowledge. The threat in this stage is that children may develop the sense that they are unproductive, incompetent and inferior. However, the opportunity embedded in this stage is the development of a sense of industry;
- Identity versus identity confusion - the discovery of personal identity and beginning to construct personally meaningful beliefs typically occur between the ages of 10 to 20. During this phase, which is often referred to as adolescence, young people may explore various different life roles. An inability to develop a sense of identity could result in role confusion, which may leave adolescents feeling unsure about their roles in the world;
- Intimacy versus isolation - occurring between the ages of 20 and 30, the primary development task is the formation of intimate relationships (Erikson, 1982). Baumeister (1991) suggests that people develop a sense of meaning through interaction and forming relationships with others. Arnett (2000) argues that the period between late adolescence

and young adulthood (18-25 years of age) are important for the formation of meaning-centred beliefs about the world. It may therefore be an active period of searching for meaning, purpose and a sense of coherence in life. Super (1980) adds that late adolescence/young adulthood is also an important phase regarding career exploration;

- Generativity versus stagnation - this stage covers much of middle adulthood, but first appears as early as adolescence (Arnett, 2000). The desire to assist the younger generation to learn and grow, is characteristic of this developmental stage;
- Integrity versus despair - a sense of integrity refers to a positive and meaningful evaluation of a person's life, while despair may plague one when wrong decisions and choices were made.

The target group of this study is nursing students studying at a South African university. Students, typically, but not always, fall within in the late adolescence/young adulthood developmental stage (18-25 years of age). Developmental tasks include, but are not limited to, the formation of personal identity and belief systems, forming friendships, and searching for and realising meaning in life (Arnett, 2000; Erikson, 1968; Klinger, 2012).

Yet, the developmental theories discussed in the aforementioned section, are also limited. Amongst others, the research supporting Levinson's theory was conducted on a very small sample, both theories are regarded by some as dated and mainly reflects Eurocentric values (Arnett, 2000; Segal, 1996).

In addition to developmental tasks, students also have to address a multitude of stressors, such as passing university exams, obtaining the funds required for academic study, and dealing with social challenges, such as crime victimisation and inequality (Damon, Menon & Bronk, 2003; Molasso, 2006; Van Heerden, 2009). Moreover, nursing students also have to address numerous stressors, which are prevalent in their chosen profession.

3.2.3 Stress within the nursing context: Empirical considerations

Nurses function in a world of stress: the nursing profession is, by its very nature, an occupation subject to high degrees of pressure, strain and anxiety (McGrath, Reid & Boore, 2003). Amongst

others, nurses are confronted with death and dying, conducting painful procedures on patients, extended working hours, and emotionally-laden interactions with the family members of patients (Elkonin & Van der Vyver, 2011; Engelbrecht et al., 2009; Van der Colff & Rothman, 2009).

Gray-Toft and Anderson (1981) conducted a seminal study among a sample of nurses ($N = 122$) working in five units, namely medicine, surgery, cardiovascular surgery, oncology, and hospice, of a large American hospital. Their findings indicated that the major sources of stress included high workload, death and dying among patients, and feelings of inadequacy in terms of addressing the needs of patients and their families. They add that other sources of stress varied as a function of the specific units studied (Gray-Toft & Anderson, 1981).

Cole, Slocumb and Mastey (2001) indicate that intensive care units serve as a particularly stressful working environment for nurses. The stressor of 'death and dying' (Gray-Toft & Anderson, 1981) appears to be particularly prevalent within such contexts. Additionally, given that nurses often enter the field with the desire to improve patients' health (Boyle, 2011), a perceived inability to accomplish this goal could set the stage for experiencing a particularly taxing stressor (Cole et al., 2001).

According to Lee (2003) junior nurses working in Hong Kong, tend to experience greater levels of work stress, when compared to senior nurses. This could be due to junior nurses' lack of work experience and still-developing skills, knowledge and abilities (Lee, 2003). Matlakala (2003) found that South African nursing students experienced interpersonal conflicts, such as being exploited by permanent staff, as particularly stressful. Academic stress and interpersonal relationship strain with tutors have also been identified as sources of stress among nursing students (Evans & Kelly, 2004). Additionally, nursing students who are in the 18-25 years of age cohort could also be struggling to address certain developmental tasks, such as establishing identity and formulating meaningful belief systems (Arnett, 2000; Erikson, 1968).

Aiken, Sean, Sloane, Sochalski and Silber (2002) point out that in addition to emotionally-draining stressors, nurses are also increasingly tasked to complete administrative tasks, for example keeping records. Kirchbaum, Diemert, Jacox, Jones, Koenig, Mueller and Disch (2007)

state that up to 40% of the nurse's day is occupied by administrative tasks. They describe the aforementioned as 'complexity compression.' That is, nurses are expected to complete a myriad of administrative tasks and responsibilities, in addition to patient care, within a restricted amount of time (Krichbaum, et al., 2007). Systemic stressors, such as scarce resources, perceptions of fairness/unfairness and dysfunctional management styles, could further exacerbate an already stressful work environment (Fischer, 2011). Subsequently, a multitude of stressors appear to be prevalent within the nursing environment.

Research by French, Lenton, Walters and Eyles (2000) identified nine sources of stress within the nursing context, namely:

- Conflict with medical doctors;
- Inadequate preparation;
- Disagreements with peers;
- Supervisory concerns and conflicts;
- Discrimination;
- Workload;
- Uncertainty regarding treatment;
- Dealing with death and dying; and
- Interactions with patients and their families.

McVicar (2003) conducted a meta-analysis and categorised nursing-stressors into six themes, namely:

- Workload, including inadequate staffing and time pressure;
- Relationships with other clinical staff, such as medical doctors;
- Leadership and management style that does not enhance group cohesion nor ensure adequate supervisory support;
- Coping with emotional needs of patients and their families, including death and dying;
- Shift working; and
- Poor remuneration.

McVicar (2003) suggests that while the aforementioned are indicative of the major stressors within the field of nursing, researchers have not paid adequate attention to individual nurses' perceptions of stress. From Lazarus' (1999) transactional model perspective it could therefore be argued that not all nurses will necessarily appraise potential stressors as stressful. Schmitz, Neumann and Oppermann (2000) agree and indicate that, among a sample of 361 German nurses, a sense of perceived control was instrumental in participants' experience of stressors. More specifically, participants who had reported higher levels of external locus of control, i.e. perceiving little personal control over events, were more likely to experience stress as overwhelming and less inclined to cope effectively (Schmitz et al., 2000). McVicar (2003) subsequently argues that stressors within the nursing environment ought to be contextualised with nurses' perceptions and subjective experiences in mind.

An inability to effectively address the stressors of nursing practice, could give rise to a host of debilitating consequences (Engelbrecht et al., 2009). These include, but are not limited to, deteriorating interpersonal relationships within and outside of the work context, physical afflictions, e.g. elevated blood pressure, high levels of turnover within a profession already characterised by scarce resources, and additional deleterious effects, such as compassion fatigue and burnout (Fisher, 2011; McVicar, 2003).

3.3 PROFESSIONAL QUALITY OF LIFE

Stamm (2005) integrates the concepts of 'compassion fatigue, burnout and compassion satisfaction' under the umbrella term, 'professional quality of life.' The purpose of this section is to discuss the concept of professional quality of life. In Section 3.3.1 the concept, compassion satisfaction, will be introduced. Then, in Section 3.3.2, compassion fatigue is addressed. This is followed by a discussion of burnout (Section 3.3.3). Each of the mentioned sections is presented by first describing and defining the respective concepts, after which research findings are considered.

3.3.1 Compassion satisfaction

Compassionate interaction with clients and their traumatic material may, in addition to producing negative sequelae, also elicit positive outcomes, such as personal transformation and growth

(Pearlman, 1999). Moreover, helpers may perceive that their work has a positive impact on clients (Stamm, 2005). This could bring about an enhanced sense of efficacy, respect and gratitude from clients (Miller, 2000). The concept of 'compassion satisfaction' has been proposed as a theoretical term that embraces, amongst others, the aforementioned positive outcomes of compassionate caring.

The concept of compassion satisfaction refers to the levels of fulfilment, pleasure and enjoyment that individuals obtain from their occupations (Stamm, 2002). According to Larsen and Stamm (2008) compassion satisfaction denotes to the overall quality of helpers' lives and not just the interaction with clients. In other words, it embraces an attitude of caring and fulfilment that emerges not just from interaction with patients, but from a commitment to a specific purpose in life. From a logotherapy perspective such a purpose could furnish people with the motivation to meaningfully endure 'any set of circumstances' (Frankl, 2008). Hence, compassion satisfaction can be described as the experience and embodiment of, amongst others, attitudinal values such as purpose, coherence, absorption, vigour, efficacy and dynamism that are experienced when conducting work-related, and other, tasks and duties (Conrad & Keller-Guenther, 2006; Hooper, Craig, Janvrin, Wetsel, Reimels, Anderson, Greenville & Clemson, 2010; Larsen & Stamm, 2008).

Stamm et al. (2002) indicate that compassion satisfaction may bring about the following positive effects, namely:

- Enhanced sense of personal meaning due to the positive impact being made on clients' lives;
- An increased sensitivity, heightened empathy and a greater respect for the resilient nature of the human condition;
- Deeper and more meaningful connections with others, such as colleagues;
- Cultivation of self-esteem; and
- A more profound and integrated understanding of the paradoxical nature of human life. That is, the realisation that a seemingly negative event can also bring about positive outcomes.

Subsequent to the afore-noted theoretical descriptions, the concept of compassion satisfaction can be defined as the levels of fulfilment that helpers derive from (1) being absorbed in their work, (2) the experience, knowledge and/or perception that they are making a difference in the lives of clients, (3) accepting the challenging nature of their occupational roles, and (4) receiving collegial and/or institutional support.

3.3.1.1 Compassion satisfaction: Empirical considerations

Conrad and Kellar-Guenther (2006) studied compassion fatigue, burnout and compassion satisfaction, by means of the Compassion Satisfaction/Fatigue Self-Test (Figley & Stamm, 1996), among Colorado (America) child protection workers ($N = 366$). Their results indicated that participants who scored high on compassion satisfaction, presented with significantly lower levels of both compassion fatigue and burnout. Additionally, they proposed that high compassion satisfaction may be tantamount to an internal belief that a person was ‘called’ to perform a certain job. This could, amongst others, enable caregivers to bear the brunt of distressing job-related challenges by focussing on the meaningfulness of their contributions (Conrad & Kellar-Guenther, 2006). It could subsequently be hypothesised that helping professionals who experience significant levels of compassion satisfaction may exhibit enhanced internal psychological resources that may act as buffers against potentially stressful and traumatic experiences.

Putterman (2005) investigated the relationship between post-traumatic growth and professional quality of life among social workers working within an American context ($N = 415$). The concept, post-traumatic growth, refers to positive psychological changes that occur following traumatic experiences (Tedeschi & Calhoun, 2004). Results revealed a statistically significant positive relationship between post-traumatic growth and compassion satisfaction. Putterman (2005) also found that compassion satisfaction and compassion fatigue were, amongst others, significant predictors of post-traumatic growth. Hence, while compassion satisfaction may serve as a buffer against the debilitating effects of secondary stress, compassion fatigue could potentially be a catalyst that may trigger positive outcomes. Such an interpretation is consistent with a logotherapy perspective and its central thesis, namely that meaning (positively-directed growth) is possible in spite of stressful challenges (Frankl, 2008).

Ortlepp and Friedman (2002) conducted a study among 130 trauma counsellors working within the South African banking sector. Their results indicated that participants experienced significantly high levels of compassion satisfaction (Ortlepp & Friedman, 2002). Of particular note is that the participants acted in the capacity of ‘volunteers’ and provided trauma intervention services following, amongst others, bank robberies, to peers. Consequently, one could argue that there may have been an altruistic motive on the part of participants, which may have influenced the results.

Research by Lyubomirsky (2010) suggests that volunteers, high in altruism, may experience greater levels of life satisfaction and positive emotions. However, she adds that such caring endeavours tend to become pernicious when people begin to perceive their altruism as a ‘job’ (Lyubomirsky, 2010).

Hooper et al. (2010) attempted to identify levels of compassion satisfaction, compassion fatigue and burnout among a sample of 114 registered nurses working within an American-based acute care health system. Results indicated that 24.5% of participants reported low levels of compassion satisfaction, while 27% scored in the high range. Because higher levels of compassion satisfaction could potentially mitigate the negative effects of compassion fatigue and burnout, the authors suggest that nurses ought to be supported to enhance their experiences of compassion satisfaction (Hooper et al., 2010).

Schaufeli and Bakker (2001) introduced the concept of ‘engagement’ to contrast the aspect of burnout. Engagement encompasses the values of positive energy, involvement and efficacy (Schaufeli & Bakker, 2001). The concept of engagement appears to share certain characteristics of compassion satisfaction, namely that both focus on experiences of satisfaction and dynamism, positive emotions, as well as commitment and dedication to one’s work (Schaufeli & Baker, 2001; Stamm, 2010). Hence, both concepts point to psycho-social well-being and an attitude of resilience within the work context.

Koen, Van Eeden and Wissing (2011) indicate that the concept of ‘resilience’ describes nurses who manage to effectively address the stressors that they may experience as part of their work. Resilience refers to an umbrella term that is operationalised by various measures of psychosocial well-being, such as coping efficacy, hope, optimism and a sense of coherence (Koen et al., 2011). The caregiver, who embraces the aforementioned values, expresses a positive attitude in the face of demanding circumstances. Helpers require such an attitude of optimistic resilience if they are to experience a sense of compassion satisfaction when being confronted by challenges that could bring about compassion fatigue and burnout (Koen et al., 2011).

The aforementioned empirical studies point to the value of compassion satisfaction as a potential protective factor against the deleterious effects of caring. Amongst others, adopting a resilient and optimistic attitude in the face of stressors could aid helpers to embody a meaning-centred perspective (Koen et al., 2011; Schaufeli & Bakker, 2001). In other words, instead of necessarily regarding stressors as potentially negative, helpers could interpret challenges as ‘tasks’ that they have been called to address (Frankl, 2008). Such an orientation is consistent with the ‘meaning mind-set’ that was discussed in Chapter 2 (see Figure 2.1, p. 30).

Wong (2012a) argues that the meaning mind-set could assist people to transcend beyond the dichotomous plane of success versus failure, towards a dimension of purpose. That is, people could be motivated to “...transform a personal tragedy into a triumph, to turn one's predicament into a human achievement...” (Frankl, 1984, p. 135). Hence, a meaning mind-set could, hypothetically, enhance helpers’ experiences of compassion satisfaction. This, in turn, could serve as a protective factor against compassion fatigue and burnout.

3.3.2 Compassion fatigue

Compassion fatigue serves as an overarching term that encompasses the concepts of secondary traumatic stress, vicarious trauma and burnout (Figley, 2002a). According to Figley (1995) compassion fatigue originated from research in the field of emergency nursing. Within this context the term reflected an attempt to conceptualise the stress, trauma, suffering and emotional exhaustion that emergency department nurses experienced as a result of providing on-going compassionate care patients amidst strenuous working conditions (Joinson, 1992).

Compassion fatigue can be described as the natural and consequent thoughts, emotions and behaviours, on the part of a helper, that results from the knowledge that a client is suffering and/or experiencing a particularly stressful event (Adams, Boscarino & Figley, 2006). According to Stamm (2005) compassion fatigue emerges as a reaction to the traumatic client-related content that helpers encounter as a knock-on consequence of their work. Therefore, the act of compassionately caring for clients could potentially compromise the helpers' own well-being (Collins & Long, 2003).

Figley (2002b, p. 1435), captures the aforementioned sentiments when he defines compassion fatigue as: "...a state of tension and preoccupation with the traumatised patients by re-experiencing the traumatic events, avoidance/numbing or reminders, persistent arousal associated with the patient." This definition can be narrated as follows:

- State of tension - helpers often work in stressful environments where they may come into contact with traumatised and suffering clients. Helping professional could then, themselves, become traumatised by being exposed to, caring for, and interacting with these clients. Compassion fatigue can subsequently be regarded as a form of secondary traumatisation that can disrupt helpers' assumptive worldviews;
- Preoccupation and re-experiencing - compassion fatigue is characterised by intrusive recollections on the part of the helper (secondary victim) in response to a client's (primary victim) traumatic experiences. As helpers struggle to disengage from these recollections, a state of preoccupation (obsessive anxiety and/or worry) may emerge. Subsequently, intrusive thoughts, images and/or perceptions may begin to hamper helping efforts;
- Avoidance and numbing - the client's experiences may have been so traumatic in nature that, as defence against the potentially unbearable feelings of helplessness, the helper attempts to avoid thoughts, feelings, conversations, people and places that are associated with the traumatic content. Avoidance may also give rise to the 'silencing' response, which refers to the inability and/or avoidance of helpers to pay attention to or interact empathetically with clients and accompanying traumatic content (Sheldon, 2000); and

- Arousal - exposure to clients' traumatic experiences could negatively affect helpers' sleeping patterns and entice, amongst others, an exaggerated startle response, diminish the ability to concentrate, result in declining work performance and client-care, as well as bring about lapses in clinical judgment.

Compassion fatigue can subsequently be described as an adverse, yet contextually normal, reaction that is characterised by a constellation of apparent pathogenic-based reactions after bearing witness to the suffering of others. It could become a source of significant stress in the lives of helpers and negatively impinge on psycho-social functioning. However, Gentry and Mescia (2004) indicate that there are certain 'early warning signs' that could alert helpers to the potential threat of compassion fatigue. These are presented in Table 3.1.

Table 3.1. Early warning signs related to compassion fatigue

Physical	Psychological	Behavioural	Social
Disturbance in sleeping patterns	Lowered self-esteem	Workaholism	Social isolation
Changes in energy levels and extreme fatigue	Heightened levels of anger and aggression	Increased substance use and/or abuse	Avoiding clients and/or co-workers
A change in eating habits - eating significantly more or less	Diminishing sense of personal accomplishment	Lack of energy to perform necessary tasks and duties	Irritability towards clients and/or co-workers
Gastrointestinal upset	Declining levels of motivation	Chronic tardiness	Lack of interest in significant relationships
Headaches	Feelings of hopelessness	Erratic behaviour	Dependency on others
Decreased motivation to engage in physical activities	Feelings of anxiety and depression	Procrastination	Increased transference/counter-transference issues with certain clients

A worsening of the aforementioned 'early warning signs' could lead to the development of compassion fatigue, which mimics the triad-symptomology of post-traumatic stress disorder,

namely (1) arousal, (2) intrusive thoughts and images, and (3) avoidance (Figley, 1999; Gentry & Mescia, 2004). Additionally, compassion fatigue also includes depressive and dissociative symptoms (Baranowsky, 2012). The typical compassion fatigue symptoms are listed below:

- Arousal -
 - Marked increase in irritability accompanied by lowered frustration levels;
 - Hyper-vigilance;
 - An exaggerated startle response;
 - Sleeping difficulties;
 - Increased negative arousal; and
 - Difficulty concentrating.
- Intrusion -
 - Recurring thoughts, images and perceptions;
 - Intrusive images related to clients' traumatic material; and
 - Nightmares.
- Avoidance -
 - Avoiding thoughts, feelings and conversations associated with the traumatic exposure;
 - Silencing and/or minimising clients' stories and experiences;
 - Diminished capacity for compassion and empathy; and
 - Lack of interest in previously meaningful and/ or enjoyable activities.
- Depressive -
 - Depression or extreme sadness;
 - Dread working with clients;
 - Ineffective and/or harmful self-care behaviours, for example, substance abuse;
 - Diminished sense of purpose;
 - Lowered functioning in both professional and non-professional spheres;
 - Loss of hope; and
 - Lack of energy and enthusiasm.
- Dissociative -
 - Struggling to separate work and personal life;
 - Increased transference/counter-transference issues with certain clients; and

- Disruption of the assumptive world.

The aforementioned symptoms do not exist in isolation. Rather, a number of factors could predict the incidence of, as well as protect against, compassion fatigue (Collins & Collins, 2005). These factors are represented as the compassion fatigue process model.

3.3.2.1 The compassion fatigue process model

Figley's (1995) compassion fatigue process model serves as a theoretical representation of the factors that could forecast, as well as protect against, the development of compassion fatigue. This model is represented in Figure 3.2.

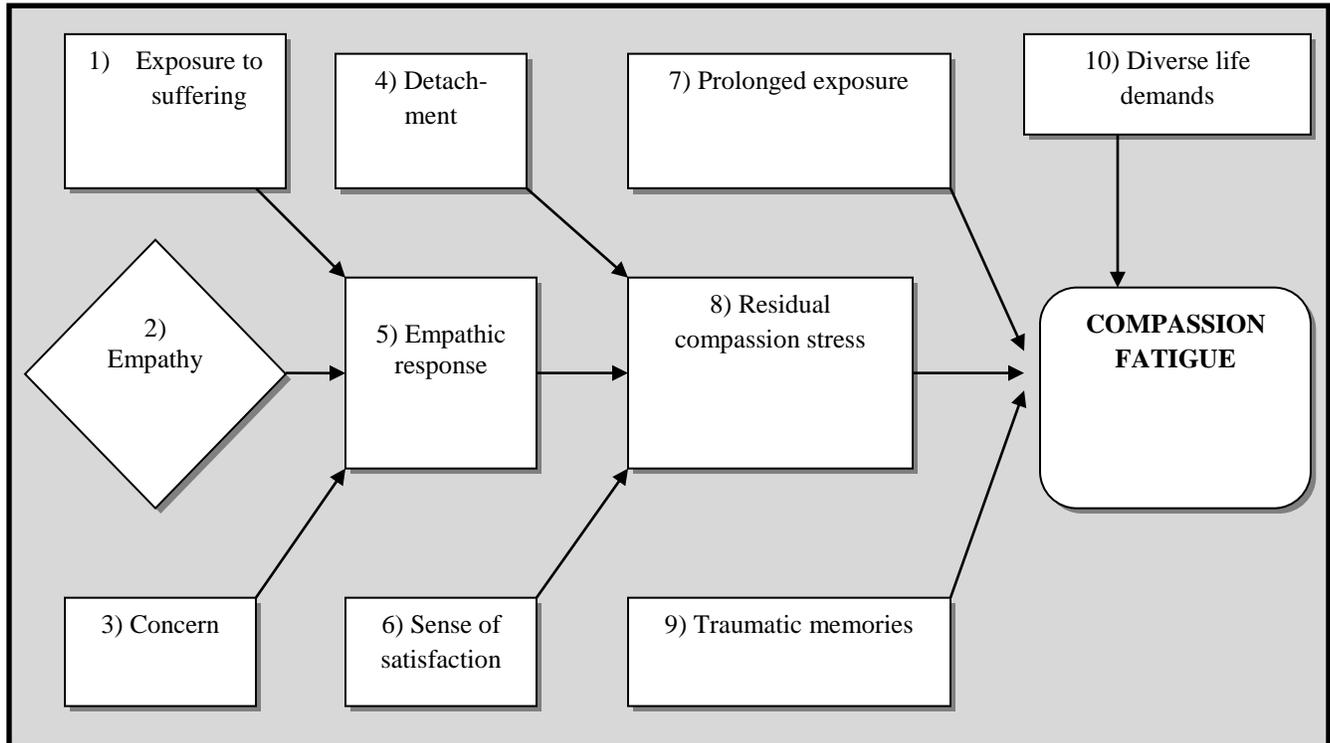


Figure 3.2. The compassion fatigue process model (Adapted from Figley, 2002b, p. 1437)

The ten components, as outlined in Figure 3.2, will now be discussed:

- (1) Exposure to suffering - helpers are exposed to the suffering of clients as functions of their occupational roles within pertinent helping contexts. This could predispose them to conditions of secondary stress;

- (2) Empathetic ability - empathetic ability refers to the capacity to identify a person in need as well as the motivation to act as a means of alleviating suffering. The willingness to reach out to clients inevitably exposes helpers to secondary traumatic content. Ironically, while empathy serves as the impetus for helping-centred behaviour, it also serves as a predictor for the development of compassion fatigue (Figley, 1995). It would therefore appear that more empathetic helpers ought to take cognisance of the accompanying requirement to engage in appropriate self-care as a means of addressing the threat of compassion fatigue;
- (3) Concern - helpers may become concerned with clients' suffering. These levels of concern may vary according to helpers' intrinsic or acquired levels of empathy;
- (4) Detachment - the capacities on the part of helpers to distance themselves from clients' suffering is referred to as 'detachment.' Helpers ought to set and manage appropriate boundaries that coincide with ethical guidelines in an attempt to separate professional and personal roles;
- (5) Empathetic response - helpers make attempts to address the emotional needs expressed by clients. According to Bergh & Theron (2004) empathy is an important ingredient of any therapeutic and helping relationship. However, it ought to be accompanied by professional detachment and clearly defined boundaries;
- (6) Sense of satisfaction - helping professionals may derive a sense of satisfaction from working with, and addressing the emotional needs of, clients. The levels of satisfaction could be influenced by numerous factors, such as helpers' individual life goals, career expectations, personal motivations and client-specific characteristics (Corey & Corey, 2011; Weinstein & Ryan, 2010);
- (7) Prolonged exposure - residual compassion stress goes hand in hand with prolonged exposure to the clients' suffering. This stressful interaction is compounded by an on-going responsibility on the part of helpers. In other words, helpers are required to assume continuous responsibility for the care of clients. Prolonged exposure is a major risk factor that could predict the development of compassion fatigue (Figley, 2002a). One way of addressing this is to take regular breaks from intense exposure to traumatic content;
- (8) Residual compassion stress - an on-going and compulsive requirement for action on the helper's part to relieve the emotional suffering of the client, is referred to as 'residual

compassion.’ The helper who is affected by residual compassion may therefore experience a compulsive need to be available and care for clients;

- (9) Traumatic memories - certain events, places and conversations could trigger traumatic stress-related memories on the helpers’ part. Subsequently, helpers’ traumatic life experiences and memories could be triggered through exposure to clients’ experiences. Baranowsky (2012) warns that helpers ought to be cognisant of their own life experiences and how these may affect their current functioning; and
- (10) Diverse life events - the aforementioned factors do not play out in a vacuum. Rather, they are compounded by helping professionals’ everyday stressful experiences. Hence, stressors from different life areas could accumulate and bring about the condition of compassion fatigue.

Figley (1995, 2002) identifies the following eight components, some of which are included in Figure 3.2, as possible predictors for the development of compassion fatigue, namely:

- (1) Exposure to suffering;
- (2) Empathetic ability;
- (3) Empathetic concern;
- (4) Empathetic response;
- (5) Residual compassion stress;
- (6) Prolonged exposure;
- (7) Traumatic memories; and
- (8) Diverse life demands.

In contrast, two components, namely (1) sense of satisfaction, and (2) detachment, could serve as possible protective factors. The shift from early warning signs to the development of compassion fatigue occurs over five interconnected phases.

3.3.2.2 The five phases of compassion fatigue

Compassion fatigue has an abrupt onset (Figley, 1995). Gentry and Mescia (2004) describe this sudden development by means of five interrelated phases, namely:

- (1) Zealot (idealistic) - enthused helpers often enter the workplace with idealistic motives and a desire to make a difference in the world (Corey & Corey, 2011). This could result in blurred professional boundaries and a subsequent over-extension of responsibilities. Gentry (1999) explains that a subsection of helpers may enter their professions with personal histories coloured by traumatic experiences. Once they encounter the traumatic material of clients, previously unconscious traumatic memories could be triggered. Thus, as time passes, helpers' initial enthusiasm could be replaced by lethargy and petulance;
- (2) Irritability - a variety of factors, such as a lack of resources, arduous working conditions, organisational politics and demanding clients, could have a de-motivating impact on helpers. A sense of 'irritability' may be a common reaction to the aforementioned, and bring about the following reactions:
 - Cutting corners and not following set-procedures;
 - Avoiding client contact;
 - Dark humour, such as sarcasm;
 - Disregarding self-care;
 - Poor concentration and possible mistakes in clinical judgements; and
 - Distancing oneself from meaningful others;
- (3) Withdrawal - the initial confined behaviour, as expressed in the irritability phase, becomes more pervasive. Subsequently helpers may begin to isolate themselves by avoiding clients, co-workers and disregarding efforts aimed at self-care. Additionally, helpers could perceive themselves in 'victim' roles, become chronically fatigued and behave psychologically defensive;
- (4) Zombie - helpers who enter the 'zombie' phase begin to actively dislike clients and co-workers by regarding them as, amongst others, incompetent. This results in heightened levels of frustration and potential outbursts of anger; and
- (5) Pathology and victimisation versus maturation and renewal - this stage serves as a turning point. Helpers could move toward pathology and victimisation, or address the challenging nature of their work in a constructive way and bring about a sense of renewal and growth. Pathology and victimisation includes symptoms such as helplessness, anxiety and depression. The challenges faced could bring about crises, characterised by psycho-social disequilibrium, in the lives of these disillusioned helpers (France, 2001;

James & Gilliland, 2008). In contrast, helpers who manage to remain realistically optimistic in the face of seemingly overwhelming challenges could experience, amongst others, a sense of mastery and control, enhanced resilience and positive transformation (Gentry & Mescia, 2004; Smit, 2006).

The aforementioned phases reflect the transformation of initially idealistic helpers, to either compassionately fortified, or emotionally hardened and weakened, professionals. Helpers who exhibit renewal and maturation will, all things being equal, develop a heightened understanding of their roles that include, *inter alia*, realistic expectations, sensible optimism and meaningful connections with co-workers and clients (Berg & Theron, 2004; Luthans, 2008). This could enable them to not only survive the challenges of the helping profession, but to thrive and grow because of the stressors experienced.

The five phases described by Gentry and Mescia (2004) serve as a guide to address secondary stress in a preventative manner. This could, subsequently, provide direction in the development and implementation of stress management strategies.

3.3.2.3 Compassion fatigue: Empirical considerations

A substantial body of research attests to the negative impact that compassion fatigue can have on helpers (Costa, 2005; Deighton, Gurriss & Traute, 2007; Elkonin & Van der Vyver, 2011; McCann & Pearlman, 1990; Meadors et al., 2009; Neuman & Gamble, 1995; Salston & Figley, 2003; Sexton, 1999). This includes, but is not limited to, reduced work performance, an increase in critical mistakes and lapses in clinical judgement, stress and trauma-related symptomology, substance abuse, decreasing morale, disruption of cognitive schemas and assumptions about the world as a meaningful and safe place, weakened intrapersonal functioning, troubling interpersonal relationships, an inability to establish and maintain professional boundaries, and professional disillusionment that may lead to an exit out of the field. All of these aspects can have debilitating effects on helpers, clients and meaningful others.

Potter, Deshields, Divanbeigi, Cipriano, Norris and Olsen (2010) studied the concept of professional quality of life (i.e. compassion fatigue, burnout and compassion satisfaction) by

drawing on a sample of 153 healthcare providers in Midwestern United States of America. The sample included registered nurses, patient care technicians, medical assistants and radiography therapy technologists who were working in an oncology unit. Making use of Stamm's (2005) Professional Quality of Life Scale, the researchers found that health care providers who had spent a significant amount of time (11-20 years) working in an oncology unit, presented a particular risk for the development of compassion fatigue. The researchers suggest that the stressful nature of oncology work, which includes tasks such as dealing with cancer patients who may be suffering and facing inevitable death, palliative care and a barrage of ethical challenges, may account for the result (Potter et al., 2010).

Additionally, a non-statistically significant trend was identified for greater risk of burnout and compassion fatigue among nurses who had higher levels of education (Potter et al., 2010). The authors hypothesise that this may indicate that nurses who pursue higher levels of education could have had greater expectations for work satisfaction. Subsequently it appears that straddling the tension between (possibly unrealistic) expectations and real life experiences may predispose helpers to, amongst others, the development of compassion fatigue (Potter et al., 2010).

Notwithstanding the aforementioned, Potter et al. (2010) also indicate that environmental and unit specific conditions, as well as organisational structures are particular relevant contributors to the negative costs of caring. More specifically, the on-going stressful and intensive nature of oncology nursing work appears to play an important contributing role (Potter et al., 2010). This result becomes even more prevalent when compared to 'less intense' trauma related helping services.

A South African study by Ortlepp and Friedman (2002) focussed on the experiences of 130 non-professional first-line trauma counsellors who worked in the banking industry. Making use of, amongst others, the Compassion Satisfaction/Fatigue Test (Figley & Stamm, 1998) and Antonovsky's (1987) Sense of Coherence Scale, the researchers reported that none of the participants experienced clinically significant levels of compassion fatigue. Furthermore, high scores on the Sense of Coherence Scale was inversely correlated with compassion fatigue. Subsequently it appears that the manner in which counsellors coped with secondary trauma, and

not the exposure *per se*, may have played an important role in the outcomes (Ortlepp & Friedman, 2002).

Ortlepp and Friedman (2002) also note that participants' dual work roles may have served as an important protective factor that guarded against the development of compassion fatigue. Additionally, they indicate that participants' caseloads were purposefully controlled to prevent prolonged exposure to traumatic content. Moreover, training endeavours were supervised by proficient and expert trainers. Hence, it appears that the organisational structure supported participants in their helping roles (Ortlepp & Friedman, 2002). Qualitative interviews furthermore suggested that participants experienced some feelings of vulnerability and limited secondary stress reactions in the weeks directly after delivering counselling services. These were, however, not significant enough to disrupt personal or occupational functioning (Ortlepp & Friedman, 2002).

Numerous significant implications emerge from the Ortlepp and Friedman (2002) study. Specifically, it appears that intrinsic motivation, functional and appropriate training, organisational support, a focus on different life roles, and intra- and interpersonal coping, played noteworthy roles in combating compassion fatigue. Subsequently it can be hypothesised that an appropriate organisationally supported training programme that focuses on, amongst others, intrinsic motivation, functional coping, the importance of different life roles and clearly defined professional roles, may serve as an important protective factor against the development of compassion fatigue amongst nursing students.

A qualitative study conducted among 20 female Canadian registered nurses by Ward-Griffin, St-Amant and Browne (2011), concur with some of the Ortlepp and Friedman (2002) findings. Amongst others, the researchers argue that well-defined boundaries may serve as a protective factor against the development of compassion fatigue. Following qualitative data analysis of interviews with a sample of 20 nurses who provided double-duty care to elderly patients, the authors suggest that the constant negotiation and tension that exists between professional and personal care work, as well as the ensuing erosion of professional-personal boundaries, may have led to adverse health consequences experienced by participants (Ward-Griffin et al., 2011).

Meaders and Lamson (2008) also found that a sample of paediatricians ($N = 185$), who experienced greater levels of personal stress, were more likely to be at risk for the development of compassion fatigue. The authors emphasise the importance of relevant training and educational programmes to raise awareness amongst at risk populations regarding the incidence and dangers associated with, amongst others, compassion fatigue (Meaders & Lamson, 2008).

Findings from Maytum, Heiman, and Garwick (2004) provide further evidence for the importance of appropriate training. More specifically, they found, following qualitative enquiry with 20 nurses who specialised in child care within an American context, that awareness of compassion fatigue appeared to play an important protective role. However, Ward-Griffen et al. (2011) warn that the availability of relevant resources as protective factors ought to be considered in addition to personal stress-management training. This may link to the Ortlepp and Friedman (2002) finding that Sense of Coherence plays an important protective role against compassion fatigue. Antonovsky (1979) explains that Sense of Coherence is closely related to generalised resistance resources. Amongst others, generalised resistance resources point to social resources that, in addition to an intrinsic sense of confidence regarding coping efficacy, could enable humans to cope effectively with stressors that may otherwise have predisposed them to the development of compassion fatigue.

Yoder (2010) studied the prevalence of compassion fatigue among a broad spectrum of nurses working in a Mid-West (United States) community hospital ($N = 106$). Quantitative results indicated that the longest serving participants (30+ years) experienced slightly higher levels of compassion fatigue when compared to those who had the least amount of experience (<5 years). Furthermore, participants with the least experience (<5 years) suffered significantly higher levels of compassion fatigue than those with intermediate levels of experience (10-19 years) (Yoder, 2010). Hence, extended exposure to traumatic client-related content, as well as a possible lack of the required coping skills and professional experience, could predispose helpers to the development of compassion fatigue (Yoder, 2010).

In her qualitative findings Yoder (2010) identified two emerging themes, namely (1) trigger situations and (2) coping strategies. With regards to the ‘trigger situations’ theme, the researcher indicated that extreme patient suffering (e.g. imminent death), difficulty in dealing with patients’ family members (e.g. anger expressed by such parties), futile care (e.g. having to engage in procedures when there is no hope for a patient’s recovery), system-related challenges (e.g. high workloads amidst contexts that require life and death decisions) and personal issues (e.g. inexperience and blurred boundaries) were factors that could provoke the development of compassion fatigue. With regards to the ‘coping strategies’ theme, two sets of coping strategies emerged, namely (1) work-related coping, which included proactive attempts to deal with challenging situations, utilising social support structures and intentional detachment, i.e. focussing on the task at hand and not the patient; and (2) personal coping strategies included deliberate attempts to focus on activities and life roles outside the work environment, spiritual activities, such as engaging in prayer, and self-reflection (Yoder, 2010).

Collectively, the abovementioned arguments indicate that the indirect exposure to traumatic content and/or the suffering of others, may serve as a particular risk factor for the development of compassion fatigue. The argument was also presented that appropriate training and other supportive services, which address both intra- and interpersonal challenges, are important to assist helpers to deal with the challenges posed by compassion fatigue. It can subsequently be hypothesised that intrapersonal, interpersonal and social resources ought to be addressed in conjunction in compassion fatigue training and educational programmes. Figley (2002b) substantiates this claim by advocating that training programmes ought to be multidimensional in order to address the multifaceted nature of compassion fatigue. However, one area of concern that has not been addressed, and which is of particular importance in this study, relates to that impact that compassion fatigue may have on nursing students. There appears to be a paucity of literature that addresses the impact of compassion fatigue on nursing students; an even greater scarcity exists when considering compassion fatigue and South African nursing students.

According to Sheu, Lin and Hwang (2002) Taiwanese nursing students who enter clinical practice could, due to their assumed young age, have poorly-developed, or at least still-developing, coping skills. This could render them particularly vulnerable to the impact of

secondary exposure to traumatic content. The researchers drew on a sample consisting of 561 students ($M_{\text{age}} = 18.44$) from a Taiwanese nursing school who were undergoing their first clinical practice subsequent to completing the theoretical component of their training (Sheu et al., 2002). Using the Perceived Stress Scale, Coping Behaviour Inventory and the Physio-Psycho-Social Response Scale (all scales were developed by the mentioned authors in earlier studies), three prominent stressors were identified, namely: (1) lack of professional knowledge and skills, (2) uncertainties relating to patient care, and (3) course-related concerns, for example, apprehension about poor grades (Sheu et al., 2002).

Participants' most noted reactions to the stressful nature of clinical practice included general anxiety and nervousness, as well as diminished capacities to make decisions (Sheu et al., 2002). In attempting to cope with clinical practice challenges, participants indicated that they tended to remain optimistic, focussed on practical problem solving methods and engaged in activities that helped them to de-reflect from clinical practice stressors, such as physical exercise. The researchers suggest that educators ought to pre-brief and assist nursing students, especially those who will enter the clinical practice for the time, to develop realistic expectations, emphasise the importance of an optimistic attitude and furnish them with appropriate problem-solving skills (Sheu et al., 2002).

Even though Sheu et al. (2002) did not state it explicitly, the researcher would venture to add that a debriefing/post-briefing, in addition to a pre-briefing, might be of value to students who return from clinical practice. This could assist them to, amongst others, reflectively compare their initial expectations with actual clinical experiences, identify potential growth areas and even afford them with the relevant skills, knowledge and abilities to provide mentorship to junior students.

Por, Barribal, Fitzpatrick and Roberts (in press) studied the relationship between emotional intelligence and stress-related experiences and coping amongst 130 nursing students from the United Kingdom. Emotional intelligence was positively related to well-being, problem-focused coping and perceived nursing competency. Additionally, emotional intelligence was inversely related to perceived stress. These results highlight the relevance and importance of understanding and effectively managing emotions within the nursing profession. More specifically, they

indicate that adequate training could enable nursing students to develop the emotional competence to deal constructively with the stressful challenges that they may encounter (Por et al., in press).

Palliative care is an area that many helpers find particularly stressful and traumatic (Mullory, 2003). Due to high levels of exposure to secondary stressors, those conducting palliative care may be predisposed to the development of compassion fatigue. Mullory (2003) found that participants' ($N = 104$ nursing students) attitudes toward care of the dying improved after an educational course in palliative care. Subsequently the addition of an appropriate training component could, as Gentry, Baranowsky and Downing (2002) argue, enhance helpers' self-esteem, boost morale and serve as a buffer against the development of compassion fatigue.

The aforementioned illustrates the requirement for stress-management and psycho-educational training programmes among nursing students as a means of mitigating the deleterious effects, such as compassion fatigue, of caring. Appropriate training programmes could assist nursing students to concretise the skills, knowledge, abilities and attitudes required to deal with secondary stress in a constructive manner. This study could therefore make an important contribution through the development of such a psycho-educational stress-management programme. However, if such a programme is to have a meaningful impact, it also ought to address the concept of burnout.

3.3.3 Burnout

Freudenberger (1974) is regarded as the 'father' of the burnout syndrome. Working as a psychiatrist in a New York-based drug rehabilitation clinic, Freudenberger observed how initially idealistic helpers became disillusioned with their work. His interest in the burnout syndrome focussed primarily on assessment and treatment. Freudenberger's (1974) seminal work was both further investigated and 'popularised' by Maslach.

Maslach (1976), a social psychologist, became involved in the study of burnout after observing how Californian poverty lawyers turned out to be disheartened by their work. According to Maslach and Jackson (1977) the mentioned poverty lawyers appeared to enter a steady state of

exhaustion, cynicism and loss of commitment. These observations mirrored those purported by Freudenberger (1974) and appear to be tantamount to the zealot phase described by Gentry and Mescia (2004) (see 3.3.2.2, p. 92).

Initial attempts at scientific publication of the burnout concept met with rejection (Maslach & Jackson, 1984). However, in the 21st century the burnout syndrome has come to be considered as a topical issue (Bergh & Theron, 2004). This has led to the proliferation of empirical studies that have addressed burnout (Maslach, 2003).

3.3.3.1 Burnout defined

Burnout is considered to be a latent outcome of compassion fatigue (Figley, 2002b; Stamm, 2005). Compared to compassion fatigue, the concept burnout is regarded as a reaction related to the environment, and not necessarily to interpersonal contact between helpers and clients (Collins & Collins, 2005; Maslach, Schaufeli & Leiter, 2001).

Maslach (2003) defines burnout as a syndrome of emotional exhaustion, depersonalisation and diminished personal accomplishment that primarily occurs among those involved in the helping, and other person-orientated, professions. The three main components of this definition, namely emotional exhaustion, depersonalisation and reduced personal accomplishment, will now be discussed:

- (1) A pattern of emotional exhaustion is at the core of the burnout syndrome (Maslach et al., 2001). This pattern emerges as individuals either overextend themselves in their caring roles, or when the demands posed by others, such as clients, has a debilitating effect on them. Subsequently helpers may begin to present with, amongst others, diminished interest in significant work and other personal activities, avoidant behaviour, reduced motivation levels and resistance to invest energy into previously important activities (Maslach et al., 2001);
- (2) Depersonalisation refers to a detached, insensitive and, in extreme cases, dehumanised response to the needs of others (Maslach, 2003). Helpers are expected to address client-related problems within the context of organisational constraints. This could lead to viewing clients, and in some instances, humanity as a whole, in a pessimistic and hostile

manner: 'they' (i.e. clients) may be regarded as bothersome and helpers could even begin to actively dislike clients. Essentially, clients become dehumanised and may represent nothing more than a 'number' to burned out helpers; and

- (3) Helpers may begin to develop a sense of inadequacy and self-imposed feelings of failure, which reflects a sense of reduced personal accomplishment. This could lead to a negative self-perception, feelings of depression and a desire to leave the helping profession (Maslach, 2003).

Maslach and Leitner (1997) identify three universal responses that characterise burnout, namely:

- (1) Erosion of engagement - helpers do not regard the compassionate interaction and engagement with clients as meaningful anymore. Consequently, there is a breakdown in the relationship between helper and client;
- (2) Erosion of emotion - previously positive work experiences and interactions are replaced by negative emotions, such as anger, resentment and depression; and
- (3) Imbalanced fit - the initial positive relationships that helpers forged with occupational demands and/or clients are replaced by cycles of negativity. This results in gradual, yet increased, incongruence between helpers' needs and work demands.

Deducing from the aforementioned, burnout can be described as a pattern of initial over-involvement with clients that may subsequently bring about reactions of emotional overload, cynicism and diminished personal accomplishment. According to Maslach (2003) helpers would often blame personal inadequacies and/or clients for the development of their burnout symptomology. However, she adds that a 'situationist' perspective is an important and often overlooked facet of the burnout syndrome. From this perspective both interaction with other people, such as clients, the occupational/organisational environment and personal characteristics ought to be considered as contributing to the development of burnout and accompanying symptomology.

The symptomology associated with burnout can, according to Figley (1995) and Stamm (2005), be grouped into five categories, namely:

- (1) Physical - fatigue, sleeping problems, lack of energy and health-related problems, for example high blood pressure and tension headaches;
- (2) Emotional - depression, anxiety and feelings of helplessness;
- (3) Behavioural - cynicism, aggression and substance abuse;
- (4) Work-related - declining levels of performance, absenteeism and high turnover; and
- (5) Interpersonal - hostile collegial relationships, dehumanising clients and dark humour.

3.3.3.2 Burnout: Empirical considerations

Circenis and Millere (2011) studied the prevalence of burnout among a sample of 129 registered nurses in Latvia, Northern Europe. Using the Professional Quality of Life Scale (Stamm, 2010), the study reported that 53% of the sample experienced significantly elevated levels of burnout. A study by Potter et al. (2010) found that American oncology nurses were also particularly prone to burnout. Amongst others, the strenuous working conditions and perceived lack of resources could contribute to this (Potter et al., 2010). Similar empirical findings emerge across the nursing spectrum, including in South Africa.

Lever et al. (2000) reported that nearly 55% of psychiatric nurses ($N = 94$), working in the South African public sector, experienced high levels of emotional exhaustion. Furthermore, 45% reported high levels of depersonalisation. Additionally, Smit (2006) reported high levels of emotional exhaustion and low levels of personal accomplishment among a sample of South African health care workers ($N = 313$). According to Maslach et al. (2001) both emotional exhaustion and depersonalisation are indicative of the burnout syndrome.

Elkonin and Van der Vyver (2011) also found high probability for burnout among a sample of intensive care nurses ($N = 30$) working within a South African context. They indicate that the demanding working conditions, which include daily exposure to human suffering and hardship, may predispose nurses to the development of burnout. Additionally, Elkonin and Van der Vyver (2011) argue that aspects such as role uncertainty, meagre remuneration and low work status, could exacerbate already high levels of burnout. Lever et al (2000) agree and state that nursing staff, who are emotionally overwhelmed, may be less likely to offer optimal patient care. This is consistent with Maslach's (1976) claim that employees suffering from burnout tend to exhibit

diminished levels of empathy and compassionate concern for the clients that they work with. Bergh and Theron (2004) add that certain organisational practices, for example, limited employee involvement in the decision making process, disproportionate workload and limited support, could aggravate the development of burnout responses.

According to Van der Colff and Rothman (2009) certain organisational-specific stressors, such as long working hours and high workloads, cannot be changed. The nursing profession is characterised by endemic organisational stressors, which include, but is not limited to, extended working hours, substantial workloads, meagre compensation, low work status and critical decisions (Levert et al., 2000). Hence, registered nurses face a multitude of unwavering stressors that could culminate in the development of the burnout syndrome.

When considering that nursing students are entry level employees in a particularly stressful profession, which is already characterised by, *inter alia*, meagre compensation and high workloads, there appears to be a particular threat to their well-being. Nursing students may also, all things being equal, be relatively young. Research indicates that burnout is more likely to affect younger helpers because they may not yet have developed the required coping skills to effectively address stressful challenge (Gibbons, 2010; Maslach, Jackson & Leiter, 1996). Thus, inescapable and enduring stressors could be particularly prevalent among nursing students (Shriver & Scott-Styles, 2000).

According to Gibbons (2010) typical stressors that affect nursing students include academic studies and life balance challenges, working with sick and dying patients, conflict with staff, such as medical doctors, registered nurses and administrative personnel, professional insecurity related to clinical competence, interpersonal problems, and conflicts with family and friends. The aforementioned stressors can serve as the impetus for the development of burnout if not addressed adequately. More specifically, Gibbons (2010) found that nursing students ($N = 171$) from the United Kingdom who adopted an avoidance coping style, i.e. shunning away from personal responsibility to seek for, find and implement options to proactively address stressors, were more likely to experience emotional exhaustion. In contrast, students who engaged in proactive coping approaches, tended to experience lower levels of emotional exhaustion.

Additionally, Gibbons (2010) found that younger students were more likely to engage in avoidant forms of coping, which may explain why they tend to be at a greater risk for the development of, amongst others, burnout.

Crumpei and Dafinoiu (2012) conducted a survey-based research study with a sample of 168 Romanian medical students ($M_{\text{age}} = 22.4$) by means of the Professional Quality of Life Scale (Stamm, 2005). In comparison to a control group, the participants had significantly higher levels of burnout. However, Crumpei and Dafinoiu (2012) also found that participants who entered medical school to 'please' their parents, versus those who entered due to altruistic or personally motivated reasons, experienced higher levels of burnout. Subsequently, intrinsic motivation could, hypothetically, serve as a potential protective factor against burnout.

According to Koen et al. (2011) nurses typically enter profession because of an altruistic motivation to care for others. In a South African-based qualitative study the researchers found that resilient nurses were more likely to actively engage in building resourcefulness, while less resilient nurses tended to adopt externalised explanatory styles (Koen et al., 2011).

Deriving from the findings reported on by Crumpei and Dafinoiu (2012), and Koen et al (2011), it appears plausible to theorise that an internal sense of motivation, purpose and meaning could serve as a protective factor against the harmful effects of burnout. Ulrichová (2012) underscores such an assertion when stating that burnout is characterised by deficient levels of both self-appreciation and personally meaningful values. The person suffering from burnout tends to experience a sense of existential meaninglessness (Ulrichová, 2012). Maslach and Leitner (1997) also state that burnout is indicative of a sense of existential meaninglessness experienced amidst the work context. Hence, developing a sense of meaning could prove to be a protective factor against the negative sequelae of burnout (Bulka, 1984; Yiu-kee, & Tang, 1995).

Researchers have indicated that appropriate training could be beneficial for those exposed to secondary stress and demanding working conditions (Baranowsky, 2012; Figley, 1995). The strategies and techniques included in such training programmes will be considered in the subsequent section.

3.4 STRATEGIES TO ADDRESS STRESS AND PROFESSIONAL QUALITY OF LIFE

Researchers agree that helpers will experience compassion-related stress for as long as they are involved in caring interactions (Baranowsky, 2012; Figley, 1995; Gentry, 1999; Stamm, 2010). In other words, compassion fatigue and burnout are part and parcel of the helping context. In this regard Frankl (1984, p. 135) advocates that when humans “...are no longer able to change a situation...” they “...are challenged to change...” themselves. Hence, the use of, amongst others, psycho-educational stress-management training programmes could be a viable avenue for helpers to develop the skills, knowledge, abilities and attitudes required to manage themselves within the stressful helping environment. This could, henceforth, enable helpers to develop the competencies to, in the words of Frankl (1984), ‘change themselves’ to effectively address the challenges experienced.

The keys to effectively managing compassion fatigue and burnout are psycho-educational stress-management training and self-care (Baranowsky, 2012). The four primary aims of psycho-education, as related to the secondary stress context, are to (1) provide relevant information about the conditions of, amongst others, compassion fatigue, burnout and compassion satisfaction, (2) assist helpers to identify their unique manifesting stress-related symptoms and possible triggers, (3) enable helpers to develop self-care plans that address the various dimensions of a person’s life, for example social, physical, emotional, mental and spiritual, and (4) actively engage and practice the mentioned appropriate self-care strategies (Baranowsky, 2012; Figley 2002a; Gentry et al., 2002).

Logotherapy could serve as a valuable adjunct to the aforementioned by emphasising an ‘education towards responsibility’ (Frankl, 1988). A logotherapy-based approach focuses on assisting people to assume responsibility for their responses to stressors, or tasks, that they encounter in life (Frankl, 1978). This is consistent with Baranowsky’s (2012) and Figley’s (2002b) arguments that self-care ought to enable helpers to address the factors that could impede of their well-being, thereby establishing healthy boundaries, as well as a sense of personal accomplishment and satisfaction.

In addition to psycho-education and self-care, social support is also an important factor that could enable helpers to mitigate the stressful effects of their work (Conrad & Kellar-Guenther, 2006; Lyubomirsky, 2010). Researchers have found that high workload and low social support are related to enhanced levels of, amongst others, burnout (Collins & Collins, 2005; Koeske & Koeske, 1993). In contrast, the availability of social support appears to reduce the deleterious effects of caring burnout (Figley, 1995; Um & Harrison, 1998).

Based on the aforementioned arguments, three potential protective and enabling factors, which may be beneficial in helpers' efforts to address compassion fatigue and burnout, can be identified, namely (1) psycho-education and stress-management training, (2) engagement in self-care, and (3) social support. These factors appear to be relevant to include in training programmes designed to address compassion fatigue, burnout and compassion satisfaction. In addition to this, there are existing psycho-education and stress-management programmes that address the mentioned, and other, concepts.

The leading secondary stress-management programme is the Accelerated Recovery Programme (Baranowsky & Gentry, 2010). The Accelerated Recovery Programme is a five session brief therapy approach that is designed specifically to reduce the intensity, frequency and duration of compassion fatigue symptoms (Gentry, 2002). Based on both quantitative and qualitative pre-programme assessment, the Accelerated Recovery Programme addresses compassion fatigue symptomology and triggers, resource identification and utilisation, arousal reduction methods, containment and grounding skills, conflict management and resolution, and an aftercare plan (Gentry et al., 2002).

The Accelerated Recovery Programme serves as a comprehensive treatment protocol and draws attention to a variety of components that may be beneficial in the design of psycho-educational stress-management programme. However, limited empirical data regarding programme validation and efficacy are available (Gentry et al., 2002; Van Tonder, 2005). This is surprising when considering that the Accelerated Recovery Programme incorporates a variety of quantitative assessments into its programme design. Moreover, participants are requested to sign

informed consent forms that requests permission to include data in research investigations. The empirical evaluations of psycho-education training interventions are important to, amongst others, ensure that such programmes do more good, than harm (Egan, 2007).

Oosthuizen (2011) developed a self-study care-for-the-caregiver programme. The author argues that self-care is influenced by both conscious and unconscious factors. Additionally, she advocates both a self-reflective stance and journaling as important components in addressing self-care. More specifically, it is argued that self-reflection and journaling could enable helpers to develop an enhanced understanding of their unique experiences and reactions to, amongst others, secondary stress and develop a meaningful self-care strategy (Oosthuizen, 2011).

The aforementioned programme also appears to draw on a Socratic approach by emphasising the importance of the “...richness of...personal understanding” (Oosthuizen, 2011, p. 6). Hence, the focus is not necessarily on the mastery of academic material, but rather on bringing forth personal knowledge that, when combined with the programme content, could enable helpers to deal effectively with the challenging nature of secondary stress. The act of reflective journaling enhances the aforementioned by allowing helpers to interact with the material in a systematic and structured manner (Oosthuizen, 2011).

Oosthuizen (2011) guides helpers through a multi-level exploration of self-care dimensions. In total, she emphasises five dimensions of self-care, namely the: (1) physical, (2) mental, (3) emotional, (4) professional, and (5) spiritual and creative, selves. The programme is concluded by means of a portfolio assignment where helpers ought to devise their own goal-directed self-care plans, test it out for two weeks, and then make changes to the plan as required (Oosthuizen, 2011).

The care-for-the-caregiver programme serves as a comprehensive course directed at self-care (Oosthuizen, 2011). However, it presupposes that helpers who are experiencing compassion fatigue, burnout or even a low sense of meaning in life, will act in self-directed ways and complete the reflective and journaling exercises. When considering that depression, which is characterised by, amongst others, low levels of energy, may be symptomatic of both compassion

fatigue and burnout (Baranowsky, 2012), one could question whether helpers will act in self-regulatory ways and complete the programme. Moreover, the mentioned programme requires an, apparent, existing level of self-awareness that may not necessarily be yet developed among young nursing students.

Saakvitne and Pearlman (1992) drew on constructivist self-developmental theory to devise a programme that focuses on addressing vicarious traumatisation. The concept of ‘vicarious traumatisation’ refers to the changes in helpers’ constructed worldviews resulting from exposure to secondary traumatic content (Pearlman & Saakvitne, 1995). The primary thesis propounded is that compassionate interaction with a client’s traumatic material could disrupt a helper’s assumptive worldview (Janoff-Bulman, 1985, 1992; McCann & Pearlman, 1990). This may bring about a loss of meaning in life, which could lead to thoughts and feelings related to helplessness, a sense of meaningless and cynicism (Pearlman & Saakvitne, 1995).

To effectively manage vicarious trauma, the authors suggest that self-awareness, balance and meaningful connections are key factors that ought to be considered (Pearlman & Saakvitne, 1995). More specifically, they explain that a sense of purpose in one’s work, as well a purpose dedicated to something larger than the self is important. Additionally, helpers require insight into personal motivations and psychological needs. These can be developed via reflective practice (Pearlman & Saakvitne, 1995).

The programme proposed by Pearlman and Saakvitne (1995) appears to be based on a sound theoretical underpinning. However, limited empirical studies of the mentioned programme’s efficacy have been conducted (Van Tonder, 2005). This appears to be a collective limitation of psycho-educationally-based stress-management programmes.

3.5 CONCLUSION

Stress in the nursing context is multi-dimensional. Not only does nursing work entail emotionally exhausting interactions with ill, suffering and dying patients, but it also requires extended work hours, high workloads, potential interpersonal conflict, and is intellectually challenging (Hingley, 1984; Elkonin & Van der Vyfer, 2011). The aforementioned can negatively affect nurses and

conditions such as compassion fatigue and burnout, in addition to an array of biopsychosocial symptoms, can develop.

Yet, research also suggests that nurses can experience their work as satisfactory and meaningful (Koen et al., 2011). However, numerous researchers suggest that relevant psycho-educational stress-management programmes, such as the Accelerated Recovery Programme, could be implemented to assist helpers, for example nurses, to effectively address secondary stress-related symptoms (Brysiewicz, 2002; Figley, 2002a; Gentry et al., 2002; Stamm, 2010; Van Tonder, 2005). Yet, the lack of empirical data available to substantiate the efficacy of training programmes aimed at addressing secondary stress is an apparent concern.

Egan (2007) warns that a lack of empirically validated interventions may result in doing more harm, than good. In other words, helpers may not necessarily be assisted to effectively address the challenges that they may encounter. Hence, the efficacy of psycho-educational stress-management programmes ought to be addressed via appropriate research studies.

In the subsequent chapter the study is contextualised in relation to a research approach and method. It is hoped that an empirical approach could assist in the development and evaluation of a logotherapy-based psycho-educational stress-management programme for nursing students.

CHAPTER 4

RESEARCH METHODOLOGY

*“We are generally the better persuaded by the reasons we
discover ourselves than by those given to us by others”*
~ Blaise Pascal

4.1 INTRODUCTION

The overarching aim of this study is to address an identified gap in the existing literature, namely the development, presentation and empirical evaluation of the efficacy of a psycho-educational stress-management programme for nursing students. To achieve this aim, the following objectives will be pursued, namely to:

- Describe the prevalence of deleterious effects of caring, with specific reference to compassion fatigue, burnout and other context-specific stressors, among nursing students;
- Describe the prevalence of positive and meaningful effects of caring, with specific reference to compassion satisfaction and meaning, among nursing students;
- Describe the correlations between deleterious and positive and meaningful effects of caring among nursing students;
- Develop a logotherapy-based psycho-educational stress-management programme for nursing students; and
- Empirically evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme by means of a mixed methods approach.

The purpose of this chapter will be to propose and discuss a research method to address and achieve the aforementioned objectives. To accomplish the purpose of this chapter, a research design, consisting of three interdependent methodological phases, will be utilised. These phases are graphically represented in Figure 4.1.

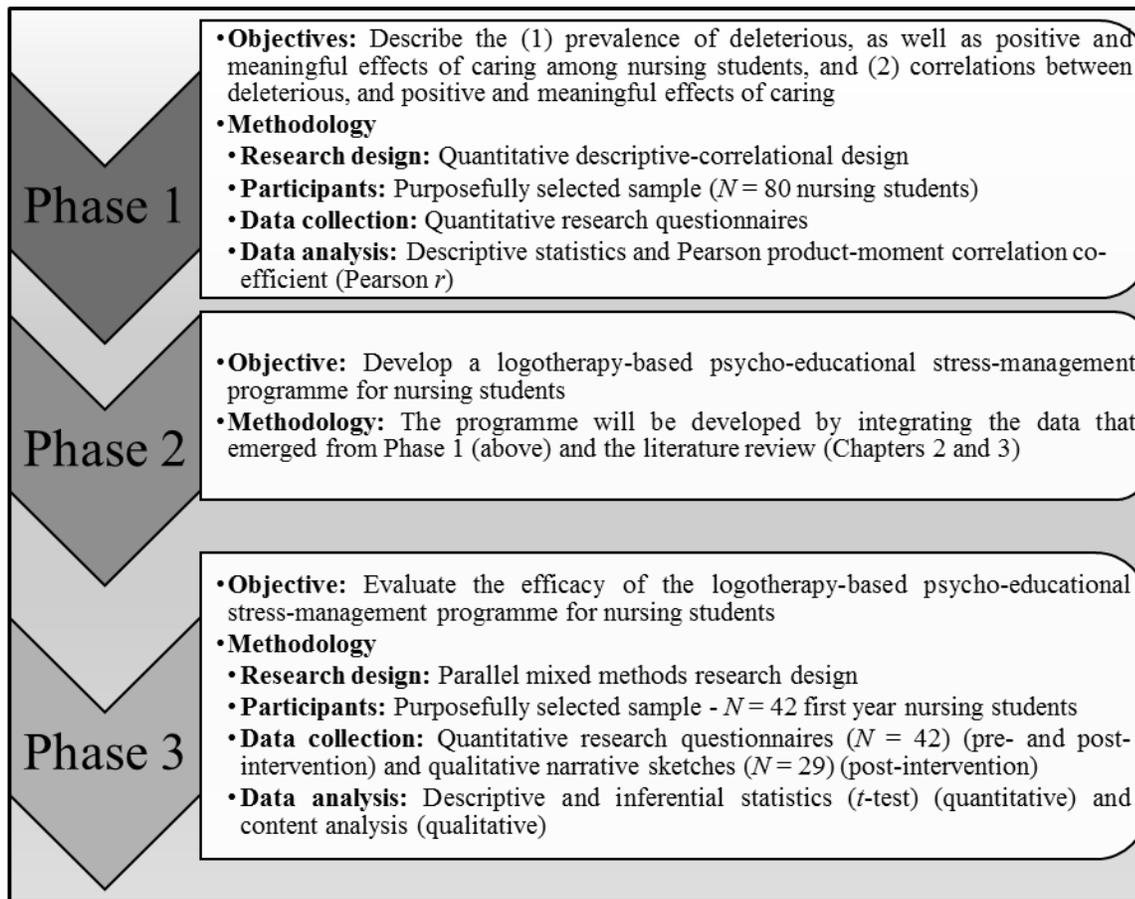


Figure 4.1. Research design: The three interdependent research methodology phases

The three methodological phases, as presented in Figure 4.1, will be discussed, respectively, in the sections that follow. Firstly, a discussion on the concepts of ‘research design’ and ‘methodology’ will be presented in Section 4.2. Research ethics will be addressed in Section 4.3. Then, in Section 4.4, the application of the research designs, methodologies and ethical principles, as applicable to this study, will be justified. This chapter is concluded in Section 4.5.

4.2 RESEARCH DESIGN AND METHODOLOGY

The concept, research design, can be defined as a strategic framework that guides research activities in order to reach sound conclusions (Durrheim, 1999a). In other words, researchers utilise certain designs as ‘maps’ to guide them in conducting empirical investigations (Hofstee, 2006). The research design ought to be informed by the specific research aims and questions (Henning, Van Rensburg & Smit, 2011).

The research aims and questions posed in a study are investigated by following a specific methodological approach (Dawson, 2002). The concept of ‘methodology’ refers to the philosophy or the general principles that guide research studies. The specific methods adopted to conduct the research study include, but are not limited to, selecting an appropriate sample, using valid and reliable data collection measures, and analysing data by means of suitable strategies (Dawson, 2002).

The aim of this section is to present a theoretical discussion of the three prominent research designs, namely quantitative, qualitative and mixed methods. Section 4.2.1 will serve as a broad level introduction to the three mentioned research designs. Amongst others, the concepts of ‘ontology’, ‘epistemology’, and ‘methodology’ are introduced (Sections 4.2.1.1 - 4.2.1.3). Then, in Section 4.2.1.4 the three prominent research designs are compared according to ontological, epistemological and methodological assumptions. The three research designs are then discussed in greater detail in Sections 4.2.2 - 4.2.4, respectively.

4.2.1 Research design: Theoretical perspectives

Creswell (2014) refers to three broad research designs, namely (1) quantitative, (2) qualitative, and (3) mixed methods. Quantitative research designs serve as strategic frameworks to investigate objective theories through the examination of relationships among variables (Smith & Davis, 2010). In contrast, qualitative designs focus on exploring and understanding the meanings that participants attribute to social phenomena and/or experiences (Guba & Lincoln, 1994). Mixed methods designs emphasise the collection and analysis of both quantitative and qualitative forms of data as a means of providing a more holistic perspective than would be possible when using single, or mono, method approaches (Teddlie & Tashakkori, 2009).

Instead of regarding the three aforementioned designs as dichotomous, Creswell (2012) advises that they be viewed as existing on a continuum ranging from quantitative, at the one extreme, to mixed methods (midpoint), and qualitative at the other extreme. The choice of research design ought to be a function of the research questions/objectives (Teddlie & Tashakkori, 2009).

Research designs can, furthermore, be characterised according to certain paradigm assumptions (Jonker & Pennink, 2010).

The concept of a ‘paradigm’ refers to an all-encompassing system of practice, standards, rules and thinking that defines the nature and scope of research enquiries (Kuhn, 1996). A paradigm defines the scope of a research study according to three dimensions, namely (1) ontology, (2) epistemology, and (3) methodology (Guba & Lincoln, 1994). Subsequently, diverse ontological, epistemological, and methodological perspectives and practices will influence how a research question is addressed (Terre Blanche & Durrheim, 2006). The mentioned three dimensions are discussed in the sections that follow.

4.2.1.1 Ontology

Human beings “...act in this world with limited knowledge...we can’t even be sure we know what we know” (Jonker & Pennink, 2010, p. 61) Hence, humans make assumptions about the nature of reality. In research nomenclature the aforementioned is referred to as ‘ontology’ (Terre Blanche & Durrheim, 2006).

Creswell and Plano Clark (2011) define the concept of ‘ontology’ as the assumed nature of reality when researchers conduct their investigations. Research paradigms, i.e. quantitative, qualitative and mixed methods, encompass diverse ontological assumptions that guide scholars to construct and uncover knowledge. Within the limits of such ontological assumptions, researchers pursue an epistemic interest, i.e. they endeavour to uncover approximations of the truth (Mouton, 2002). This, however, requires that researchers justify how and what they regard knowledge, or truth, to be.

4.2.1.2 Epistemology

The stance that a researcher adopts in response to that which is investigated, i.e. knowledge, is referred to as ‘epistemology’ (Terre Blanche & Durrheim, 2006). That is, depending on the research paradigm adopted, a researcher will assume a particular epistemological stance towards knowledge. Subsequently, researchers ought to justify their epistemological assumptions when conducting an empirical study (Jonker & Pennink, 2010).

4.2.1.3 Methodology

The concept of ‘methodology’ refers to, amongst others, the methods utilised to gather data (Terre Blanche & Durrheim, 2006). Methods include the instruments and tools utilised to gather information about the social world as a means of answering a specific research question (Smith & Davis, 2010). The methodology utilised is determined by, and associated with, both ontological and epistemological assumptions (Jonker & Pennink, 2010). Therefore, methodological approaches ought to be aligned with researchers’ assumptions about reality and the stance adopted towards knowledge.

Three important components of the research methods adopted include (1) sampling, (2) data collection, and (3) data analysis. These three components will be discussed in the sections that follow.

Sampling. Social science researchers aim to develop a better understanding, and improve the lives, of specific populations being studied (Mouton, 2002). However, due to logistical and other restrictions, researchers cannot study entire populations (Creswell, 2012). Hence, a target population, or sampling frame, of a group of individuals with certain defining characteristics that are comparable to the population being studied, is identified. Within this target population a sample, appropriate for the purpose of a specific research study, is then selected (Creswell, 2012).

The concept of a ‘sample’ refers to a subgroup of the target population that the researcher aims to study (Smith & Davis, 2010). The selection of a sample is determined, in part, by the research design that guides an empirical investigation (Durrheim, 1999a). Subsequently, different sampling strategies will be utilised depending on whether a qualitative or quantitative research design is utilised.

Data collection. Researchers require evidence to answer research questions. Data, which serve as evidence, are collected by identifying, selecting and gaining permission to study specific

samples (Creswell, 2012). Diverse forms of data are collected for quantitative and qualitative studies. The divergent forms of data will be further explicated in Section 4.4.

Data analysis. After data have been collected, it ought to be analysed. Creswell (2012, p. 10) describes data analysis as “...taking the data apart to determine individual responses and then ...putting it [back] together...” in order to present a summarised interpretation and/or synthesis. Quantitative research designs typically make use of statistical methods to analyse data (Field, 2013), while qualitative designs utilise interpretative approaches (Guba & Lincoln, 1994). Mixed method designs, in addition to encompassing both quantitative and qualitative analysis procedures, also emphasise integrating, contrasting and/or comparing data (Teddlie & Tashakkori, 2009).

4.2.1.4 Quantitative, qualitative and mixed method research designs: Ontological, epistemological and methodological assumptions

In foregoing sections the concepts of ontology, epistemology and methodology were introduced and discussed. The three broad research designs identified by Creswell (2014) – quantitative, qualitative and mixed methods – can be described and differentiated according to diverse ontological, epistemological and methodological assumptions. This differentiation is summarised in Table 4.1.

Table 4.1. Research paradigms (Adapted from Creswell & Plano Clark (2011, p. 42), and Terre Blanche & Durrheim (1999, p. 6)

Research paradigm	Ontology	Epistemology	Methodology
Quantitative (Positivist)	<ul style="list-style-type: none"> • Stable external reality • Reality functions according to specific laws that can be studied • Singular reality: Hypotheses are accepted or rejected 	<ul style="list-style-type: none"> • Researchers are objective and removed from the research context • Researchers objectively collect data on instruments 	<ul style="list-style-type: none"> • Experimental and quasi-experimental designs • Hypothesis testing • Deductive reasoning: a priori thesis is tested (top-down approach)
Qualitative (Interpretative)	<ul style="list-style-type: none"> • Subjective experiences and reality • Socially constructed, thus multiple realities 	<ul style="list-style-type: none"> • Researchers are empathetic and subjectively involved • Researchers visit participants at their sites/natural settings to collect data 	<ul style="list-style-type: none"> • Social interaction as the basis of knowledge • Interpretative • Inductive reasoning: Researchers start with participants' views and build up to patterns and theories (bottom-up approach)
Mixed methods	<ul style="list-style-type: none"> • Pragmatic: Both singular and multiple realities are embraced 	<ul style="list-style-type: none"> • Researchers embrace both objective (quantitative) and subjective (qualitative) realities in order to address the research question • Emphasis is on collecting data that address the research question 	<ul style="list-style-type: none"> • Both quantitative and qualitative methodologies are adopted and integrated (mixed)

The three methodologies presented above, are discussed, respectively, in the sections (4.2.2 - 4.2.4) that follow.

4.2.2 Quantitative research designs

The quantitative researcher regards knowledge as existing objectively (ontology) and therefore adopts the role of an impartial and detached observer (epistemology) who utilises valid and reliable instruments, such as questionnaires (methodology), to collect data (Clark-Carter, 2004). Two prominent quantitative research designs are (1) experimental, and (2) quasi-experimental approaches.

The concept of an 'experimental research design' refers to the general plan for selecting participants (sampling), assigning them to experimental or control conditions, and controlling

extraneous variables in an attempt to determine causation (Clark-Carter, 2004). A defining characteristic of experimental designs is that participants are randomly assigned to either experimental or control conditions. This enables researchers to compare pre- and post-test results between the two groups. Given that the samples may be comparable in terms of aspects such as age, sex and racial composition, post-intervention differences can be interpreted as, *inter alia*, causal in nature (Clark-Carter, 2004).

In experimental studies, often conducted within controlled laboratory environments, researchers can utilise numerous measures to control extraneous variables. Hence, internal and external validity may be enhanced (Smith & Davis, 2010). In contrast, quasi-experimental studies mostly lack this strict methodological control.

Quasi-experimental research designs are often utilised outside of laboratory contexts, i.e. in real world settings (Tredoux, 1999). Subsequently, this design is often less rigorous when compared to experimental designs. Amongst others, participants are not randomly assigned to control or experimental conditions. Rather, quasi-experimental designs often consist of only an experimental group (Tredoux, 1999). Subsequently, determining causality is not necessarily a specific aim of quasi-experimental designs. The benefit of such a design is that it allows researchers to investigate problems by means of empirical methods without adhering to stringent control, which may be difficult to achieve outside of laboratory settings (Clark-Carter, 2004).

Regardless of whether social science researchers adopt experimental or quasi-experimental designs, the emphasis remains on quantification of social experiences and/or phenomena that can be analysed by means of statistical and mathematical measures (Kaplan, 2004). The concept of 'quantification' is discussed in the next section.

4.2.2.1 Quantification

Quantification refers to assigning numbers to objects in such a way as to represent quantities of attributes (Durrheim, 1999a). The quantification of social experiences offers numerous benefits. Amongst others, it enables researchers to study and experiment with, apparently, intangible properties/concepts (Kaplan, 2004). For example, the concept of meaning in life has been a prominent focus of philosophical discourse (Steger, 2009). However, the empirical study of meaning in life was limited due to its intangible nature. By making use of quantitative approaches, researchers have been able to operationalise the aforementioned concept by means of questionnaires (Steger, 2009). This has resulted in numerous empirical investigations and an expanding body of knowledge on the experience of meaning in life (King & Hicks, 2012; Wong, 2012b). Hence, a perceived intangible philosophical concept was translated into an empirically testable variable.

Additionally, the use of quantitative measures enables researchers to collect and analyse significant quantities of data from large samples, e.g. 500+ participants, at one specific, or across various, points in time (Clark-Carter, 2004). Moreover, quantification enables researchers to generalise findings from a sample to the wider population (Kaplan, 2004). This could, among other things, inform social science researchers about the nature of human behaviour. Notwithstanding the benefits associated with quantification, it also poses certain theoretical problems.

4.2.2.2 Quantification: Theoretical challenges

Durrheim (1999a) outlines three potential theoretical challenges associated with quantification, namely:

- (1) Representation - an attribute can only be quantified if a valid theoretical foundation has been established;
- (2) Objectivity - the rules of measurement assume the existence of objective laws that serve as criteria for quantification. Quantified numbers are abstract in nature, obey certain mathematical laws and are evenly spaced on a continuum. However, social science attributes, such as meaning in life, may not necessarily obey similar mathematical laws. Consequently, the differences between numerical values, such 'one' versus 'two', may

not necessarily translate in an equivalent manner to the variances between scores of ‘one’ and ‘two’ on a measure for meaning of life; and

- (3) Correspondence - researchers ought to ensure that conceptual and operational definitions correspond. That is, there should be consistency between scores on a measurement instrument and quantity of attributes that different objects pose.

The three theoretical problems with measurement can be addressed by focussing on the following:

- Conceptualisation - quantitative measurement begins with conceptualisation, which refers to the theoretical definition and description of the attribute that is to be measured (Hofstee, 2006). This requirement is mostly addressed by means of literature study and/or review. Attributes that have been conceptualised, are referred to as ‘constructs’ (Terre Blanche, Durrheim & Painter, 2006);
- Operationalisation - the theoretical and conceptual definition ought to be translated into observable indicators of the construct. Hence, operationalisation involves linking theoretical ideas to observable realities that can be measured;
- Validity - researchers ought to ensure that there is a good fit between the conceptual and operational definitions of a construct. In other words, operational measures ought to assess or evaluate accurately its theoretical equivalent. There are three primary forms of validity, namely:
 - Criterion-related validity - this form of validity refers to the degree that a measure is related to another criterion that also depicts the construct under investigation;
 - Content validity - the second type of validity, namely content validity, refers to the manner in which a measure accurately depicts a specific domain of knowledge; and
 - Construct validity - researchers ought to ensure that the measures utilised are related to measures with which it ought to be theoretically associated with (convergent construct validity). In contrast, measures should be inversely or not associated with measures that are unrelated (divergent discriminant validity).
- Reliability - the dependability of the measuring instrument is referred to as reliability (Hofstee, 2006). The three primary forms of reliability are:

- Parallel forms - by using two equivalent versions of a specific measurement, researchers can establish parallel forms reliability;
- Split halves methods - in the event that researchers choose not to devise two parallel forms of a similar measure, the items on a single measure can be randomly divided to create two equivalent halves. Reliability can then be assessed by calculating the correlation between the two specific halves;
- Test-retest reliability - the temporal stability of a measure is referred to as test-retest reliability. That is, participants completing the measure achieve a similar or equivalent score upon retesting; and
- Internal consistency - reliability can be established by correlating each item in a scale with each other item. Internal consistency is typically depicted as Cronbach's alpha coefficient ('Cronbach's alpha', or ' α ') ranging from '0' (no internal consistency) to '1' (maximum internal consistency).

In addition to addressing the uncertainties related to objectivism and correspondence, quantitative researchers also have to consider threats to internal and external validity.

4.2.2.3 Internal and external validity

The concept of validity is central to quantitative research designs (Mouton, 2001). More specifically, quantitative research designs are aimed at maximising internal and external validity while balancing practical realities associated with conducting a study. In the sections that follow the concepts of, and possible threats to, internal and external validity will be discussed.

Internal validity. The concept of internal validity refers to the coherence of the research design (Dawson, 2002). A research design with high levels of internal validity will be substantiated by the logic of the design (Tredoux, 1999). In other words, the results of the research study can be validated due to the internal coherence of the specific design.

Extraneous variables could confound and influence the internal coherence of a study. This may discredit the results (Smith & Davis, 2010). Creswell (2012) identifies the following extraneous variables that threaten internal validity, namely:

- Factors related to participants -
 - History - participants' experiences between the time that lapsed from the beginning (pre-test) to the finalisation (post-test) of a research study could influence the results. For example, participants may obtain additional education or be exposed to a traumatic incident. These experiences could account for the differences between the pre- and post-test scores. Hence, the final results may not necessarily be related to the factors that were investigated, but due to variable influences outside of the scope of the study;
 - Maturation - participants could change, for example grow older, wiser or have new life experiences, in the periods between the pre-and post-tests. This could influence the results obtained in a study;
 - Regression - scores from participants will, over time, regress back toward the mean (Smith & Davis, 2010). In the event that researchers utilise participants with extreme scores, this effect could be exacerbated. It is advised that extreme scores be managed by either removing it from the sample, or controlling its effect (Tredoux, 1999);
 - Selection - the characteristics of participants may influence the results of a study. For example, the selection of highly motivated participants could result in more favourable post-test outcomes, when compared to less motivated individuals;
 - Mortality - participants who drop out of studies could influence the results. Researchers are urged to select large enough samples in order to absorb attrition, as well as compare the characteristics of participants who dropped out, with those who remained in the study (Smith & Davis, 2012);
 - Interaction with selection - numerous participant-specific factors could negatively affect the internal validity of a study. For example, diverse socio-economic backgrounds of participants could introduce uncontrolled historical factors. Subsequently, the logic of the results may not necessarily be a function of the research design or study, but be related to participant-specific factors;
- Factors related to the study -
 - Diffusion of treatments - in the case of experimental research designs, where specific control and experimental groups have been identified, researchers ought

to ensure that participants are not exposed to the opposing group's treatment conditions. A particular threat is that participants from the different groups could learn from the other and this will influence the results;

- Compensatory equalisation - if an experimental group (and not the control group) is exclusively exposed to an intervention condition, the validity of the study could be threatened. To address this threat, researchers could choose to also offer an intervention condition to the experimental group (Smith & Davis, 2010). For example, a hand-out depicting information on the topic of the study, could be provided to the control group; compared to a workshop offered to the experimental group. In this way all participants receive some form of benefit;
- Compensatory rivalry - the public announcement of treatment conditions and expected outcomes for both the experimental and control groups, could give rise to subtle forms of rivalry. For example, the control group may perceive themselves as the 'underdogs' (Creswell, 2012). Subsequently, participants in the control group could become resentful. Researchers can address this threat to internal validity by attempting to reduce awareness of the treatment conditions, limiting public awareness, and offering the experimental intervention to the control group following completion of the study.

External validity. The concept of external validity refers to the generalisability of the research results to wider contexts, i.e. generalisation from the sample to the population (Smith & Davis, 2010). Under ideal conditions all quantitative findings would be generalisable, or applicable, to the general population. However, there are numerous threats to external validity. These include, but are not limited to:

- The particular conditions of the study, such as the setting, context, time of day or even the specific intervention could negatively impinge on external validity (Clark-Carter, 2004). For example, a logotherapist may have devised a way to reduce nursing students' feelings of agitation when dealing with difficult patients through listening to audio tapes of a soothing voice talking about relaxation. Yet, the effectiveness of the intervention may not necessarily mean that a specific nurse would be able to apply the technique within a

stressful hospital context after having worked a 10 hour shift. Hence, the value of the intervention method may be limited to certain contexts and/or conditions;

- Characteristics of the participants, for example age, sex and/or home language could limit the generalisability of the results. In other words, if a sample was selected that mainly consisted of 30 year old white males who were English speaking, the results may not necessarily be applicable to 50+ year old, black females who are Xhosa speaking; and
- Because interventions or experimental conditions take place at a certain time and place, for example at the commencement of an academic year, the results may not necessarily be generalisable to a different time and place, e.g. at the conclusion of an academic year. A possible solution would be to replicate a study at various points in time and across diverse contexts (Creswell, 2012). As such, the results obtained from a stress-management programme conducted at the beginning of an academic year, may not predict similar results obtained at the conclusion of the same academic year.

Three additional aspects that are important to consider with regards to quantitative research designs, are sampling, data collection, and data analysis. These aspects are discussed in the sections that follow.

4.2.2.4 Sampling methods in quantitative research designs

Creswell (2012) differentiates between two types of quantitative sampling strategies, namely (1) probability and (2) non-probability sampling. The defining characteristic of probability sampling is that participants are selected in such a way that every element in the population has an equal likelihood of selection (Tredoux, 2002). Hence, the selection of a particular participant is independent of the selection of any other participant. This form of random sampling is particularly rigorous, as it allows quantitative researchers to state the claim that the sample is representative of the population, which allows for generalisations from the sample to the population (Creswell, 2012).

In non-probability sampling participants are selected because they (1) are conveniently available (sample of convenience), or (2) represent some characteristic of the population being studied (purposive sampling) (Creswell, 2014). However, convenience and purposive sampling may

limit the external validity. Hence, it ought to be utilised when the aim of the study is ‘description’, versus ‘generalisation’ (Dawson, 2002).

Researchers who conduct quantitative studies, aim to select relatively large sample sizes⁴ in order to ensure representativeness of the population being. However, because the exact population size is difficult to determine, numerous factors ought to be considered when selecting a sample. Creswell (2012) suggests that approximately 30 participants be selected when conducting a correlational study, and 350 for a survey research design. Nonetheless, numerous factors, such as purpose of the research study, the variables being investigated, logistical constraints and financial limitations ought to be considered, when selecting a sample (Lachenicht, 1999).

4.2.2.5 Data collection in quantitative research designs

According to Creswell (2012) quantitative data ought to be collected by means of five interrelated steps, namely: (1) identifying the participants and/or units of analysis to study, (2) obtaining permissions required from research committees and/or organisations to gather the data, (3) bearing in mind what types of information to collect, (4) locating and selecting, or developing, data collection instruments, and (5) administering the data collection process. Hence, gathering quantitative data ought to be about more than “...simply collecting data” (Creswell, 2012, p. 140). After data have been collected, it has to be analysed.

4.2.2.6 Data analysis in quantitative research designs

Researchers typically collect quantitative data by means of research questionnaires and/or surveys. The resultant data should then be prepared for analysis. This entails coding, entering and cleaning the data (Durrheim, 1999b).

The concept of coding refers to quantifying participants’ responses to questionnaires, such as assessing the types of scores to use, selecting a statistical programme to use, for example IBM SPSS version 21 (IBM SPSS Inc., 2012), and capturing the data. Next, the data ought to be

⁴ Sample size is generally selected relative to the population being studied. Hence, an adequately large sample is one that is representative of the population from which it was selected (Creswell, 2014).

‘cleaned’, which refers to checking for and correcting errors. Researchers can clean data by selecting a random sample of 10-15% of the captured data. In the case of errors, it would be advisable to recheck the data for the entire sample; else, if there are no errors, the researcher can continue with the analysis process (Durrheim, 1999b).

Creswell (2012) suggests that one first conduct a descriptive analysis of the data. This includes, amongst others, reporting on measures of central tendency (e.g. mean scores) and variation (e.g. standard deviation). Next, more sophisticated inferential analysis, for example Pearson’s product-moment correlation coefficient and the paired sample’s *t*-test, can be conducted (Creswell, 2012).

Following the aforementioned quantitative data analysis, the results are reported by means of statistics, tables and/or figures (Kapp, 2010). The results are accompanied by a discussion and synthesised by means of an interpretation, which compares the current results with data reported on in the existing body of scientific knowledge. Lastly, the implications of the results and avenues for further research are presented to the academic and scientific community (Kapp, 2010).

The use of quantitative research designs offers the benefit of adhering to the accepted scientific and academic traditions (Jonker & Pennink, 2010). Yet, the quantitative approach is also limited. Amongst others, quantitative research does not adequately acknowledge the context or setting of human experiences (Creswell & Plano Clark, 2011). Subsequently, the voices of participants are not heard – “...figures do not speak for themselves” (Jonker & Pennink, 2010, p. 74). Additionally, the biases and personal perspectives of quantitative researchers, who remain in the background, are seldom addressed. Qualitative research designs address some of these limitations (Creswell & Plano Clark, 2011).

4.2.3 Qualitative research designs

An important distinction between quantitative and qualitative research designs resides in the ‘depth’ of the inquiry (Christensen, 2001). Quantitative research focusses on data collection by means of predetermined instruments, such as questionnaires. Subsequently, research participants

can only provide information addressed by the use of the instruments used (Kaplan, 2004). In contrast, qualitative research reflect an in-depth study of, amongst others, participants' thoughts, feelings and perceptions related to the topic of study. Accordingly, research participants in qualitative studies are encouraged to express and provide information that move beyond the initial defined scope of inquiry (Creswell, 2007).

Qualitative research focusses on how people construct meaning and make sense of their lives (Merriam, 2009). However, there are numerous divergent views regarding what qualitative research signifies. Hence, providing one standard definition appears to be challenging. Given this caveat, Nkwi, Nyamongo and Ryan (2001) define qualitative research as any research that makes use of data that do not indicate ordinal values.

The purpose of this section is to present a discussion on qualitative research designs. The following aspects will subsequently be addressed in the sections that follow, namely the characteristics of qualitative research (4.2.3.1), sampling (4.2.3.2), data collection (4.2.3.3) and analysis (4.2.3.4), as well as validity and reliability (4.2.3.5).

4.2.3.1 The characteristics of qualitative research

Creswell (2014) describes the following as characteristics of qualitative research, namely:

- Qualitative research is conducted within natural, and not laboratory, settings. The defining characteristic is that qualitative researchers subjectively interact with participants in their natural environment;
- The qualitative researcher assumes that knowledge is socially constructed and therefore adopts an empathetic and subjective epistemological stance. As such, qualitative research assumes a reflexive quality and the researcher becomes the research instrument (Creswell, 2007). Subsequently, the qualitative researcher's unique cultural background, experiences and perspectives play important roles in shaping the interpretation of the data;
- Multiple sources of data may be collected when conducting a qualitative study. These include, but are not limited to, interviews, naïve and narrative sketches, observations,

documents and audio-visual data (Wright, 2008). The collected data are then reviewed and organised into pertinent categories and themes;

- While qualitative research is generally considered to be an inductive process (Henning et al., 2011), deductive reasoning also plays an important role (Creswell, 2012). After categories and themes have been identified from the bottom-up (inductive reasoning), researchers are required to deductively evaluate the data collected to determine if more and additional sources of data may be required. Hence, as the qualitative analysis process moves forward, a combination of inductive and deductive reasoning is required;
- Notwithstanding the aforementioned discussion regarding the importance of both inductive and deductive reasoning, the qualitative approach is primarily focussed on understanding the meanings that participants attribute to specific phenomenon under investigation. Hence, the qualitative researcher does not generally enter into the qualitative process with predetermined hypotheses to test, and instead engages in inductive reasoning; and
- The qualitative researcher attempts to develop a complex understanding of the problem being investigated. Consequently, he/she aims to provide a rich description of multiple perspectives and factors involved.

4.2.3.2 Sampling in qualitative research

While quantitative research designs emphasise the importance of generalisation of findings, qualitative approaches focus on developing an in-depth understanding of the phenomena being studied (Creswell, 2007). Subsequently, the criteria for selecting qualitative and quantitative samples differ. More specifically, qualitative research designs focus on, amongst others, purposive sampling.

The concept of purposive sampling refers to intentionally selecting participants to learn or understand the phenomenon being investigated, because they can offer rich and valuable data (Terre Blanche et al., 2006). Purposive sampling can occur prior to conducting a qualitative study or may emerge from the dynamic nature of the research being conducted. Researchers could also opt to select homogenous qualitative sample, thereby enabling them to study a specific group of participants or particular concept (Creswell, 2007).

Qualitative sample sizes, which are generally smaller than what would be utilised for quantitative approaches, could differ due to the nature and aim of the specific study (Seale, 2003). As a general guideline, Kelly (1999) suggests that six to eight participants (data sources) might, all things being equal, be sufficient for a homogeneous qualitative sample. However, adequate data ought to be gathered to allow for an in-depth study and rich description of the problem under investigation (Henning et al., 2011). Generally, qualitative data collection should stop – with no new participants added to the study – when saturation occurs. The concept of ‘saturation’ suggests that no new insights emerge as further data are collected (Terre Blanche & Kelly, 1999).

4.2.3.3 Qualitative data collection

The qualitative researcher makes use of interactional and interpretative methodologies to collect data (Henning et al., 2011). Hence, the qualitative researcher interacts with participants and plays an active role in shaping the final interpretation of the data. Given the subjective nature of this process, Troskie de-Bruin (2011) suggests that qualitative data be collected via three interrelated steps, namely: (1) recording information through research protocols, (2) administering data collection in order to anticipate potential problems in data collection, and (3) bringing sensitivity to ethical issues that may affect the quality of the data. These three steps are now briefly discussed.

Research protocols. Qualitative data ought to be collected in such a way as to enable researchers to explore the research questions being posed. However, there is a fine distinction between questions being too detailed or too general (Smith & Davis, 2010). In the event that a significant amount of research has been conducted on a given topic, researchers may want to examine a specific aspect in detail – hence numerous detailed questions may be posed. Alternatively, if very limited information is available about a specific topic, researchers may want to pose numerous general and open-ended questions to enhance qualitative exploration (Troskie-de Bruin, 2011). To sufficiently manage this process, Henning et al. (2011) suggest the use of qualitative research protocols. This, essentially, requires that the researcher explicitly records the data collection process through, amongst others, indicating the types of questions that

will be posed, date of when data were collected and a description of the context or setting (Henning et al., 2011).

Anticipation of problems in qualitative data collection. Numerous problems could arise during the qualitative data collection process. These include, but are not limited to, access to data sources and managing raw data. Creswell (2007) indicates that researchers ought to ensure that they have gained adequate permission to access data sources, for example ethical consent to interview participants. Because data are often collected within participants' natural settings, researchers should take time to ensure that practical arrangements are addressed, for example having access to the necessary equipment, such as a tape recorder, when conducting interviews.

Ethical concerns. The in-depth study of phenomena in qualitative research necessitates that sound ethical principles be adhered to (Hoffmann, 2013). These include, *inter alia*, assuring confidentiality and/or anonymity, gaining informed consent and collaborating with participants. These aspects will be discussed in greater detail in Section 4.3 (Ethical Considerations).

4.2.3.4 Qualitative data analysis

The purpose of qualitative data analysis is to make sense out of text and/or image information (Creswell, 2014). Henning et al., (2011) indicate that the qualitative "...analysis process is the "heartbeat" of the research..." (p. 103). In other words, the aim is not to provide a 'thin' description that merely reports on cold facts that are independent of circumstances and context. Rather, the purpose of qualitative analysis is to provide an integrated and 'rich' description of the research problem – to create a verbal landscape (Saldana, 2009).

However, because of the in-depth study of the data, some of the information may have to be excluded (Creswell, 2014). This implies that researchers may have to focus on certain aspects of the data, while disregarding other parts of it. Subsequently, researchers may aggregate data into a limited number of themes; for example, five to seven themes (Willig, 2008).

Qualitative data analysis typically proceeds on two levels, namely (1) a general procedure in analysing data, namely 'content analysis', and (b) the analysis embedded within specific

qualitative designs, such as grounded theory, phenomenology or case studies. For the purpose of this study, the discussion will focus primarily on content analysis.

Content analysis. According to Henning et al., (2011) content analysis focusses on one level of meaning, namely the content of the data text. Researchers aim to arrive at a valid set of findings based on the stringent application of strict coding and categorisation. Creswell (2007) describes this coding process in terms of six interrelated steps, namely:

- (1) Organise and prepare the data for analysis. This includes, amongst others, transcribing interviews, optically scanning documents and sorting data according to different types;
- (2) The researcher reads through all the primary raw data in order to develop a general sense of participants' thoughts, feelings and perceptions. Initial thoughts and ideas that emerge ought to be documented. This can be done by noting down ideas in the margins of the transcribed material or field notes;
- (3) The 'coding' process begins. The concept of coding refers to assigning descriptive labels to blocks of text, or units of meaning, for example sentences (Willig, 2008). The researcher ought to allow the data to "...speak for themselves..." thereby ensuring that codes emerge inductively (Henning et al., 2011, p. 105). However, personal characteristics, influences and/or literature may serve as important lenses through which researchers view and make sense of the data - such influences ought to be noted down in 'memos.' The concept, memo, refers to recording reflective notes about aspects such as the data, thoughts, feelings and the analysis process (Henning et al., 2011);
- (4) The codes are then categorised into a small number of themes, which serve as the prominent findings in a study (Saldana, 2009). The analysis process ought to work towards a multi-layered analysis by, for example, interconnecting, and/or comparing emerging themes;
- (5) Next, the researcher advances in terms of how the qualitative themes and discussion will be presented in the final report. Amongst others, it may take the form of a narrative passage, in-depth discussions of several themes, or presenting a number of interconnected themes; and

(6) Lastly, an interpretation of the qualitative themes is presented. This could be presented as a researcher's personal interpretation, be synthesised via a theoretical lens, or serve to identify additional avenues for research (Saldana, 2009).

While content analysis was presented as a linear procedure in the aforementioned section, numerous authors describe it as a 'messy' process (Saldana, 2009; Terre Blanche & Kelly, 1999; Willig, 2008). Hence, qualitative data collection, analysis and even report writing are interconnected and cyclical processes of ever-deepening empathetic insight into the data. This process can be managed by means of specific qualitative software packages (Smith, 2008).

Software packages for qualitative data analysis. Numerous software programmes are available to assist researchers with qualitative data analysis (Creswell & Maietta, 2002). These software programmes allow researchers to organise and manage large quantities of qualitative data, for example interview transcripts, in an electronic format. Additionally, it enables researchers to code data and facilitates searching for specific text or keywords. However, the qualitative analysis programmes do not analyse the data *per se*. Rather, researchers still ought to follow accepted guidelines to analyse qualitative data (Creswell & Maietta, 2002).

4.2.3.5 Qualitative validity, reliability and generalisation

Validity, reliability and generalisability in qualitative studies ought to be addressed throughout the research process (Creswell, 2012). The concept of 'validity', in the context of qualitative research, refers to the accuracy and credibility of the findings – in the seminal work on the topic, Lincoln and Guba (1985) refer to qualitative validity as 'authenticity' and 'trustworthiness.' This can be pursued through the implementation of certain procedures. 'Qualitative reliability' refers to whether the researcher's approach is consistent across different studies by various researchers utilising a similar design (Creswell, 2012).

The concept of qualitative generalisability is contentious. Researchers tend to focus more on providing a rich description of themes that emerged from a specific context, instead of concentrating on the generalisation of findings to the population at large. Nonetheless, it remains

an important concept to consider. In the sections that follow the concepts of qualitative validity, reliability and generalisation will be further elaborated upon.

Qualitative validity. Because qualitative research is characteristically subjective, researchers are expected to ensure that findings are accurate and credible (Willig, 2008). This can be addressed through incorporating certain validation strategies, which include, amongst others, the following:

- Triangulation - researchers can incorporate different sources of data in order to build and justify a coherent argument (Troskie-de Bruin, 2011). This includes, but is not limited, to including interviews, narrative sketches, observation, field notes and memos in a single study. Adding different sources of data can be claimed as adding validity to the qualitative study (Creswell, 2012);
- Member checks - by taking the final report and/or descriptions of specific themes back to participants, validity can be enhanced. This process enables participants to indicate whether they agree, or disagree, with the researcher's analysis and interpretation of the data. Hence, participants are afforded the opportunity to comment on the findings (Smith, 2008);
- The use of rich and thick descriptions - descriptions that 'transport' readers to the setting and offer discussions of shared experiences, adds a dimension of accuracy and credibility to the findings (Creswell, 2014). Smith (2008) states that adequate raw data, for example in the form of participant quotes, ought to be included in the final report in order to substantiate the interpretation. Additionally, this would enable readers to interrogate the interpretation being presented (Smith, 2008);
- Clarification of bias - through a process of reflexivity – i.e. when the researcher reflects on the role that personal bias, values and background could play in the unfolding qualitative interpretation – an open and honest narrative, which may point to greater credibility, would be presented (Creswell, 2014);
- Presentation of negative and discrepant information - whereas some participants may, for example, express a specific view, researchers can enhance the validity of a study by actively seeking out and discussing counterpoints of evidence. Subsequently, the qualitative account becomes more realistic and credible (Troskie-de Bruin, 2011);

- Prolonged exposure - the greater a researcher's experience with participants within their natural settings, the more likely the interpretation and findings will be credible and accurate (Creswell, 2014); and
- External auditor - the qualitative researcher could obtain the services of an external auditor to provide an objective evaluation of the study (Lincon & Guba, 1985). Henning et al., (2011) indicate that the use of an external auditor may point to interrater reliability. However, the authors add that this implies crossing epistemological boundaries between quantitative and qualitative approaches. Subsequently, they suggest that requesting participants to indicate whether the findings 'makes sense' to them (participants), may be a more viable approach (see 'member checks' above). However, Henning et al., (2011) caution that participants may not necessarily fully agree with the findings, as they may, amongst others, be theorising from diverse perspectives. Hence, this ought to inspire qualitative researchers to continue (1) questioning the interpretation, and (2) remain reflexive in the process.

Notwithstanding the validation strategies adopted, the final test comes from getting one's "...ideas accepted in the discourse community – to open them to falsification..." (Henning et al., 2011, p. 149).

Qualitative reliability. Researchers assure qualitative reliability by determining whether their approaches are consistent and stable (Creswell, 2014). The following strategies can be utilised to address qualitative reliability:

- Checking transcripts for accuracy;
- Ensuring that codes are defined and consistently applied; and
- In the event that a team of qualitative researchers are working on a project, that there is agreement about the codes that are being employed.

Qualitative generalisability. According to Creswell (2014) 'particularity', and not 'generalisability', is the hallmark of good qualitative research. However, the possibility exists that qualitative themes could be generalised to a broader theory, especially in case study designs. This could be accomplished when researchers study additional cases and discover that previous

findings could be generalised to the new contexts. To explore the possibility of qualitative generalisation, however, requires detailed documentation and the development of a thorough case study database (Creswell, 2014).

In the concluding sections of the discussion on quantitative research design (see Section 4.2.2.5, pp. 125-126), it was stated that a qualitative approach addresses some of the limitations posed by the mentioned methodology. Amongst others, quantitative research has been regarded as weak in developing an understanding of participants' subjective experiences – an area that can be addressed via qualitative enquiry (Creswell & Plano Clark, 2011).

However, qualitative research has also been criticised for its strong subjective orientation – an aspect that can be addressed via a quantitative research design. Hence, the weakness of each approach can, correspondingly, be offset by the strengths of the other approach.

A mixed methods research design, which focusses on the collection, analysis and subsequent integration of both quantitative and qualitative data can “...answer questions that cannot be answered...” by the respective approaches alone (Creswell & Plan Clark, 2011, p. 11).

4.2.4 Mixed methods research designs

Mixed methods research designs integrate both quantitative and qualitative data (Todd, Nerlich, McKeown, & Clarke, 2005). Subsequently, mixed methods researchers assume that research problems can be studied from both objective (quantitative) and subjective (qualitative) perspectives. More specifically, it is assumed that objective knowledge is socially constructed by human beings in a subjective manner. Therefore, both quantitative and qualitative methodologies can be utilised to investigate research problems (Todd et al., 2005).

Numerous definitions have been proposed for the concept of ‘mixed methods research.’ According to Johnson, Onwuegbuzi and Turner (2007) there are approximately 19 varying definitions that have been proposed by highly published mixed methods researchers.

4.2.4.1 Mixed methods research: Defined

As a basic definition, Teddlie and Tashakkori (2009) describe the concept of mixed methods as the combination of quantitative and qualitative approaches to research. Johnson et al. (2007) add that mixed methods research refers to the use of both quantitative and qualitative data for the aims of widening breadth and depth of understanding the issue being investigated. They also emphasise that the use of mixed methods necessarily incorporates different philosophical viewpoints, use of data collection and analyses methods, and inference techniques (Johnson et al., 2007). Creswell and Plano Clark (2011) agree and propose a definition of the core characteristics of mixed methods research (Creswell & Plano Clark, 2011). This definition states that mixed methods research refers to:

- The collection and analysis of both quantitative and qualitative data;
- Persuasive and rigorous research approaches;
- Mixing, integrating, merging and/or comparing the two forms of data collected;
- The appropriate framing of procedures utilised in terms of pertinent philosophical worldviews and theoretical lenses; and
- The use of specific mixed methods research designs, for example parallel, exploratory sequential, or explanatory sequential approaches.

Hence, mixed methods research is about more than just the collection and analysis of quantitative and qualitative data. It refers to the use of multiple empirical worldviews (i.e. epistemologies, ontologies and methodologies) while collecting, analysing and integrating of two diverse forms of data in an attempt to answer specific research questions. Subsequently, mixed methods-orientated researchers adopt a pluralistic stance, i.e. they argue that research problems can be investigated from both objective and subjective perspectives (Teddlie & Tashakkori, 2009). Todd et al. (2005, p. 4) explain: "...ideally psychologists should all live happily in the paradise of 'methodological pluralism'..." However, numerous methodological arguments regarding the validity of mixing quantitative and qualitative methods have emerged (Creswell, 2012).

4.2.4.2 Mixed methods research: Methodological arguments

Purists supporting the quantitative and qualitative paradigms, respectively, have indicated that these approaches are incompatible (Howe, 1988). Amongst others, proponents of a quantitative approach argue that objective measurement advances the field of psychology as a science (Clark-Carter, 2004). In contrast, qualitative researchers contend that a disciplined subjective approach is more compatible to the aims of psychology, which include, amongst others, developing an understanding of human nature (Todd et al., 2005). This paradigm argument is referred to as the ‘incompatibility thesis’ (Barnes, 2012).

The primary argument espoused in the incompatibility thesis is that the two methods – quantitative and qualitative – differ fundamentally in terms of ontological, epistemological and methodological assumptions and should therefore be regarded as antagonistic (Barnes, 2012; Howe, 1988). More recently, however, researchers have advanced the notion that there is significant overlap between the quantitative and qualitative paradigms (Burke, Johnson & Onwuegbuzie, 2004). More specifically, methodologists have suggested that an integration of the two paradigms could afford researchers with a more holistic understanding of the problems being investigated (Burke et al., 2004; Teddlie & Tashakkori, 2009).

‘Pragmatism’ has been proposed as one philosophical avenue to deconstruct the apparent incompatibility between quantitative and qualitative paradigms (Barnes, 2012).

4.2.4.3 Pragmatism

The concept of pragmatism stands central to the ‘compatibility thesis’, which claims that, amongst others, quantitative and qualitative data can be mixed (Teddlie & Tashakkori, 2009). Pragmatism adopts a dialectical approach by rejecting ‘either-or’ arguments and proposing a ‘both-and’ perspective (Howe, 1988). Johnson and Onwuegbuzie (2004) outline the following characteristics of pragmatism:

- It focusses on finding a middle ground between philosophical dogmatism and scepticism in order to find workable solutions to long-standing philosophical debates;
- It rejects binary options, e.g. ‘yes’ versus ‘no’, as encapsulated in traditional dualistic paradigms, i.e. quantitative and qualitative;

- Knowledge is regarded as being socially constructed and based on the reality of experience;
- Theories are regarded as ‘true’ to certain degrees;
- Pluralism is endorsed, i.e. multiple perspectives are valued;
- Capital ‘Truth’ may be acquired as a final option. However, in the interim humans live according to lowercase ‘truths’. Subsequently, both quantitative and qualitative methods can contribute ‘truths’ as researchers endeavour to discover/uncover the ‘Truth’;
- Action is preferred to philosophising;
- Practical solutions are offered to address traditional philosophical dualistic challenges;
- Pragmatism fluctuates between inductive (qualitative and verification) and deductive (quantitative and explication) reasoning and encourages ‘abduction.’ The concept of ‘abduction’ or ‘abductive reasoning’ refers to exploration, pattern finding (qualitative investigation) and subsequently suggesting a plausible hypothesis that could be tested (quantitative investigation) (Teddlie & Tashakkori, 2009); and
- Transferability, versus generalisation, of research results. It is argued that not all quantitative results would be generalisable to all external contexts. Similarly, not all qualitative findings are applicable solely to the context being studied (Barnes, 2012). Hence, there is a fluid movement between quantitative and qualitative perspectives.

Creswell and Plano Clark (2011, p. 8) argue that a mixed methods research approach is warranted under certain conditions: “Research problems suited for mixed methods are those in which one data source may be insufficient, results need to be explained, exploratory findings need to be generalized...and an overall research objective can best be addressed...” using multiple methods. Therefore, a mixed methods research design could be beneficial, when:

- One source of data may be insufficient to understand the research problem;
- Initial quantitative results have to be explained and explored in greater detail;
- Exploratory findings have to be generalised to the greater population, beyond the scope of a small and homogeneous sample; and
- A research problem is complex and its intricacies cannot be understood by means of a mono method inquiry.

Nonetheless, even when the use of a mixed methods approach is warranted, it could pose certain challenges to researchers.

4.2.4.4 Mixed methods research: Challenges and strengths

Creswell (2012) describes the following potential challenges with regards to the application of mixed methods research designs:

- Researchers ought to be well-schooled in both quantitative and qualitative methodologies. Subsequently, the use of mixed methods approaches may be a challenging endeavour for novice researchers;
- The dual processes of collecting and analysing both quantitative and qualitative data are time consuming and potentially expensive; and
- It requires extensive conceptualisation. That is, mixed methods research is not simply collecting two types of data. Rather, mixed methods research implies the integration, merging and/or comparison of the two types of data.

Notwithstanding the afore-noted challenges, mixed methods approaches could also offer the following benefits to researchers:

- A richer, more nuanced and enhanced understanding of the research question;
- It provides unique perspectives about a research problem being investigated;
- The weaknesses of one research approach is offset by the strengths of the other; and
- Practicality is emphasised. In other words, researchers are encouraged to solve problems by means of the tools offered by both quantitative and qualitative methods.

In the next section a brief overview of mixed method research designs will be provided. This discussion will also focus on sampling, data collection and analysis, interpretation, and validation. Given the breadth and continued development within the area of mixed methods research, a comprehensive discussion of the methodological approach falls outside the scope of this study.

4.2.4.5 Mixed methods research: Designs

Several typologies for classifying mixed method research designs have been proposed (Teddlie & Tashakkori, 2009). Table 4.2 (see next page) serves as an adapted summary of the three basic mixed method research designs as outlined by Creswell (2014).

From Table 4.2 it can be deduced that mixed method research designs address two important components, namely (1) whether data are collected in a parallel (convergent) or sequential manner, and (2) how the quantitative results and qualitative findings are utilised. By collecting data in a parallel manner, researchers assume that two strands of information, i.e. quantitative and qualitative, could enable them to develop a better understanding of the research problem; or, alternatively, researchers may suspect that one strand of data, in isolation, may be insufficient to address the research question. Through sequential data collection, one strand of data sets the stage for the collection of the other strand of data.

Both the quantitative and qualitative phases of the research process ought to be rigorous, thereby adhering to paradigm-specific guidelines for, amongst others, sampling procedures, data collection and subsequent analysis (Creswell & Plano Clark, 2011). Notwithstanding the necessity to conduct research with empirical rigor in mind, researchers should also adhere to ethical guidelines and principles (American Psychological Association, 2010).

Table 4.2. Three basic mixed method research designs (Creswell, 2014, pp. 219 - 227)

Research design	Description	Data collection	Data analysis	Validation
Convergent parallel mixed methods design	<ul style="list-style-type: none"> • Psychological traits can be best understood by collecting and analysing different forms of data • Quantitative and qualitative data are collected and analysed separately • Quantitative results and qualitative findings are compared 	<ul style="list-style-type: none"> • Quantitative and qualitative data collected separately and via appropriate measures • Data collection focuses on same or parallel variables • Equal or unequal sample size; same database 	<ul style="list-style-type: none"> • Data from each database analysed separately and then merged • Merged results⁵ are presented through comparing and evaluating quantitative and qualitative data 	<ul style="list-style-type: none"> • Each strand of data validated using relevant strategies • Threats: <ul style="list-style-type: none"> ○ Unequal sample sizes ○ Use of different variables in either strand of data
Exploratory sequential mixed methods design	<ul style="list-style-type: none"> • Qualitative data collected first • Qualitative findings serve as impetus for quantitative phase • Aim: Determine if data from small qualitative sample are generalisable to larger sample (quantitative) 	<ul style="list-style-type: none"> • Data collected in two phases: Qualitative phase first, followed by quantitative phase • Data could be collected from diverse databases 	<ul style="list-style-type: none"> • Data from each database analysed separately • Qualitative findings used to initiate quantitative phase 	<ul style="list-style-type: none"> • Each strand of data validated using relevant strategies • Threats: <ul style="list-style-type: none"> ○ Different samples to be used to avoid duplication of responses ○ Qualitative exploration to move beyond thematic analysis
Explanatory sequential mixed methods design	<ul style="list-style-type: none"> • Quantitative data collected first • Quantitative results serve as impetus for qualitative phase • Aim: Qualitative data collected to aid in explaining quantitative results 	<ul style="list-style-type: none"> • Data collected in two phases: Quantitative phase followed by qualitative phase • Data collected from one database • Qualitative sample may be smaller than quantitative sample 	<ul style="list-style-type: none"> • Data from each phase analysed separately • Quantitative results are used to plan qualitative enquiry 	<ul style="list-style-type: none"> • Each strand of data validated using relevant strategies • Threats: <ul style="list-style-type: none"> ○ Accuracy of findings may be compromised if researcher does not follow-up on all aspects identified in quantitative phase

⁵ Researchers tend to refer to qualitative findings and quantitative results (Kapp, 2010). However, mixed methods texts appear to refer to both mixed methods findings and results. To ease readability, reference will be made to ‘mixed methods results.’

4.3 ETHICAL CONSIDERATIONS

According to Resnik (in Hoffman, 2013) the concept of ‘ethics’ refers to the norms and standards that can be utilised to distinguish between acceptable and unacceptable behaviour. It furthermore indicates that all people have, by virtue of being human, certain rights – namely, ‘human rights.’

When viewed through an ethical lens, the concept of ‘human rights’ indicates that all human beings, regardless of, amongst others, age, sex, language, indigenous heritage, social status, or sexual orientation, have the right to choose the course of their own lives (Nel, 2007). Hence, all humans ought to be treated with dignity and respect with regards to their right to live self-determined lives (Hoffman, 2013).

Research serves as, amongst others, an epistemic pursuit (Mouton, 2002). That is, one of the primary aims of research is to search for and uncover the ‘truth.’ Within the social sciences an epistemic pursuit includes, but is not limited to, uncovering the truth about human behaviour. Consequently humans are often included in research studies as participants (Mouton, 2002).

Researchers, who wish to include human participants in research studies, ought to respect their rights to live and act in self-determining ways. Therefore, research ethics refers to, *inter alia*, the pursuit of epistemic interests in ways that do not negatively impinge on the basic human rights of participants; research participants should not become a means to an end, but their human dignity ought to be respected (Hoffman, 2013).

Wassenaar (2006) highlights three guiding ethical principles of social science researchers, namely (1) autonomy, (2) nonmaleficence, and (3) beneficence. These three principles form the bedrock of ‘informed consent.’

4.3.1 Autonomy

Humans are autonomous and self-determining beings (Durrheim & Wassenaar, 1999). With regards to research ethics, this implies that humans ought to be allowed to: (1) hold diverse points of view, (2) make authentic decisions, even when these are regarded by others, such as researchers, as ‘wrong’, (3) take actions based on personally held beliefs, and (4) take

responsibility for choices and actions taken (Hoffmann, 2013). Researchers can show respect for participants' autonomy by obtaining informed consent and respecting their choices to participate, or not, in a given study. Additionally, participants should be allowed, all things being equal, to withdraw from a research study at any time without negative repercussions.

4.3.2 Nonmaleficence

The principle of nonmaleficence indicates that participants ought not to be harmed as a result of taking part in a research study (Wassenaar, 2006). Therefore, researchers are expected to follow a cost-benefit analysis when conducting a research study. In other words, researchers ought to be clear that the costs and/or harm involved in participation, outweighs the potential benefits on offer to participants (Clark-Carter, 2010).

However, in the event that researchers do foresee possible harm that may not necessarily be offset by the intended benefits of the study, practical arrangements ought to be put in place (Hoffmann, 2013). An example of such an instance may be when a researcher requests participants to complete a questionnaire that focusses on stressful life experiences. It may be anticipated that participants could potentially be emotionally affected or upset by the contents of the questionnaire. In such an instance the researcher may choose to make counselling services available to participants – ideally, free of charge. Subsequently, the potential harm may be contained and/or effectively addressed.

4.3.3 Beneficence

In addition to not causing harm, i.e. nonmaleficence, researchers are also expected to conduct studies that offer certain benefits to participants (Wassenaar, 2006). One potential benefit of a research study is that it will contribute to the existing body of knowledge with a specific field or discipline (Kapp, 2010). However, the principle of beneficence indicates that the benefits offered by participation ought to extend beyond just a contribution to the existing body of scientific knowledge.

An example of the aforementioned may be that a specific study, in addition to offering the benefit of enhancing scientific understanding, also focusses on developing an intervention

programme for participants. In this way the potential costs and harm involved in participation, may be outweighed by the promise of a specific tangible benefit.

4.3.4 Informed consent

The concept of ‘informed consent’ refers to a process where researchers inform participants about the risks, possible benefits and the right to participate, not to participate, or to withdraw participation from a study or not (Smith & Davis, 2010). Additionally, researchers ought to inform participants, in a non-technical manner, about the purpose of a research study, whether their confidentiality and/or anonymity will be protected, who will have access to the quantitative results and/or qualitative findings, whether their data will be safely stored, and if the results will be published as dissertation/thesis, in a scientific journal, or presented at an academic conference. Moreover, researchers ought to ensure that participants have the capacity to understand the information and procedures that they are consenting to, and that they are not coerced into participating (Hoffman, 2013).

Informed consent can be obtained by providing participants with an information sheet that outlines the aforementioned information in an understandable and non-technical manner (Clark-Carter, 2010). Alternatively, researchers, or field workers, could verbally explain the mentioned ethical principles to participants. Contact details, such as telephone numbers and e-mail addresses, ought to be included in the informed consent information sheet in the event that participants have questions about the procedures or would like to contact the researchers. Participants may be requested to provide written informed consent should they agree to participate in a study. However, if a study is to be conducted anonymously, researchers could indicate that participants’ decision to complete, for example, a research questionnaire, would be regarded as proof of written informed consent (Hoffman, 2013).

The application of the specific research designs and ethical principles within the context of this study, will be discussed and justified in the section that follows.

4.4 RESEARCH DESIGN AND METHODOLOGY: APPLICATION AND JUSTIFICATION

The purpose of this section will be to discuss and motivate the reasons for selection of particular research designs for the various phases of the study. Additionally, this section will address the methodological aspects of sampling, data collection and analysis, as well as speak to ethical concerns. In Section 4.4.1 the quantitative research design for phase 1 of the study will be presented. This will be followed in Section 4.4.2 by a discussion of the development of the logotherapy-based psycho-educational stress-management programme. The mixed methods approach utilised to empirically evaluate the mentioned programme, will be presented in Section 4.4.3.

4.4.1 Research design: Phase 1

According to Potter et al. (2010) the first step in the development of psycho-educational stress-management programmes involves describing the prevalence of, and calculating correlations between, the concepts being investigated. Phase 1 of this research study will provide a quantitative description of the prevalence and correlations between compassion fatigue, burnout, stressors specific to the nursing context, compassion satisfaction, and meaning of life among nursing students. A quantitative descriptive-correlational research design will be utilised to achieve the mentioned purpose.

Descriptive research designs refer to non-experimental methods that aim to describe specific psychological phenomena (Clark-Carter, 2004). In other words, the purpose is to provide more information about the specific variables being investigated. In this study the researcher will aim to describe the prevalence of compassion fatigue, burnout, stressors specific to the nursing context, compassion satisfaction, and meaning in life among a sample of nursing students. This will assist in developing an understanding of the stressful challenges, as well as potentially positive and growth enhancing opportunities that nursing students may encounter. Moreover, it will serve as an objective and quantified needs analysis for the development of a logotherapy-based psycho-educational stress-management programme for nursing students. In addition to a descriptive approach, phase 1 will also make use of a correlational design.

A correlational research design focusses on the measurement and determination of the relationship, or co-relation, between two variables (Smith & Davis, 2010). Correlations can range from '+1' (perfect positive relation), to '0' (no relation), to '-1' (perfect inverse/negative relation). Researchers can draw on correlational designs to make predictions. However, correlations do not imply causation; nor does it involve the manipulation of variables (Smith & Davis, 2010). Consequently, a correlational design does not rule out the possibility that a third confounding variable may have influenced a certain result (Creswell, 2012). In this study the researcher will calculate the correlations between stressors specific to the nursing context, as well as deleterious (compassion fatigue and burnout) and positive (compassion satisfaction and meaning) effects of caring among nursing students.

The results from phase 1 will provide the following information:

- What the stressors are that nursing students are exposed to;
- Whether nursing students are experiencing compassion fatigue and burnout;
- Whether nursing students are experiencing compassion satisfaction and discovering meaning in life; and
- What the correlations are between the aforementioned concepts.

This information will assist in determining whether a logotherapy-based psycho-education stress-management programme may be a feasible intervention option for nursing students in an attempt to address secondary forms of stress.

4.4.1.1 Sample: Phase 1

A non-probability and purposively selected homogenous sample, consisting of 80 students registered for an academic course in Nursing Science at a South African university, was utilised for participation in phase 1 of this study. Table 4.3 provides a breakdown of the demographic profile of the sample.

Table 4.3. Demographic information of the participants in phase 1

Variable		First year students	Second year students	Third year students	Total N (%)
Total	<i>n (%)</i>	33 (41.2%)	24 (30%)	23 (28.75%)	80 (100%)
Sex	Female (%)	31 (38.75%)	22 (27.5%)	20 (25%)	73 (91.25%)
	Male (%)	2 (2.5%)	2 (2.5%)	3 (3.75%)	7 (8.75%)
Age	Mean				
	(in years)	20.9	22.9	23.9	22.4
	Range	18 - 35	20 - 51	21 - 32	18 - 51
	Std. Dev.	10.2	11.9	11.8	11.1
Home language	English	0	2	1	3
	Afrikaans	2	2	0	4
	IsiZulu	7	3	2	12
	IsiXhosa	0	1	0	1
	SiSwati	2	1	4	7
	isiNdebele	2	1	1	4
	Sesotho	3	0	1	4
	Sepedi	9	8	5	22
	Tshivenda	2	2	0	4
	Xitsonga	2	0	2	4
	Setswana	4	4	5	13
	Other	0	0	2	2

The majority of participants (41.2%) were enrolled as first year (junior) students, while third year (senior) students made up the smallest constituent of the sample (28.75%). A total of 91.25% of participants were female and 8.75% were male. This is consistent with international norms of sex distribution that indicate females have a predominant presence within the nursing profession (Noguer, Canal, Pumarola, Soler, Ferrando, 2008).

The mean age was 22.4 years. Age differences were also evident between first ($M_{age} = 20.9$), second ($M_{age} = 22.9$) and third ($M_{age} = 23.9$) year students. The mean age scores indicate that

participants were mostly in the young adulthood phase of their lives (Erikson, 1982). Figley (1995) suggests that younger caregivers may be more susceptible and vulnerable, when compared to those in middle adulthood, to the deleterious effects of compassion fatigue and burnout. Additionally, the participants are still engaged in training and may subsequently lack, or at least still be developing the skills, knowledge, abilities and attitudes required to adequately fulfil a nursing role. Hence, nursing students may find themselves in particularly vulnerable positions when exposed to the stressful nature of the nursing context. Relevant psycho-social stress-management programmes may therefore be an important component to assist nursing students to cope effectively with the stressors that they may encounter.

All 11 official South African languages were represented in the sample. The largest subgroup was Sepedi speaking ($n = 22$, 27.5%), followed by Setswana ($n = 13$, 16.25%) and IsiZulu ($n = 12$, 15%). Two participants, both third year students, indicated 'other' (Portuguese and French) as their official mother tongue.

4.4.1.2 Data collection: Phase 1

The purpose of this section is to discuss the data collection process for phase 1 of this study. In the sections that follow the approach and the research instruments that were utilised will be discussed.

Approach. The researcher personally collected data during pre-arranged group meetings with the first, second and third year nursing students, respectively. Pre-arranged personal group meetings were used for two reasons, namely: (1) it enabled the researcher to address the participants in person, thereby providing the opportunity to explain the aims of the study, outline ethical guidelines and answer questions from participants, and (2) to enhance the response rate to the questionnaire. Participants were requested, after obtaining informed consent, to complete a questionnaire package (this will be discussed in greater detail on the next page under the heading 'Research instruments.').

After completing the mentioned questionnaire package, participants were requested to place, and then seal it, in an envelope that was provided by the researcher (each participant received an

envelope). All sealed envelopes were placed in a box provided by the researcher. Participants who chose not to participate in the study, were requested to put the blank questionnaire package in their envelope and place it in the box provided. All participants who attended the pre-arranged personal group meetings chose to participate in the study.

Research instruments. Data for phase 1 were collected by means of a research questionnaire package. The research questionnaire package consisted of six parts, namely: (1) informed consent, (2) biographical information, (3) the Life Purpose Questionnaire (Hutzell, 1989), (4) the Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005), (5) the Nursing Stress Scale (Gray-Toft & Anderson, 1981), and (6) a section where participants could include additional thoughts. The research questionnaire package is included in Appendix A.

Informed consent. The Research Ethics Committees of the University of South Africa (Unisa), where the researcher was registered for the intended degree, as well as the university where the data were collected, granted permission to conduct this study. The research questionnaire package included an informed consent form, which outlined the principles as discussed in Section 4.3.

More specifically, participants were informed of the aims of the study that data would be collected anonymously, how and where data would be stored and who would have access to it, of their right to participate, not to participate or withdraw from the study at any stage without any negative consequences to them, as well as the benefits of participation. Contact details for free counselling services were also provided, in the event that any of the participants were to feel traumatised or emotionally stressed following participation. These services were to be offered by the Student Counselling centre of the University where the data were collected.

Additionally, participants were informed that they would not receive any financial benefit or course credit by choosing to participate in the study. Participants were requested not to include personal identifying information such as surnames, names or student numbers. The contact details for the researcher, supervisor and co-supervisor of the study, as well the Chairperson of

the Unisa Research Ethics Committee were provided on the informed consent form. All participants provided informed consent by completing the questionnaires anonymously.

Life Purpose Questionnaire. The Life Purpose Questionnaire is a 20-item one-dimensional scale that serves as an empirical measure for Frankl's concept of meaning in life (Hutzell, 1989). Participants are requested to indicate whether they 'agree' or 'disagree' with each of the 20 statements (example of an item: 'I have discovered many reasons why I was born'). Scores can range between '20' (higher sense of meaning) and '0' (lower sense of meaning).

Prior statistical analyses revealed that the Life Purpose Questionnaire presents with acceptable to good levels of internal consistency ($\alpha = .73-.84$) and test-retest reliability (.90) (Hutzell, 1989; Schulenberg, 2004). Cronbach's alpha was also previously calculated, using SPSS version 21.0, at the acceptable levels of .72 ($N = 179$ South African students; $M_{age} = 20.08$; $SD = 2.05$; female = 53.63%) (Mason, 2013b) and .75 ($N = 138$ South African students; $M_{age} = 19.88$; $SD = 2.05$; female = 47.10%) (Mason, in review). Validation studies have found that the Life Purpose Questionnaire presents with adequate to good levels of criterion (Hutzell & Peterson, 1986) and construct validity (Dush & Hutzell, 1986).

The Life Purpose Questionnaire, developed in an American-Eurocentric environment, has been utilised relatively extensively within an international settings (Hutzell & Dash, 1986; Schulenburg, 2004). In contrast, its use within a South African context is limited (Mason, in review). This is, partly, due to the paucity of meaning in life research that have been conducted within a South African context (Mason, 2013b; Moomal, 1999). At present there are, to the researcher's best knowledge, no South African-based instrument that measures meaning in life. Hence, additional studies are required to focus on, amongst others, the validation of measuring instruments, such as the Life Purpose Questionnaire. Notwithstanding this limitation, this study contributes in paving the way for further research.

With regards to scoring the Life Purpose Questionnaire, Hutzell (1989) provides the following guidelines, namely:

- 0-11 = low sense of meaning;

- 12-16 = uncertain definition; and
- 17-20 = definite sense of meaning.

The Professional Quality of Life Scale (Revised fourth edition). South African instruments that assess compassion fatigue, burnout and compassion satisfaction are non-existent. However, from an international perspective, the Professional Quality of Life Scale is the “...most commonly used measure of the positive and negative effects of working with...” people who are confronted with secondary stressful events (Stamm, 2010, p. 12). The measure has also been used among South African populations (Elkonin & Van der Vyfer, 2011).

Construct validation revealed that the Professional Quality of Life Scale (Revised fourth edition) serves as an empirical measure for the distinct concepts of compassion fatigue ($\alpha = .80$), burnout ($\alpha = .72$) and compassion satisfaction ($\alpha = .87$) (Stamm, 2005). Each of the aforementioned constructs is measured via a 10-item scale. Participants are requested to provide response ratings on a six-point Likert scale, ranging from ‘0’ (never) to ‘5’ (very often). Three examples of items are: ‘I am preoccupied with more than one person I help’ (compassion fatigue); ‘I feel trapped by my work as a helper’ (burnout); and, ‘I feel connected to others’ (compassion satisfaction). Stamm (2005) provides the following guidelines for interpreting the Professional Quality of Life Scale scores for each of the subscales:

- Compassion fatigue - mean = 13; < 8 = low risk; 8-17 = moderate/ medium risk; > 17 = high risk;
- Burnout - mean = 22; < 17 = low risk; 17-28 = moderate/ medium risk; > 28 = high risk; and
- Compassion satisfaction - mean = 37; < 32 = low potential; 32-41 = moderate/ medium potential; > 41 = high potential.

Notwithstanding the interpretative guidelines provided, Stamm (2005) warns that the Professional Quality of Life Scale ought not to be used as a diagnostic instrument. Rather, researchers and practitioners are advised to use the Professional Quality of Life Scale as a screening and planning tool. As such, it could be incorporated into training programmes (Baranowsky, 2012).

The Nursing Stress Scale. The Nursing Stress Scale, developed by Gray-Toft and Anderson (1981) within an American context, serves as an empirical measure to assess nurses' perceived stress levels. Consisting of 34 items, participants are requested to indicate how often they have experienced the listed items as stressful (example of two items (verbatim instructions as it appears on the mentioned Instrument): For each statement below indicate by means how often in your present unit you have found the situation to be stressful - 'The death of a patient with whom you developed a close relationship', and 'Feeling inadequately prepared to help with the emotional needs of a patient'). Participants indicate their responses on a four-point Likert type scale ranging from '0' (Never) to '3' (Very frequently).

The Nursing Stress Scale identifies seven major sources of stress, namely: (1) death and dying (seven items), (2) conflict with medical doctors (five items), (3) feelings of inadequacy in dealing with the emotional needs of patients and their families (three items), (4) lack of staff support (three items), (5) conflict with nurses (five items), (6) workload (six items), and (7) uncertainty regarding treatment (five items).

Prior statistical analysis revealed internal consistency coefficients ranging from .79 to .89 (Gray-Toft & Anderson, 1981). Limited information and references are available regarding psychometric properties of the Nursing Stress Scale within a South African context – even though the instrument has been used within a South African setting (Makie, 2006). Additionally, there are little to no nursing-specific instruments that measure stress that have been developed for use among South African nurses. Given the foregoing reasons, and the seminal work conducted by Gray-Toft and Anderson (1981) in constructing the Nursing Stress Scale, as well as its strong correlation with the categories of nursing-specific stressors identified in a meta-analysis by McVicar (2003), the mentioned instrument appears to be relevant for the current study. Cronbach's alpha coefficient will be calculated for the sample utilised in phase 1 of this study to determine the internal consistency of the Nursing Stress Scale.

4.4.1.3 Data analysis: Phase 1

Raw data, collected by means of the mentioned questionnaire package, were captured on an Excel spreadsheet. After the data had been captured, the researcher cleaned the data by drawing a random sample of 30 participants' scores to check for possible errors (10 first, second and third year students' scores were selected, respectively). Thus, 37.5% of the total sample was evaluated for possible errors – Durrheim (1999b) suggests that at least 10-15% of the sample be randomly selected to search and correct possible errors. No errors were detected during this process and, given that a larger sample than suggested by Durrheim (1999b) was selected, it was assumed that the data were captured correctly.

Both descriptive statistics and the Pearson correlation coefficient (Pearson's r) were used to analyse the data collected during phase 1 of this study. Descriptive statistics, such as mean scores, standard deviations and percentages were used to describe and summarise the data. Pearson's r , which represents the degree of relation between two variables, was calculated by means of SPSS version 21 (IBM SPSS Inc., 2012).

The empirical study conducted in phase 1 and the literature reviews reported on in Chapters 2 and 3 served as the impetus for phase 2 of this study.

4.4.2 Research design: Phase 2

Phase 2 of the research design revolved around the development of a logotherapy-based psycho-educational stress-management programme for nursing students. This was accomplished through three interdependent stages, namely:

- (1) Empirical data - the data that emerged from phase 1 serves as criteria to point to the need for the development of the logotherapy-based psycho-educational stress-management programme;
- (2) Literature - the literature review, as presented in Chapters 2 and 3, served as organising principles according to which the programme would be articulated; and
- (3) Developing skills - the logotherapy-based psycho-educational stress-management programme was informed from two specialist areas of literature and study, namely (1)

logotherapy, and (2) professional quality of life. In order to develop this programme, the researcher engaged in additional training related to the two mentioned fields:

- (3.1) Logotherapy - the Unisa Centre for Applied Psychology offers a short-course on logotherapy that spans over four levels, namely introductory, intermediate, advanced (Associate accreditation), and train-the-trainer (Diplomat accreditation). The researcher completed all four levels and thereby attained both Associate and Diplomat levels of accreditation in logotherapy from the Viktor Frankl Institute of Logotherapy (Dallas, Texas) (see Appendix B). As part of his training, the researcher developed, presented and evaluated the efficacy of a logotherapy-based student development and support programme (Mason & Nel, 2011). Additionally, he supervised numerous students in the development, implementation and evaluation of diverse logotherapy-based workshops and programmes during his Diplomat-level studies (Mason, 2013a). Completion of the logotherapy short-course enabled the researcher to develop the required skills, knowledge and abilities to develop, implement and facilitate, as well as to empirically evaluate the efficacy of logotherapy-based psycho-educational programmes; and
- (3.2) Professional quality of life - in order to address compassion fatigue, burnout and compassion satisfaction, the researcher enrolled for, and completed, two trauma specialist e-courses offered by the Traumatology Institute in Toronto, Ontario, Canada (see Appendix C). The first e-course, entitled the 'Brief Compassion Fatigue Resiliency Program (E-learning edition)', assisted the researcher to develop a fundamental understanding of the concepts of compassion fatigue, burnout and self-care. The second course, entitled 'Compassion Fatigue Specialist (Therapist Designation) (E-learning edition)', provided the researcher with an in-depth understanding of compassion fatigue, burnout, compassion satisfaction and the Accelerated Recovery Programme (Baranowsky, 2012; Gentry et al., 2002). In addition to the aforementioned training programmes, the researcher also completed an e-course offered by Fisher (2011) entitled 'When working hurts: Effectively addressing stress in trauma-informed workplaces', and a distance learning short course, namely 'A short course in care for the caregiver' (Oosthuizen, 2011). Collectively these training programmes provided the researcher with an

understanding of the professional quality of life concepts and principles that ought to be included in the development of psycho-educational stress-management programmes.

The primary aims of the logotherapy-based stress-management programme was to assist participants to develop:

- An understanding of stress, professional quality of life, meaning and self-care;
- Strategies to address stress and professional quality of life challenges, as well as embrace positive and growth-enhancing opportunities; and
- Personal self-care plans.

The development of, as well as specific objectives, of the logotherapy-based psycho-educational stress-management programme will be discussed in greater detail in Chapter 5 (Results and Discussion).

4.4.3 Research design: Phase 3

The objective of phase 3 was to empirically evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme for nursing students by means of a convergent parallel mixed method research design. This will included a quasi-experimental approach (quantitative data) and content analysis (qualitative data). In the sections that follow the use of the mentioned research designs will be justified.

4.4.3.1 Convergent parallel mixed method research design

The purpose of the convergent parallel mixed methods research design is to collect, analyse and merge different, but complementary, data in order to develop a better understanding of the research problem than would be possible when mono methods were used (Creswell & Plano Clark, 2011). This research design enables researchers to draw on the strengths of both quantitative and qualitative data in order to offset the limitations of both approaches, respectively (Teddlie & Tashakkori, 2009). The convergent parallel mixed method research design is graphically represented in Figure 4.2.

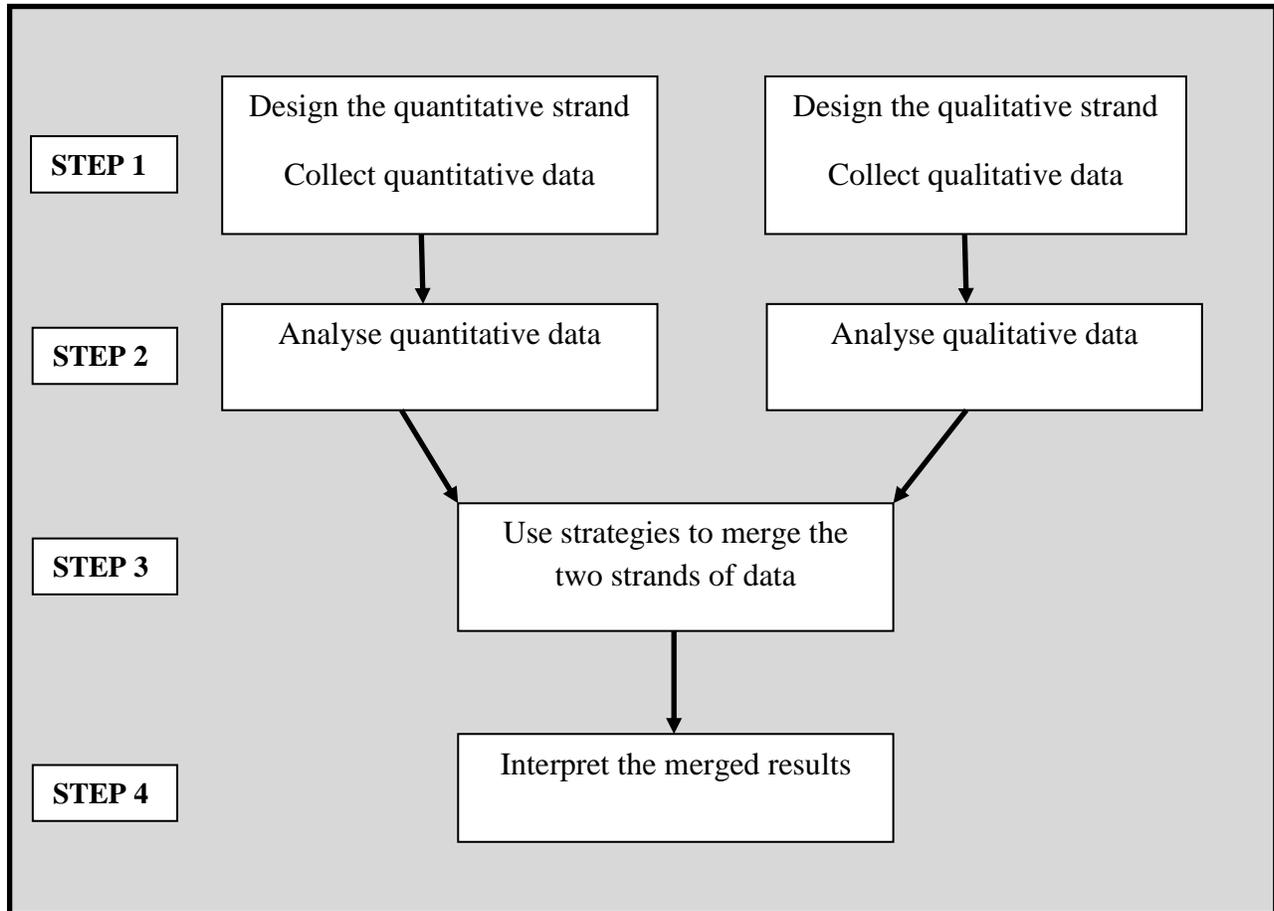


Figure 4.2. Convergent parallel mixed method research design (adapted from Creswell & Plano Clark, 2011, p. 79).

The convergent parallel mixed method research design consists of four interdependent steps (Creswell & Plano Clark, 2011). These steps, and its application to this study, will now be briefly discussed:

- Step 1 - Both the quantitative and qualitative strands of the investigation are designed. This includes stating the research questions and collecting data. The two quantitative research questions posed in phase 3 of this study are:
 - Will the logotherapy-based psycho-educational stress-management programme reduce participants' experiences of compassion fatigue and burnout?
 - Will the logotherapy-based psycho-educational stress-management programme enhance participants' experiences of compassion satisfaction and sense of meaning in life?

The qualitative research question is:

- What are participant's thoughts, feelings and perceptions of the logotherapy-based stress-management programme?

The mixed method research question, which integrated the quantitative and qualitative questions, reads as follows:

- Will the development, presentation and empirical evaluation of a logotherapy-based psycho-educational stress-management programme that addresses compassion fatigue, burnout, compassion satisfaction and meaning, prove to be of benefit to nursing students when evaluated by means of a mixed methods approach?
- Step 2 - Analysis of the quantitative and qualitative data occur separately. Quantitative data are analysed by means of descriptive and inferential statistics (Creswell, 2014). Qualitative data are analysed, separate from the quantitative strand, using, amongst others, content analysis. The data analysis procedures are discussed in Sections 4.4.3.2 (quantitative data) and 4.4.3.3 (qualitative data);
- Step 3 - Quantitative and qualitative are merged. This is done by identifying areas where the results and findings converge and/or diverge; and
- Step 4 - The merged data are interpreted. This can be done by, firstly, presenting the quantitative and qualitative results separately. Then, a merged perspective, which contrasts and compares the individual strands of data, is presented (Creswell, 2014).

In the sections that follow the quantitative and qualitative designs are discussed, separately. These discussions focus on the approaches adopted, sampling, application of ethical principles, data collection, as well as analyses.

4.4.3.2 Quasi-experimental research design

According to Smith and Davis (2010) quasi-experimental designs may be utilised in real world settings where researchers cannot adhere to the stringent control available in laboratory settings. The logotherapy-based psycho-educational stress management programme was presented to a group of nursing students during the course of an academic semester. Hence, the researcher could not remove the group from their day-to-day activities. Additionally, given the logistical challenges posed by arranging timeslots during the academic semester to present the mentioned

programme, it was not possible, nor ethical, to make use of both a control and intervention group (as would be the practice in experimental research). Subsequently, a quasi-experimental design was utilised in phase 3 – this design is graphically represented in Figure 4.3.

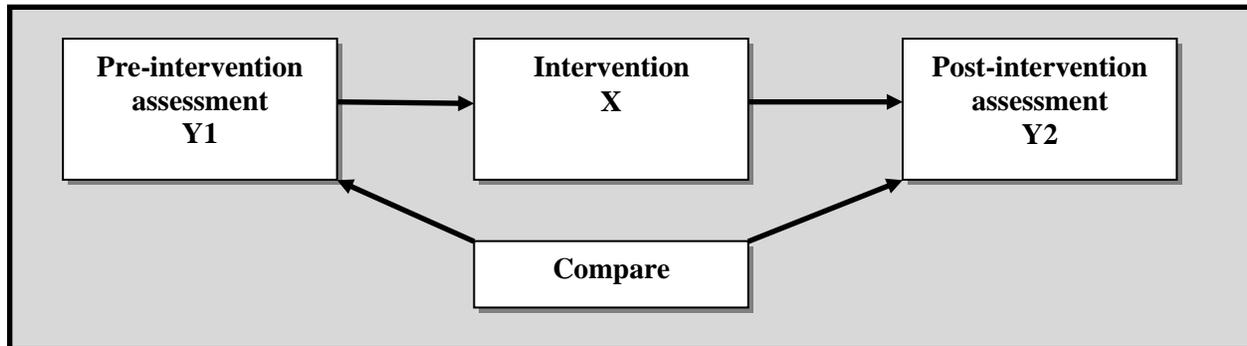


Figure 4.3 Quasi-experimental research design

The quasi-experimental research design presented in Figure 4.3 can be described as a ‘one-group-before-after design’ (Tredoux, 1999). The logic behind this design is that a single sample group is included in the evaluation of an intervention. In phase 3, the single sample group consists of nursing students; and the intervention (‘X’) is the logotherapy-based psycho-educational stress-management programme. Prior to the intervention commencing, participants completed a pre-intervention research questionnaire package (‘Y1’), which included quantitative questionnaires. Subsequent to the intervention, the mentioned questionnaire package was again be completed. However, the post-intervention questionnaire package (‘Y2’) focussed on the collection of both quantitative and qualitative data.

Quantitative sample. A non-probability, purposively selected and convenience homogenous sample, consisting of 42 first year students who registered for an academic course in Nursing Science at a South African university, was utilised for participation in phase 3 of this study. The criteria for inclusion were that all participants had to be (1) registered for the academic course in Nursing Science at the mentioned South African university, and (2) 18 years of age or older. Given this set of criteria, the sample was also selected based on convenience. Ideally, the intervention programme would have been presented to first, second and third year nursing students. However, due to logistical challenges, such as nursing students’ high academic and practical training workloads, as well as difficulty in scheduling contact sessions due to already

full timetables, it was decided to focus on first year students. Table 4.4 (see next page) provides a breakdown of the demographic profile of the sample.

A total of 76.19% of participants were female, whereas 23.81% were male. The female-male ratio varies slightly from the sample used in phase 1 of this study where 91.25% of the sample were female, and 8.75% were male participants. Nonetheless, the female-male distribution is consistent with international norms of sex distribution within the nursing profession (Noguer et al., 2008).

The mean age of 20.02 years ($SD = 1.37$) indicates that participants were, similar to phase 1 of the study, mostly in the young adulthood phase of their lives (Erikson, 1982). As mentioned previously, younger caregivers may be more susceptible and vulnerable, when compared to those in middle adulthood, to the deleterious effects of compassion fatigue and burnout (Figley, 1995). The range (18-25) was also slightly different from phase 1 (18-51).

The majority of participants were IsiZulu speaking (35.71%), followed by Sepedi (23.81%). This distribution is also slightly different from the phase 1 sample (see Table 4.3 - Sepedi - 27.5%; Setswana - 16.25%; and IsiZulu - 15%).

Table 4.4. Demographic information of the participants

Variable		Participants
Total	<i>N</i> (%)	42 (100%)
Sex	Female (%)	32 (76.19%)
	Male (%)	10 (23.81%)
Age	Mean (in years)	20.02
	Range	18 - 25
	Std. Dev.	1.37
Home language	English	0
	Afrikaans	0
	IsiZulu	15
	IsiXhosa	0
	SiSwati	5
	isiNdebele	4
	Sesotho	1
	Sepedi	10
	Tshivenda	0
	Xitsonga	4
	Setswana	3
	Other	0

Approach. Participants completed the pre- and post-intervention questionnaire packages during pre-arranged contact sessions. The researcher met participants over the course of 10-weekly contact sessions to present the logotherapy-based psycho-educational stress-management programme – each session two and a quarter hour in duration. These contact sessions were scheduled into participants’ timetables for the duration of one academic quarter.

Participants completed the pre-intervention questionnaire package, during week one, in approximately 30 minutes. The logotherapy-based psycho-educational stress-management programme was presented over the course of eight sessions (sessions two through to nine). The

post-intervention questionnaire was completed in week 10. It took participants approximately 60 minutes to complete the post-intervention questionnaire package.

It should be noted that three weeks passed between weeks nine and ten of the contact sessions due to participants having had to sit for a semester test week (week one), attend a practical training session (week two), and a public holiday (week three). Ideally, the contact sessions would have taken place over the course of 10 consecutive weeks. However, the nature of ‘real world’ challenges necessitated that the programme schedule be adapted. This arrangement did not appear to have negatively affected participants’ motivation to attend the final session. Rather, all of the participants attended the final session. However, extraneous variables, for example maturation (Creswell, 2012), could potentially have influenced the changes between pre- and post-intervention scores.

Research instruments. The pre- and post-intervention quantitative data were collected by means of a questionnaire package that consisted of five sections, namely (1) informed consent, (2) biographical information, (3) the Life Purpose Questionnaire (Hutzell, 1989), (4) the Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005), and (5) a section where participants could include additional thoughts. The pre- and post-intervention questionnaire package is attached as Appendix D.

Informed consent. Similar to the process followed in phase 1 of this study, the Research Ethics Committees of the Unisa, as well as and the university where the data were collected granted permission to conduct this study. Participants signed informed consent forms that addressed the ethical principles as discussed in Section 4.3. All participants, even if they chose not to complete the questionnaire packages but attended the contact sessions, received a certificate of completion following the programme. These certificates were sent to the academic department for distribution among the participants.

Participants were requested to include limited personal identifying information, namely student numbers, when completing the Life Purpose Questionnaire and Professional Quality of Life Scale sections of both the pre- and post-questionnaire packages. The student numbers were used

to match pre- and post-questionnaire package responses. All completed questionnaire packages were sealed in an envelope that was provided by the researcher. The sealed envelopes were then placed in a box provided also provided by the researcher. After the data were captured, the identifying information (student numbers) was removed.

Life Purpose Questionnaire. The Life Purpose Questionnaire serves as an empirical measure of Frankl's concept of meaning in life (Hutzell, 1989; Schulenberg, 2004). Please refer to pages 150-151 for a discussion on the mentioned questionnaire.

The Professional Quality of Life Scale (Revised fourth edition). The Professional Quality of Life Scale was developed to assess the three concepts of compassion fatigue, burnout and compassion satisfaction (Stamm, 2005). For a discussion of the Professional Quality of Life Scale, please refer to page 151.

Quantitative data analysis. The quantitative data, collected by means of the pre- and post-intervention questionnaire packages were captured on an Excel spreadsheet. Following this procedure, the data were cleaned by searching for possible errors. A random sample of 30 participants' scores (71.43%) were selected and compared with the raw data scores. No errors were found and it was subsequently assumed that the data were correctly captured.

Data were analysed using descriptive and inferential statistics. Descriptive statistics, such as mean scores, standard deviations and percentages, were used to report on the characteristics of the sample and participants' responses to the programme evaluation questionnaire. The paired-samples *t*-test, an inferential statistic, was used to determine whether the mean scores obtained via the pre- and post-intervention questionnaire packages differed significantly (Field, 2013). The *t*-test was calculated by means of the software package, SPSS version 21 (IBM SPSS Inc., 2012).

In addition to the quantitative data that were collected, qualitative data were collected by means of narrative sketches. Content analysis served as qualitative research design.

4.4.3.3 Content analysis

Content analysis focusses on the level of meaning of the qualitative text (Henning et al., 2011). In other words, qualitative data are analysed using basic thematic analysis (Creswell, 2014). This includes dividing data into smaller units of meaning, which can then be coded and developed into relevant qualitative themes. Henning et al., (2011) warn that while content analysis is relatively easy to access and focusses on meaning of the text, it also poses the challenge of developing a thick description.

The concept of a ‘thick description’ refers to a qualitative account that is coherent, moves beyond mere factual reporting and interprets data in relation to the methodology employed and literature that locates the study (Creswell, 2012). Hence, the qualitative analysis ought to report on participants’ voices and the setting, point to divergent and convergent views that may have emerged, and incorporate theoretical perspectives in order to provide a ‘textured’ account that reflects the deeper meaning (Henning et al., 2011).

Sample. A purposive qualitative sampling strategy was used to intentionally select participants who could offer rich data. The criteria for inclusion in the qualitative section of the study was that participants had to (1) be registered for the academic course in Nursing Science at a specific South African university, (2) have attended and completed the logotherapy-based psycho-educational stress-management programme that was presented as part of phase 2 of this study, and (3) be 18 years of age or older.

A total of 42 first year nursing students attended the logotherapy-based psycho-educational stress-management programme and provided quantitative data. Participation was voluntary, and a total of 29 participants chose to, in addition to the quantitative data, also provide qualitative data. Hence, 13 participants chose not to participate in the qualitative component of this study.

Non-participation may have been due to, amongst others, exercising their ethical right of informed consent, i.e. choosing not to participate in a specific study. Alternatively, participants may have felt that they did not have meaningful contributions to make to the qualitative component of the study, or that the contribution to the quantitative data collection process was sufficient. A third possibility could have been that providing the qualitative data may have been regarded as too taxing by some participants – especially seen in the light of an already demanding academic course.

Table 4.5 provides a breakdown of the demographic profile of the qualitative sample. Compared to the quantitative sample used for phase 3 of this study (see Table 4.4, p. 160), the percentage of female participants is slightly higher (79.31% (qualitative) vs. 76.19% (quantitative)). In contrast, the percentage of male participants is slightly lower when compared to the quantitative sample (20.69% (qualitative) vs. 23.81% (quantitative)). Notwithstanding these slight differences, the sample is still consistent with international sex norms within the nursing profession (Noguer et al., 2008).

The mean age of participants was 20.21 ($SD = 1.57$), is consistent with the sample selected in the quantitative component of phase 3. Additionally, the range of 18-25 years of age is consistent with the earlier sample drawn in this phase of the study. The majority of participants were IsiZulu (34.48%) speaking, followed by Sepedi (20.69%) and SiSwati (17.24%).

Table 4.5. Demographic information of the participants (Qualitative data)

Variable		Participants
Total	<i>N</i> (%)	29 (100%)
Sex	Female (%)	23 (79.31%)
	Male (%)	6 (20.69%)
Age	Mean (in years)	20.21
	Range	18 – 25
	Std. Dev.	1.57
Home language	English	0
	Afrikaans	0
	IsiZulu	10
	IsiXhosa	0
	SiSwati	5
	isiNdebele	3
	Sesotho	1
	Sepedi	6
	Tshivenda	0
	Xitsonga	2
	Setswana	2
	Other	0

Approach. Participants completed the qualitative component of the post-intervention questionnaire package during week 10 of the pre-arranged contact sessions. As noted earlier, the week 10 contact session only took place three weeks after the contact session in week nine. It took participants approximately 60 minutes to complete the questionnaire package – it took in the region of 30 minutes to complete the quantitative and qualitative sections, respectively. Participants were requested to seal the completed qualitative section in an envelope and then place it in a box provided by the researcher.

Qualitative data collection. The purpose of collecting qualitative data was to explore and develop an understanding of participants' thoughts, feelings and perceptions of the logotherapy-based stress-management programme. Whereas the quantitative questionnaires provided a more objective perspective of the efficacy of the training programme, the qualitative data aimed to uncover participants' subjective understanding and experiences. Informed consent was obtained from participants and data were collected by means of narrative sketches.

Informed consent. As mentioned earlier, the Research Ethics Committees of Unisa, as well as the university where the data were collected, granted permission to conduct this study. All qualitative narrative sketches were completed anonymously. Hence, participants who chose to participate, were not required to sign an informed consent form. In contrast, participants who chose not to participate, were requested to seal their blank narrative sketches in an envelope and place it in a box that was provided. This was done in an attempt to eliminate possible peer pressure to participate in the study.

Narrative sketches. Qualitative narrative sketches can be described as documents written by participants to depict their stories and perspectives about the theme in question (Giorgi, 1985). Such documents serve as a rich source of data that need not be transcribed (Wright, 2008). The benefit of utilising narrative sketches was that qualitative data were collected in a timely manner from a large section of the total sample utilised in phase 3 of the study, i.e. 29 out of 42 participants. A second benefit was that data were collected from participants within their natural setting.

The instruction to the narrative sketch read as follows: 'For you personally, what have you learned during this programme? What thoughts, ideas and concepts will you take forward with you as you journey further into the field of nursing? What are your thoughts, feelings and perspectives of this training programme? Use the space below to write your story in approximately one to three pages.' An example of a narrative sketch completed by a participant is attached as Appendix E.

In addition to the narrative sketches, additional qualitative data were collected from participants during the course of the logotherapy-based psycho-educational stress-management programme. The data took the form of non-compulsory weekly homework assignments (see examples included in Appendix E) and group work, such as:

- (1) Setting meaning-centred goals (see Chapter 2, Section 2.5.4, pp. 58-59);
- (2) The mountain range exercise (see Chapter 2, Section 2.5.5, pp. 59-61);
- (3) Writing a reflective logotherapy-based essay entitled: ‘The why that makes my life worth living.’ This non-compulsory homework assignment focussed on Frankl’s (2008) reference to discovering a ‘why’ to make manage the challenges (the ‘how’) of everyday life. Participants were requested to reflect on their lives and discuss the ‘why’ that motivates them to address challenges in life;
- (4) Poster designed in groups to depict ‘what meaning refers to.’ Participants worked in small groups and designed posters to describe the concept of meaning from their unique perspectives; and
- (5) Descriptions of self-care plans. An important component of psycho-educational stress-management programmes that are focussed of addressing compassion fatigue and burnout, is to focus on the development of self-care plans (Baranowsky, 2012). Participants were assisted to develop personal self-care plans.

Participants’ homework assignments were not graded. Rather, the researcher read through all homework assignments that were submitted. He then commented on the positive, meaningful and growth enhancing aspects that participants wrote about. The purpose of the comments was to assist participants to develop awareness of the unique meaning-centred opportunities that await them in the future. A deliberate attempt was made not to criticise aspects such as language and editing skills.

Qualitative data analysis. Narrative sketches can be analysed using content analysis (Wright, 2008). The following five inter-related steps, described as content analysis, were utilised to analyse the qualitative data, namely the:

- (1) Narrative sketches were organised and prepared for data analysis. This was done by optically scanning the documents and saving as PDF documents in a folder on a password protected computer;
- (2) Researcher printed out hard copies of the mentioned narrative sketches and familiarised himself with the content by reading and rereading the data a number of times. Initial thoughts and ideas were noted down in the margins of the documents and summarised as qualitative memos. Subsequently, the researcher began to reflectively develop a general sense of participants' thoughts, feelings and perceptions;
- (3) Software programme, Atlas.ti, version 6.2, was used to manage the qualitative data analysis process. The electronic narrative sketches were uploaded into the Atlas.ti text bank and the coding process commenced. This was done by assigning descriptive labels to blocks of text. While the researcher attempted to analyse the qualitative data inductively, personal characteristics and the literature that locates this study inevitably served as important lenses through which the data were coded. These influences were noted down as memos;
- (4) Codes were then categorised into a number of themes. This was done by noting irregularities and contradictions in the data, as well as by attempting to categorise these into meaningful wholes by interconnecting and comparing emerging themes; and
- (5) Interpretation of the qualitative data, viewed through the theoretical lenses presented in Chapters 2 and 3, were presented as narrative accounts.

Qualitative validity, reliability and generalisation. The validity and reliability of the qualitative data were addressed by incorporating the following strategies, namely:

- (1) Triangulation - various forms of data, namely qualitative narrative sketches, homework assignments and quantitative data, were used to investigate a central research aim. According to Creswell (2014) the use of various forms of data can enhance the validity of findings;
- (2) Member checks - the researcher discussed the qualitative interpretation with a section of participants. Additionally, the interpretation was presented and discussed with nursing students who were enrolled for Foundation level (extended academic course) studies in Nursing. Participants agreed with the interpretations;

- (3) The use of thick and rich descriptions - the researcher endeavoured to move beyond merely reporting on the facts presented in the narrative sketches. This was done by interrogating the data and integrating it with the literature presented in Chapters 2 and 3. Additionally, numerous verbatim quotes were included to substantiate the interpretation;
- (4) Clarifying bias - the researcher, a 30-something white male trained in the field of psychology, necessarily interpreted the data, which were mostly provided by 20-something black females studying nursing, through numerous lenses of bias. However, by being conscious of these influences and engaging in on-going self-reflection, he attempted to offer an open and honest interpretation; and
- (5) Prolonged engagement - the researcher has been involved in presenting psycho-educational training programmes to nursing students, at the university where the data were collected, since 2006. Additionally, he engaged with participants in their natural setting as part of presenting the logotherapy-based psycho-educational stress-management programme, for a period of 10 weeks. Moreover, there was critical engagement with the qualitative data for a lengthy period as part of the analysis process. This period of protracted engagement may assist in providing a valid and credible account of the data.

4.5 CONCLUSION

The purpose of this chapter was to describe the ‘map’ – the methodology – that guided the researcher to explore the research purpose, aims and questions. This was done by discussing a three phase approach that draws on quantitative, qualitative and mixed methods research designs. These research designs were not regarded as dichotomous in nature. Rather, the researcher envisaged the mentioned designs as existing on a continuum and that it could be combined to study, and therefore provide a more holistic understanding of, the research questions.

The ontological assumption was made that the research problem could be investigated from both objective and subjective perspectives. This implies that the researcher had to straddle the tension between objectivism and subjectivism. In other words, while the researcher remained objective when collecting, analysing and interpreting the quantitative data, he adopted an empathetic and

subjective stance when engaging with the qualitative data. Subsequently, the use and application of a mixed methods methodology could be adopted.

In-depth theoretical discussions of the mentioned research designs (Section 4.2) and ethical concerns (Section 4.3) were provided. These discussions focussed on aspects such as sampling, data collection and analysis, as well as strengths and weaknesses of particular designs. The applications of these designs were explained and justified in Section 4.4. The next chapter will interconnect the three phase research design adopted in this study with the theoretical lenses proposed in Chapters 2 and 3 as a means of arguing the thesis statement presented in Chapter 1.

CHAPTER 5

RESULTS AND DISCUSSION

“A beginning, a muddle, and an end”

~ Philip Larkin

5.1 INTRODUCTION

The thesis put forth in this study is that the development and presentation of a logotherapy-based psycho-educational stress-management programme could assist nursing students to manage the deleterious effects of caring (compassion fatigue and burnout), while simultaneously focussing on positive and growth enhancing (compassion satisfaction and meaning) experiences. The purpose of this chapter is to present empirical data to argue the aforementioned thesis. More specifically, in this chapter data will be presented that were gathered and analysed using the methods discussed in Chapter 4. The literature reviews provided in Chapters 2 and 3 will serve as the conceptual lenses through which the data will be interpreted. It is expected that the data will corroborate the thesis presented. Nonetheless, contradictory data that may emerge will also be reported on.

This chapter is organised as follows. Firstly, the results from phase 1 of the study will be presented and discussed in Section 5.2. This will be followed by presenting and discussing the logotherapy-based stress-management programme that formed the basis of phase 2 (Section 5.3). In Section 5.4 the results from phase 3, which focussed on the empirical-based evaluation of the aforementioned programme, will be discussed. Lastly, the chapter is concluded in Section 5.5.

5.2 RESULTS AND DISCUSSION: PHASE 1

The dual purpose of phase 1 of this study was to describe the (1) prevalence of deleterious, as well as positive and growth enhancing effects, and (2) correlations between the mentioned concepts, among a sample of nursing students ($N = 80$; $M_{age} = 22.4$; $SD = 11.1$; female = 91.25%). Data were collected by means of a questionnaire package that included three quantitative questionnaires, namely the (1) Life Purpose Questionnaire (Hutzel, 1989), (2) Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005), and (3) Nursing

Stress Scale (Gray-Toft & Anderson, 1981). The results obtained from each questionnaire are discussed in Sections 5.2.1 - 5.2.3, respectively. Then, in Section 5.2.4, the correlations between meaning in life, compassion fatigue, burnout, compassion satisfaction, and stressors within the nursing context, are presented. Concluding remarks are offered in Section 5.2.5.

5.2.1 The Life Purpose Questionnaire

The results obtained from the Life Purpose Questionnaire, which serves as an empirical measure of Frankl's (2006) concept of meaning life, are summarised in Table 5.1.

Table 5.1. Descriptive statistics: Life Purpose Questionnaire

Scale		First year students	Second year students	Third year students	Total N (%)
LPQ	<i>n</i> (%)	33 (41.25%)	24 (30%)	23 (28.75%)	80 (100%)
	Mean	14.67	14.88	13.22	14.30
	<i>SD</i>	4.00	3.37	3.34	3.66
	Low sense of Meaning (Score range: 0-11) (%)	4 (12.12%)	4 (16.67%)	6 (26.08%)	14 (17.50%)
	Uncertain sense (Score range: 12-16) (%)	17 (51.52%)	11 (45.83%)	13 (56.52%)	41 (51.25%)
	Definite sense (Score range: 17+) (%)	12 (36.36%)	9 (37.50%)	4 (17.39%)	25 (31.25%)
	α	.84	.77	.68	.79

Note

LPQ = Life Purpose Questionnaire

α = Cronbach's alpha coefficient

Cronbach's alphas (α) were calculated as .84 (first year), .77 (second year), .68 (third year), and .79 (total sample). In general, an alpha of .70 and higher is regarded as indicative of acceptable internal reliability (Field, 2013). Hence, the Life Purpose Questionnaire presented with acceptable reliability for the sample as a whole, even though the alpha for the third year group was calculated as .68, which falls just below the .70 level.

The mean scores were relatively consistent among the three groups of students. The group of second year students reported the highest mean score ($M = 14.88$; $SD = 3.37$). The third year group reported the lowest score mean score ($M = 13.22$; $SD = 3.34$). Nonetheless, the majority of

participants (51.25%) from the total sample ($N = 80$) reported ‘uncertain definition of meaning in life’ ($M = 14.30$; $SD = 3.32$). This could, amongst others, be related to involvement in developmental stage tasks.

Developmental tasks for individuals who fall in the late adolescence/young adulthood developmental stages (18-25 years of age), include negotiating the transition between childhood and adulthood, establishing a sense of personal identity, and forming meaningful beliefs in life (Arnett, 2000; Erikson, 1982; Steger, Oishi & Kashdan, 2009). Given the mean age of participants in phase 1 of this study ($M_{\text{age}} = 22.4$; $SD = 11.1$), the interpretation of ‘uncertain sense of meaning in life’ could then, *inter alia*, be due to involvement in developmental stage tasks; and may not necessarily point to a less than optimal sense of meaning.

A total of 17.50% of the sample reported a ‘low sense of meaning in life.’ The highest constituent of these participants were found in the third year group (26.08%). In contrast, 12.12% of first, and 13.33% of second, year participants reported a low sense of meaning.

According to Steger (2009) and Wong (2009a) a low sense of meaning serves as a diagnostic marker for indicators of psychological distress, such as depression and anxiety. Additionally, individuals who report a low sense of meaning in life may be more likely to request psychological assistance (Frankl, 2006).

A logotherapy interpretation would suggest that third year students may be more prone, when compared to other participants in the sample, to experience a low sense of meaning or existential frustration (Frankl, 2006). Lukas (1998) argues that even the experience of existential frustration could potentially serve as a call for meaning. Thus, low sense of meaning should not necessarily be interpreted as indicative of psychopathology. Rather, it may point to normal reactions given the stressful demands experienced within a challenging academic training context. Nonetheless, this also highlights the importance of providing relevant support services to participants.

A total of 31.25% of the participants reported scores that could be interpreted as a ‘definite sense of meaning in life.’ First year students reported the highest percentage of definite meaning

(36.36%), followed by second years (30%) and then third year students (17.39%). When viewed from a developmental perspective, it could be suggested that the mentioned participants may be aspiring towards 'generativity.'

The concept of generativity refers to creating and contributing to causes that would outlast the individual and contribute to society at large (Erikson, 1968, 1982). Even though the generativity developmental task is associated with the middle adulthood stage, Mariano and Vaillant (2012) suggest that it appears as early as adolescence and increases through young adulthood. Researchers have indicated that meaning, i.e. contributing to the world outside of the self, is an important factor in motivating nurses to enter the field (Boyle, 2011; Koen et al., 2011). A participant in a qualitative study by Mason (2011, p. 88) captured the foregoing argument in the following quote: "In studying to be a Nurse, I see myself helping, saving, and caring for people who are in need for it. I see myself changing people's lives. I also see myself being useful to others..."

Notwithstanding the abovementioned optimistic interpretation, the data also revealed that the percentage of third year students that regarded life as definitely meaningful (17.39%), were substantially lower when compared to first (36.36%) and second year students (30%). However, when considering compassion fatigue as theoretical framework, the mentioned results could also suggest that first, and even second, year students may be entering the training context with idealistic motives and desires to make a difference in the world. As they then move from first to third year level, this initial enthusiasm may be replaced by a sense of emotional exhaustion, (Maslach, 2006). In contrast, students who manage to remain realistically optimistic and address the stressful challenges encountered, could experience a sense of enhanced mastery and control (Baranowsky, 2012). The latter could, hypothetically, be related to a greater sense of meaning in life (Bulka, 1984; Yiu-kee & Tang, 1995).

In spite of the foregoing hypothetical arguments, Shantall (2002) suggests that meaning in life is a highly personal experience. In other words, qualitative exploration is necessary to develop a comprehensive understanding of whether a person regards his/her life as meaningful or not

(Shantall, 2002). Therefore, the quantitative results ought to be regarded as one perspective on participants' experience of meaning (Jonker & Pennink, 2010).

In the next section data relating to participants' professional quality of life evaluations will be presented. Seen against the backdrop of the Life Purpose Questionnaire results, it is expected that third year students, compared to first and second year students, will report higher levels of compassion fatigue and burnout, and lower scores on compassion satisfaction.

5.2.2 The Professional Quality of Life Scale

The descriptive statistics for the data collected by means of the Professional Quality of Life Scale (Revised fourth edition) are presented in Table 5.2.

Cronbach's alpha scores for the compassion fatigue subscale were calculated as .74 (first years), .73 (second years), .61 (third years), and .70 (total sample). As such, the scale generally presented with acceptable levels of internal reliability.

The collective mean score of 19.90 ($SD = 4.95$) on the compassion fatigue subscale, points to 'high risk.' In other words, as a whole, participants appear to be encountering significant secondary stress-related experiences. This could, potentially, be compromising participants' psycho-social well-being (Figley, 1995).

Table 5.2. Descriptive statistics: Professional Quality of Life Scale (Revised fourth edition)

ProQOL scales		First year students	Second year students	Third year students	Total N = 80
	<i>n</i> (%)	33 (41.25%)	24 (30%)	23 (28.75%)	80 (100%)
Compassion Fatigue	Mean	20.60	16.50	22.40	19.90
	<i>SD</i>	2.12	4.24	5.25	4.95
	High risk (%)	21 (26.25%)	11 (13.75%)	16 (20%)	48 (60%)
	Medium risk (%)	10 (12.5%)	8 (10%)	7 (8.75%)	25 (31.25%)
	Low risk (%)	2 (2.5%)	5 (6.25%)	0 (0%)	7 (8.75%)
	α	.74	.73	.61	.70
Burnout	Mean	15.50	18.00	23.30	18.50
	<i>SD</i>	4.95	4.25	1.36	2.12
	High risk (%)	1 (1.25%)	3 (3.75%)	6 (7.5%)	10 (12.5%)
	Medium risk (%)	16 (20%)	12 (15%)	13 (16.25%)	41 (51.25%)
	Low risk (%)	16 (20%)	9 (11.25%)	4 (5%)	29 (36.25%)
	α	.65	.69	.53	.67
Compassion Satisfaction	Mean	43.3	40.7	40.3	41.63
	<i>SD</i>	4.24	4.26	2.78	3.54
	High potential (%)	25 (31.25%)	14 (17.5%)	10 (12.5%)	49 (61.25%)
	Medium potential (%)	6 (7.5%)	7 (8.75%)	12 (15%)	25 (31.25%)
	Low potential (%)	2 (2.5%)	3 (3.75%)	1 (1.25%)	6 (7.5%)
	α	.84	.88	.65	.81

Note

ProQOL (R-IV) = Professional Quality of Life Scale (Revised fourth edition)

α = Cronbach's alpha coefficient

The lowest compassion fatigue mean score was reported by the second year student subgroup ($M = 16.50$, $SD = 4.24$). This result was surprising, as it was expected that the first year group would have reported the lowest compassion fatigue mean score. One possible explanation could be that second year students may, when compared to the first year group, have been able to develop enhanced coping strategies due to prolonged exposure to the training context. Friedman and Higson-Smith (2003) indicate that enhanced coping strategies are related to a greater capacity to manage stressful experiences. This translates into lower levels of perceived stress (Lazarus & Folkman, 1984).

It should also be noted that a subsection of the second year sample group ($n = 13$ out of 24) attended a logotherapy-based stress-management programme one year prior to the current study being conducted (Mason, in press a). Using the Purpose in Life Test (Crumbaugh & Maholick, 1981) in a pre- and post-intervention format, participants of the mentioned stress-management programme presented with statistically significant improvements of sense of meaning ($M_{\text{pre-intervention}} = 115$, $M_{\text{post-intervention}} = 124$, $t\text{-score} = 4.85$, $p < .001$). Subsequently, the lower mean score, as measured on the compassion fatigue subscale, could be related to the subsection of second year students who partook in the mentioned stress-management programme. As such, the enhanced sense of meaning reported by participants, may have served as a protective factor against secondary stressful experiences (Frankl, 2008).

The mean scores for the burnout subscale ranged from low risk among the first year group ($M = 15.50$, $SD = 4.95$) to moderate risk for the second ($M = 18.00$, $SD = 4.25$) and third year ($M = 23.30$, $SD = 1.36$) clusters. Based on previous interactions with the groups of nursing students (see: Section 1.2.1 Personal reflection (pp. 9 - 11)) and data reported in the literature (Crumpei & Dafinoiu, 2012; Gibbons, 2010) it was expected that participants would have reported higher risk scores on the burnout subscale. Possible factors to consider could be the time when data were collected, exposure to previous training and the psychometric properties of the measuring instrument (Creswell, 2012). Participants completed the research questionnaire package just prior to the July University holiday period. Thus, burnout scores may have been lower due to the prospect of the upcoming holiday, i.e. the time when data were collected could have influenced responses.

All the students who participated in phase 1 of the study, attended psycho-social support programmes during the first semester of being enrolled at the mentioned University. The groups of first and third year students attended an emotional intelligence psycho-educational support programme (Botes, 2007); while the second year group attended a logotherapy-based psycho-social support programme (Mason & Nel, 2011). Participants' attendance of and participation in the mentioned programmes could have influenced their responses to the mentioned questionnaires. Amongst others, completion of the emotional intelligence programme could have assisted students to develop the skills, knowledge and abilities to effectively identify, reflect on

and manage personal emotions (Botes, 2007). Participants who completed the logotherapy-based programme could have developed an enhanced sense of meaning in life (Mason & Nel, 2011). Both of these programmes could potentially have assisted participants to develop coping strategies required to effectively manage burnout-related challenges.

Another factor that ought to be considered when interpreting the burnout scores, is that internal reliability was generally not particularly high. Cronbach's alpha was calculated as .67 for the total sample. This falls just below the cut-off score of .70 that is generally regarded as indicative of an acceptable level of internal reliability (Field, 2013). Further research ought to be conducted to investigate the psychometric properties of the burnout subscale within a South African context.

The Cronbach's alpha for the compassion satisfaction subscale was .81. Thus, internal reliability can be described as very good. The collective mean score of 41.63 ($SD = 3.54$) can be interpreted as pointing to 'high potential' to experience compassion satisfaction. To support this claim further, a total of 61.25% of the participants' scores could be categorised as falling into the 'high potential' category. Only 7.5% of participants' scores could be categorised as indicative of 'low potential' for the experience of compassion satisfaction. Hence, the majority participants appear to experience high levels of fulfilment, pleasure and enjoyment due to their involvement as helpers.

The aforementioned results are consistent with earlier research that suggests nurses enter the field due to perceived callings and the desire to make a difference in the world (Boyle, 2011; Koen et al., 2011). The high potential for compassion satisfaction is also encouraging as it may serve to protect nurses, and others, against the deleterious effects of compassion fatigue and burnout (Stamm, 2010).

The professional quality of life combination that emerged from the data analysis (i.e., high risk for compassion fatigue; moderate to high risk for burnout; and high potential for compassion satisfaction) is typical among helpers working in high-risk contexts, such as areas of war and

civil violence (Stamm, 2005). Hence, it can be deduced that participants are confronted to deal with noticeably high levels of stress.

When the researcher presented these results as a paper at an academic conference (Mason & Nel, 2013), an attendee, who himself was a former registered nurse, indicated that he experienced his academic and practical training as significantly stressful. Incidentally, the attendee indicated that he decided to leave the nursing field due to the levels of secondary trauma that he had experienced. Notwithstanding the anecdotal nature of the attendee's comments, it substantiates empirical data that points to the potential costs, for example choosing to leave the nursing profession, associated with compassion fatigue and burnout. This situation becomes particularly problematic when considering that there is a shortage of registered nurses in both the South African and international contexts (Makie, 2006).

Nonetheless, helpers who present with the mentioned combination (high risk for compassion fatigue; moderate to high risk for burnout; and high potential for compassion satisfaction) are also likely to be effective at their work because they perceive it as to be making a difference to the lives of others (Stamm, 2005). This emphasises the importance of providing appropriate stress-management training programmes in attempts to address professional quality of life – stress-management programmes could potentially assist nurses to deal effectively with the deleterious, while embracing the positive and growth enhancing, effects of caring.

5.2.3 The Nursing Stress Scale

Descriptive statistics for the Nursing Stress Scale are presented in Table 5.3.

Table 5.3. Descriptive statistics: Nursing Stress Scale

Scale		First year students	Second year students	Third year students	Total N (%)
Nursing Stress Scale	<i>n</i> (%)	33 (41.2%)	24 (30%)	23 (28.75%)	80 (100%)
	Death and dying				
	Mean	1.30	1.46	1.68	1.46
	<i>SD</i>	0.71	0.69	0.60	0.68
	α	.77	.77	.64	.75
	Conflict: Medical doctors				
	Mean	1.24	1.03	1.75	1.32
	<i>SD</i>	0.74	0.51	0.81	0.75
	α	.75	.78	.82	.77
	Feelings of inadequacy: Patient care				
	Mean	1.55	1.40	1.57	1.51
	<i>SD</i>	0.74	0.51	0.69	0.66
	α	.67	.73	.49	.62
	Lack of staff support				
	Mean	1.19	1.60	1.67	1.45
	<i>SD</i>	1.00	0.93	0.87	0.94
	α	.74	.74	.62	.72
	Conflict with other nurses				
	Mean	0.82	1.17	1.61	1.15
	<i>SD</i>	0.76	0.43	0.84	0.78
	α	.73	.65	.75	.73
	Workload				
	Mean	1.27	1.39	1.70	1.43
	<i>SD</i>	0.78	0.52	0.64	0.69
	α	.78	.67	.76	.73
	Uncertainty: Treatment				
	Mean	1.30	1.35	1.72	1.42
	<i>SD</i>	0.95	0.72	0.83	0.87
	α	.87	.76	.73	.81
	Total scale				
	Mean	8.63	9.39	11.70	9.74
	<i>SD</i>	4.55	2.11	3.60	3.86
	α	.94	.78	.91	.92

Internal reliability was calculated at acceptable to good levels for the various subscales of the Nursing Stress Scale. Cronbach's alpha was calculated at the excellent level of .92 for the scale as a whole.

Participants' ratings on the subscale measuring 'death and dying' were slightly lower ($M = 1.46$; $SD = 0.68$) when compared to results reported by Makie (2006) ($N = 84$ registered nurses working within a South African context, $M = 1.56$, $SD = 0.60$). However, when considering that 57.20% of the registered nurses who participated in the Makie (2006) study had more than 11 years of work experience, it appears that death and dying could be perceived as particularly stressful among all three groups of nursing students included in the sample. This is consistent with earlier research that also identified death and dying as noteworthy stressors among registered nurses (Cole et al., 2001; French et al., 2000; Potter et al., 2010) and university students (Malan, 2011).

Second year students reported that they experienced conflict with medical doctors as slightly less stressful when compared to first year students. First year students could, amongst others, be experiencing the training environment as unfamiliar and possibly intimidating. Additionally, first year participants may still be in the process of adapting to their roles as student nurses. Compared to first ($M = 1.24$, $SD = 0.74$) and second year ($M = 1.03$, $SD = 0.51$) participants, third year students reported a relatively higher mean score ($M = 1.75$, $SD = 0.81$) on the particular scale. This could, hypothetically, be due to higher academic and training workloads, greater expectations of them as senior students, and dealing with more demanding cases.

Consistent with earlier results from Makie (2006) and Matlakala (2003), participants reported that conflict with other nurses is a source of stress. This category presented with an upward curve from first ($M = 0.82$, $SD = 0.78$), to second ($M = 1.17$, $SD = 0.43$), to third year ($M = 1.61$; $SD = 0.78$) level. Conflict could be symptomatic of participants' efforts to deal with increasing levels of stress that emerge as they move from one academic level to the next. According to Stein and Book (2006) the fight and flight reaction is a natural reaction to stress. The 'fight-component' could, amongst others, serve as the impetus for the occurrence of interpersonal conflict (Stein & Book, 2006). Hence, stress and conflict levels may correspondingly increase.

In addition to the aforementioned, research has demonstrated that social support serves as an important protective factor against the deleterious effects of compassion fatigue and burnout

(Conrad & Kellar-Guenther, 2006; Maslach, 2003). Conflict with other nurses could possibly limit participants' capacity to draw on this resource within the training environment, which may lead to social isolation. Baranowsky (2012) identified social isolation as a warning sign for the development of compassion fatigue. Antonovsky (1979) also highlighted the importance of social support as, amongst others, an important coping resource to mitigate the negative effects of stress. Subsequently, it may be an important aspect to address as part of psycho-social support programmes.

Similar to previous results reported in this section, data from the 'conflict with other nurses' subscale tended to be lower among first year students when compared to second and third years: first ($M = 1.30$, $SD = 0.95$), second ($M = 1.35$, $SD = 0.72$), and third ($M = 1.72$, $SD = 0.83$) year participants. Mean scores from the total scale also illustrate the hypothesised increase of stressful experiences from first ($M = 8.63$, $SD = 4.55$) to second ($M = 9.39$, $SD = 2.11$), and third ($M = 11.70$, $SD = 3.60$) year. Thus, while psycho-educational stress-management training programmes may be important to address well-being among first year students, it appears that similar programmes ought to be developed and presented to nursing students at second and third year levels.

5.2.4 Correlations: Phase 1

The correlations between meaning in life, professional quality of life, and stressors within the nursing environment, are presented in Table 5.4.

Table 5.4. Pearson product-moment correlation coefficients

	LPQ	CF	Burnout	CS	NSS: Total	NSS: Death and dying	NSS: Conflict (Doctors)	NSS: Feelings of inadequacy	NSS: Lack of support	NSS: Conflict (Nurses)	NSS: Workload
CF	-.46**										
Burnout	-.65**	.52**									
CS	.60**	-.25*	-.63**								
NSS: Total	-.29**	.20	.36**	-.12							
NSS: Death and dying	.01	.01	.01	.13	.72**						
NSS: Conflict (Doctors)	-.23*	.16	.31**	-.10	.79**	.41**					
NSS: Feelings of inadequacy	-.21	.27*	.22*	-.05	.63**	.48**	.49**				
NSS: Lack of support	-.20	.10	.35**	-.06	.56**	.31**	.32**	.28*			
NSS: Conflict (Nurses)	-.33**	.14	.37**	-.20	.76**	.41**	.57**	.28*	.36**		
NSS: Workload	-.34**	.18	.40**	-.25*	.75**	.32**	.51**	.42**	.40**	.55**	
NSS: Uncertainty regarding treatment	-.23*	.19	.18	-.01	.82**	.50**	.60**	.50**	.36**	.57**	.57**

Note

LPQ = Life Purpose Questionnaire

CF = Compassion fatigue

CS = Compassion satisfaction

NSS = Nursing Stress Scale

* = $p < 0.05$

** = $p < 0.01$

Statistically significant inverse correlations (r) emerged between meaning in life, as measured by the Life Purpose Questionnaire (Hutzell, 1989), and compassion fatigue ($r = -.46$; $p < 0.01$), burnout ($r = -.65$; $p < 0.01$). A statistically significant positive correlation was calculated between meaning in life and compassion satisfaction ($r = .60$; $p < 0.01$). This suggests that participants who reported higher sense of meaning in life were, correspondingly, more likely to report lower levels of compassion fatigue and burnout, as well as a greater sense of compassion satisfaction.

The total score on the Nursing Stress Scale, as well as four of the seven subscales, namely (1) conflict with medical doctors ($r = -.23$; $p < 0.05$), (2) conflict with fellow nurses ($r = -.33$; $p < 0.01$), (3) workload ($r = -.34$; $p < 0.01$), and (4) uncertainty regarding treatment ($r = -.23$; $p < 0.05$), were significantly associated with the meaning in life scores. Hence, the higher the sense of meaning reported by participants, the more likely they were to report lower perceptions of nursing-specific stressors; and *vice versa*.

The inverse correlations between meaning in life, and compassion fatigue, burnout, as well as with the aforementioned Nursing Stress Scale scores, correspond to earlier research results that indicated negative relationships between meaning and indicators of psychological distress (Dash & Hutzell, 1986; Klinger, 2012; Steger et al., 2011). Likewise, the positive correlation between meaning and compassion satisfaction is consistent with previous research that indicated positive relationships between the presence of meaning in a person's life and measures of psychological well-being (Chamberlain & Zika, 1988; Steger & Frazier, 2005).

Based on the aforementioned results it could be hypothesised that meaning in life may serve as a protective factor against the deleterious effects of caring (Bulka, 1984). However, correlational research does not indicate causation (Smith & Davis, 2010). Thus, it could be that participants with a greater sense of meaning are, amongst others, more resilient in the face of nursing-related stressors; or, it could be that greater levels of resilience predispose participants to report greater sense of meaning in life. Hence, the causal direction of the results cannot be fully disentangled based on the correlational data.

A weak ($r = -0.25$), yet statistically significant ($p < 0.05$), inverse correlation was found between compassion satisfaction and compassion fatigue. This confirms Stamm's (2005) hypothesis that compassion satisfaction may both protect against, as well as mediate the occurrence of, compassion fatigue. Furthermore, the discomfort created by compassion fatigue may serve as the necessary impetus for student nurses to focus on strategies to alleviate the stressful effect, which may bring about a greater sense of meaning and/or compassion satisfaction (Stamm, 2010).

A relatively strong and statistically significant negative correlation ($r = -0.63$, $p < 0.01$) emerged between compassion satisfaction and burnout. This could suggest that higher reported levels of compassion satisfaction may protect student nurses against the occurrence of burnout (Elkonin & Van der Vyfer, 2011).

The moderate, yet statistically significant relationship ($r = 0.52$, $p < 0.01$), between compassion fatigue and burnout indicates that these two conditions may correspondingly exacerbate susceptibility to the other. Figley (1995, 2002a, 2002b) and Stamm (2005) assert that the presence of both compassion fatigue and burnout, points toward an undesirable scenario. Amongst others, nursing students who are plagued by both of the mentioned deleterious conditions, could decide to abandon the field of study. This is a disconcerting prospect when considering that there is a shortage of registered nurses in South Africa and that only a small proportion of young people are entering the profession (Wildschut & Mqolozana, 2008).

The statistically significant positive correlation ($r = .36$; $p < 0.01$) that emerged between the total score on the Nursing Stress Scale and burnout suggests that perceived stressors within participants' training environments are related to the experience of burnout, and *vice versa*. This result is consistent with the existing theory that associates the experience of work-related stress with the occurrence of burnout (Circenis & Millere, 2011; Elkonin & Van der Vyfer, 2011; Potter et al., 2010).

Research has consistently linked high workloads, especially within stressful environments, with the experience of burnout (Maslach, 2006; Stamm, 2010). The significant correlation between

burnout and the Nursing Stress Scale factor namely, workload ($r = .40$; $p < 0.01$), substantiates the aforementioned. Additionally, significant correlations between burnout, and the subscales ‘lack of support’ ($r = .35$; $p < 0.01$), ‘conflict with other nurses’ ($r = .37$; $p < 0.01$), as well as ‘conflict with medical doctors’ ($r = .31$; $p < 0.01$), confirm existing theory.

Furthermore, a lack of social support, which may ensue from interpersonal conflict, is related to higher levels of burnout (Koeske & Koeske, 1993; Um & Harrison, 1998). However, interpersonal conflict could also be a symptom of having to function in a highly stressful work environment where errors could have life and death implications (Makie, 2006; Stein & Book, 2006). The aforementioned could bring about a sense of inadequacy to deal efficiently with patients and/or their families ($r = .22$; $p < 0.05$). Yet, the aforementioned correlation could also be due to participants still being in the process of developing the skills, knowledge and abilities to deal effectively with patients and their respective families.

Compassion fatigue was significantly correlated to only one subscale on the Nursing Stress Scale, namely ‘feelings of inadequacy in dealing with the emotional needs of patients and their families.’ The weak correlation that emerged ($r = .27$; $p < 0.05$) indicates that participants who reported higher levels of compassion fatigue, were also more likely to report greater difficulty in addressing the emotional needs of patients and their family members. Figley (1995) indicates that compassion fatigue is characterised by, amongst others, avoidance of people and places that are reminiscent of the traumatic stressors. Hence, it would appear to be a normal reaction for participants who are struggling with compassion fatigue-related symptoms to avoid, and experience difficulty in addressing the emotional needs, of patients and their families. Exposure to the traumatic experiences, injuries and/or stories of patients could therefore negate participants’ efforts to deliver quality care.

Compassion satisfaction and workload presented with a weak, albeit statistically significant correlation ($r = -.25$; $p < 0.05$). Subsequently, it appears that while there is a significant correlation, participants’ perceptions of the stressors embedded in the training environment, as measured by the Nursing Stress Scale, do not necessarily disconnect them from the positive effects of their caring interactions.

One explanation could be that nurses often enter the field with the aim of making a difference to the lives of patients (Boyle, 2011). Crumpei and Dafinoiu (2012) also found that medical students who were altruistically motivated to enrol for medical studies, were less likely to be negatively affected by stressful experiences. A qualitative study by Mason (2011) found that participants ($N = 14$ South African nursing students) identified meaningful pursuits, such as making a difference in the lives of patients, as an important motivation to enter the field. Hence, participants' possible altruistic motivation could serve as a potential protective factor against the deleterious effects of caring.

However, Figley (1995) warns that a highly altruistic desire to compassionately care for others may also predispose helpers to burnout. An altruistic motivation may lead to helpers delivering services that reach beyond the scope of their professional responsibilities and boundaries – this could create role confusion and overload (Baranowsky, 2012; Maslach, 2006).

The various subscales of the Nursing Stress Scale all presented with statistically significant inter-correlations. Subsequently, it can be deduced that all the items are related by a similar factor – in this instance, the perception of stress amidst the nursing context. The aforementioned is also substantiated by the excellent Cronbach alpha coefficient score of .92 that was reported in Table 5.3.

5.2.5 Conclusion: Phase 1

The purpose of phase 1 of this study was to describe the (1) prevalence of deleterious, and (2) positive and growth enhancing effects of caring, among the sample of nursing students. Additionally, the correlations between the aforementioned concepts were investigated.

The results from the Life Purpose Questionnaire (Hutzell, 1989) indicated that 51.25% of the participants ($N = 80$) reported an uncertain sense of meaning in life. A proportion of participants (17.50%) reported low sense of meaning in life, which may indicate the need for psychological, and/or other, assistance (Frankl, 2008).

A noteworthy proportion of the participants (31.25%), indicated a definite sense of meaning in life. It was argued that a definite sense of meaning could be indicative of generativity and a desire to make prosocial contributions beyond the self (Erikson, 1968; Mariano & Vaillant, 2012). Such an altruistic motive could possibly serve as a protective factor against the deleterious effects of caring (Stamm, 2010). However, Figley (1995) warns that the most compassionate caregivers may be at a heightened risk for the development of compassion fatigue and burnout. Baranowsky (2012) agrees and argues that caregivers ought to establish realistic boundaries to protect themselves against the negative effects of the caring interaction.

Data from the Professional Quality of Life Scale (Fourth edition revised) (Stamm, 2005) indicated that participants perceived their training experiences as particularly stressful. The risk for the development of compassion fatigue was especially high among a significant proportion (60%) of the sample. Notwithstanding, the majority of participants also reported high potential for the experience of compassion satisfaction. This could be related to a sense of meaning in life ($r = .60; p < 0.01$).

Stamm (2005) likens the pattern that emerged – high risk for compassion fatigue; moderate to high risk for burnout; and high potential for compassion satisfaction – to working in high-risk contexts, such as areas of war and civil violence. Seen against this backdrop, the use of psycho-educational stress-management programmes may serve as an important mechanism to assist participants to address the deleterious effects of caring, while embracing the positive and meaning-centred opportunities.

Data that emerged from the Nursing Stress Scale (Gray-Toft & Anderson, 1981) indicated a progressive increase in perceived stress levels among participants from first to third year of study. This result could possibly be due to the increasingly demanding challenges that participants faced as they moved from junior to senior levels. Such an assertion could be investigated further by making use of a longitudinal research design, thereby evaluating stress levels across time (Smith & Davis, 2010).

Correlational data revealed statistically strong associations between deleterious (compassion fatigue and burnout), as well as positive and growth enhancing (compassion satisfaction and meaning) effects of caring. These results, which are consistent with prior research (Elkonin & Van der Vyfer, 2011; Potter et al., 2010), suggest that commitment to a particular purpose could protect participants against the stressful challenges that are part and parcel of the nursing profession.

The results from phase 1 of the research study indicate that:

- Compassion fatigue and burnout are deleterious effects that affect nursing students;
- Compassion satisfaction and meaning in life remain potentialities notwithstanding the aforementioned stressful challenges;
- Stressors associated with the nursing profession (McVicar, 2003), are also applicable to nursing students, and progressively increase from first to third year;
- Deleterious, as well as positive and growth enhancing effects of caring, are inversely related;
- Compassion satisfaction and meaning in life presented with a positive correlation, leading to the hypothesis that an increase in any one of the two variables will correspondingly influence the other;
- Certain stressors, as measured by the Professional Quality of Life Scale (Fourth edition revised) (Stamm, 2005) and the Nursing Stress Scale (Gray-Toft & Anderson, 1981) are positively correlated. Hence, participants who are exposed to and/or perceive one form of stress, will most likely also experience other challenges as stressful.

The aforementioned suggests that participants could possibly benefit from attending a psycho-social stress-management programme. In the next section the development of the logotherapy-based psycho-educational stress-management programme will be discussed

5.3 RESULTS AND DISCUSSION: PHASE 2

The goal of the logotherapy-based psycho-educational stress-management programme was to assist participants to develop the skills, knowledge and abilities required to address secondary stress-related challenges, such as compassion fatigue and burnout, while embracing compassion

satisfaction and meaning. According to Bergh and Theron (2009) the first step in programme development is to determine the need for an intervention. Phase 1 of this study indicated that participants experienced high levels of compassion fatigue, moderate to high risk for burnout, and high potential for compassion satisfaction. Stamm (2005) suggests that this combination is characteristic of helpers who work in highly stressful environments. She also advises that training and other support services may be required (Stamm, 2005).

Thus, based on the results reported in phase 1 of this study, it could be deduced that a psycho-educational stress-management programme could prove to be beneficial to participants. A second step in the development of a training programme is the identification of the key components that ought to be addressed (Bergh & Theron, 2009).

According to Baranowsky (2012) the four central aims of training programmes that are developed to address professional quality of life, are to (1) provide relevant information, (2) assist participants to identify their unique constellations of stress-related symptomology, (3) enable them to devise self-care plans, and (4) actively engage in the devised self-care plans. In addition, the aims of a logotherapy training programme ought to be developmental in nature. In other words, the focus ought to be on identifying and developing those aspects of a person's life that can bring about a sense of meaning and purpose (Lukas, 1998; Shantall, 2003). Subsequently, the aforementioned aims ought to be addressed in the logotherapy-based psycho-education stress-management programme.

The next component involves establishing objectives for the training programme (Bergh & Theron, 2009). The overarching goal of the logotherapy-based psycho-educational stress-management programme, as mentioned previously, was to assist nursing students to develop the skills, knowledge and abilities to effectively manage deleterious effects (i.e. compassion fatigue and burnout), while also embracing the positive and growth-enhancing aspects (i.e. meaning and compassion satisfaction), of caring. To achieve the mentioned goal, the following five objectives, and accompanying sub-objectives, were established:

(1) Meaning in life: Participants -

(1.1) Develop an understanding of the concept of meaning in life;

- (1.2) Develop meaning-centred goals;
- (2) The concept of stress: Participants -
 - (2.1) Develop an understanding of what the concept of stress refers to;
 - (2.2) Identify and explore personal stressors;
 - (2.2) Identify and explore personal reactions to stress;
 - (2.3) Identify and explore stressors unique to the nursing environment;
 - (2.4) Develop an understanding of stress-management strategies and skills;
 - (2.4) Apply stress-management strategies and skills;
- (3) Professional quality of life: Participants -
 - (3.1) Develop an understanding of the concepts of compassion fatigue, burnout and compassion satisfaction;
 - (3.2) Explore personal experiences of compassion fatigue, burnout and compassion satisfaction;
 - (3.3) Develop an understanding of strategies to address compassion fatigue and burnout;
 - (3.4) Apply strategies to address compassion fatigue and burnout;
 - (3.5) Develop an understanding of strategies to enhance compassion satisfaction;
 - (3.6) Apply strategies to enhance compassion satisfaction;
- (4) Self-care: Participants -
 - (4.1) Develop an understanding of the concept of self-care;
 - (4.2) Develop a personal self-care plan;
 - (4.3) Execute a personal self-care plan;
- (5) Resources: Participants -
 - (5.1) Develop a personal resource list to address compassion fatigue and burnout.

Given the aforementioned objectives, the programme content was designed in accordance with the timeframe available in which to present the logotherapy-based psycho-educational stress-management programme. A period of 10 weeks, consisting of one two-hour contact session per week, was made available by the academic department to present the programme to a group of first year nursing students. Table 5.5 serves as a summary of the topics covered, materials utilised and activities included over the course of the ten weekly contact sessions. An example of the study guide that was utilised to facilitate the programme is included in Appendix F.

Table 5.5. The logotherapy-based psycho-education stress-management programme goal, aims and content addressed

Contact session	Purpose of the session	Programme objectives addressed	Materials	Activities
1)	Introduction to the programme	<ul style="list-style-type: none"> • Facilitator introduction • Introduction to the programme • Participant introductions • Establish ground rules • Logistical arrangements • Develop an understanding of logotherapy • Collect pre-intervention programme data 	<ul style="list-style-type: none"> • Study guide (Chapter 1) • PowerPoint presentation <p>Questionnaires to be completed:</p> <ul style="list-style-type: none"> • Life Purpose Questionnaire (Hutzell, 1989) • Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005) 	<ul style="list-style-type: none"> • Facilitator introduction • Introduction to programme and ground rules (PowerPoint) • Participants complete questionnaires • Participant introductions • Provide study guide • Introduction to logotherapy (PowerPoint) • Six turning points exercise (personal, small group and classroom exercise) • Homework assignment: Mountain range exercise
2)	Introduce the concept of meaning in life	<p>Participants develop:</p> <ul style="list-style-type: none"> • An understanding of the concept of meaning in life • Meaning-centred goals 	<ul style="list-style-type: none"> • Study guide (Chapter 2) • PowerPoint presentation 	<ul style="list-style-type: none"> • Small group reflection: Mountain range exercise • Presentation: Meaning-centred goals (Study guide and PowerPoint) • Gravestone/eulogy exercise (Study guide) • Value profiling (Study guide) • Homework assignment: <ul style="list-style-type: none"> • Hand in: Mountain range exercise • Meaning-centred goals (Hand-out provided)
3)	Introduce the concept of meaning in life (continued)	<p>Participants:</p> <ul style="list-style-type: none"> • Develop an understanding of the concept of meaning in life (continued) 	<ul style="list-style-type: none"> • Study guide (Chapter 3) • Logotherapy-themed film: 'Life is beautiful' 	<ul style="list-style-type: none"> • Small group reflection: Meaning-centred goal setting • Participants watch logotherapy-themed movie • Homework: <ul style="list-style-type: none"> • Return to students: Mountain range exercise; • Hand in: Meaning-centred goal setting homework; and • Reflective exercise: Life is beautiful (Study guide)

4)	Introduce the concept of stress	<p>Participants:</p> <ul style="list-style-type: none"> • Develop an understanding of what the concept of stress refers to; • Identify and explore personal stressors; • Identify and explore personal reactions to stress; • Identify and explore stressors unique to the nursing environment; • Develop an understanding of stress-management strategies and skills; and • Apply stress-management strategies and skills 	<ul style="list-style-type: none"> • Study guide (Chapter 4) • PowerPoint presentation • Nursing Stress Scale (Gray-Toft & Anderson, 1981) 	<ul style="list-style-type: none"> • Small group reflection: Logotherapy-themed movie (Life is beautiful) • Presentation: Stress-management (the meaning mind-set, noetic tension, Selye's three stage model, transactional model of stress, and stress-management strategies) • Individual exercise: Participants complete and score the Nursing Stress Scale • Small group discussion: Stressors in nursing (based on results from the Nursing Stress Scale) • Classroom discussion: Stressors in nursing • Homework: <ul style="list-style-type: none"> • Return to students: Meaning-centred goal setting homework; • Reflective exercise: Understanding and addressing stress in my life (Study guide)
5)	Introduce the concept of professional quality of life	<p>Participants:</p> <ul style="list-style-type: none"> • Develop an understanding of the concepts of compassion fatigue, burnout and compassion satisfaction; • Explore personal experiences of compassion fatigue, burnout and compassion satisfaction; • Develop an understanding of strategies to address compassion fatigue and burnout; • Apply strategies to address compassion satisfaction and burnout; • Develop an understanding of strategies to enhance compassion satisfaction; • Apply strategies to enhance compassion satisfaction 	<ul style="list-style-type: none"> • Study guide (Chapter 5) • PowerPoint presentation • Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005) 	<ul style="list-style-type: none"> • Small group reflection: Understanding and addressing stress in life (Study guide) • Presentation: Professional quality of life (concept definitions and discussions, stages of development, and strategies to manage compassion fatigue and burnout) • Individual exercise: Complete Professional Quality of Life Scale • Small group discussion: Participants discuss the professional quality of life • Classroom discussion: Professional quality of life • Homework: <ul style="list-style-type: none"> • Reflective exercise: Viktor Frankl, Mother Theresa and Florence Nightingale: Role models of meaning (Study guide)
6)	Introduce the concept of professional quality of life (continued)	<p>Participants:</p> <ul style="list-style-type: none"> • Develop an understanding of the concepts of compassion fatigue, burnout and compassion satisfaction (continued) 	<ul style="list-style-type: none"> • Study guide (Chapter 6) • Logotherapy-themed film: 'Patch Adams' 	<ul style="list-style-type: none"> • Small group reflection: Viktor Frankl, Mother Theresa and Florence Nightingale: Role models of meaning (Study guide) • Participants watch logotherapy-themed movie • Homework: <ul style="list-style-type: none"> • Reflective exercise: Patch Adams (Study guide)
7)	Develop self-care plans	<p>Participants:</p> <ul style="list-style-type: none"> • Develop an understanding of the concept of self-care; • Develop a personal self-care plan; and • Execute a personal self-care plan 	<ul style="list-style-type: none"> • Study guide (Chapter 7) • PowerPoint presentation • Tips on self-care (hand-out) • My personal self-care plan (hand-out) 	<ul style="list-style-type: none"> • Small group reflection: Patch Adams • Presentation: Self-care • Individual exercise: Self-care questionnaire • Small group discussion: Tips on self-care • Classroom discussion: Self-care

				<ul style="list-style-type: none"> • Homework: <ul style="list-style-type: none"> • Develop personal self-care plan (hand-out)
8)	Develop a personal resource list	Participants: <ul style="list-style-type: none"> • Develop a personal resource list to address compassion fatigue and burnout 	<ul style="list-style-type: none"> • Study guide (Chapter 8) • PowerPoint presentation 	<ul style="list-style-type: none"> • Small group reflection: Self-care plans • Presentation: Resources to address compassion fatigue and burnout • Individual exercise: Identify personal resources to address compassion fatigue and burnout • Small group discussion: Resources to address compassion fatigue and burnout • Classroom discussion: Resources to address compassion fatigue and burnout • Homework: <ul style="list-style-type: none"> • Develop a personal resource list to address compassion fatigue and burnout (Study guide) • Hand in: Self-care plan
9)	Reflect on programme	Participants: <ul style="list-style-type: none"> • Reflect on personal lessons learned and skills acquired during the programme 	<ul style="list-style-type: none"> • Materials required to design a poster, e.g. A3 sheets of paper, magazines, scissors, glue and, different colour pens 	<ul style="list-style-type: none"> • Individual exercise: What have I learned thus far? (study guide) • Small group exercise: What have we learned? (Small groups of participants design poster) • Classroom exercise: What can we learn from each other? (Groups present and discuss posters in class)
10)	Collect post-intervention data	Collect post-intervention programme data	<ul style="list-style-type: none"> • Life Purpose Questionnaire (Hutzell, 1989) • Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005) • Qualitative narrative sketches 	<ul style="list-style-type: none"> • Participants complete questionnaires • Facilitator thanks participants and programme is concluded

A brief discussion, based on Table 5.5, will now be provided:

- Week one - the primary aim of week one was to focus on introductions (programme, facilitator and participants), establish ground rules and expectations, as well as to collect pre-intervention programme data. To create a social climate conducive to learning, the ‘six turning points’ exercise (Zuber-Skerrit, 2009) was included. The instructions to the exercise were as follows:
 - The facilitator divided participants into smaller groups;
 - Individual component - participants were requested to identify six turning points or defining moments in their lives. They briefly reflected on the six experiences and jotted down ideas in a notebook. Allow approximately 10 minutes were allocated for this exercise;

- Small group component - next, participants were requested to select two turning points that they felt comfortable talking about within the small group setting. Two minutes were allocated for this task;
- Rules for small group interaction - the facilitator set the following rules for the group interaction
 - Only one person was afforded the opportunity to speak at a time;
 - All participants were to be respected;
 - Participants were requested to listen attentively and only provide constructive feedback; and
 - All discussions were to remain confidential within the confines of the group setting;
- Small group component continues - each participant was given an opportunity to name and discuss one turning point that he/she felt comfortable talking about. Approximately 30 minutes was allocated for this exercise;
- Classroom discussion - each group was afforded the opportunity to reflectively share with the class what the group interaction was like for them. Typical responses included that was an initial period of uncertainty, which was followed by in-depth discussions. This discussion took approximately 30 minutes.
- Weeks two and three - during weeks two and three the topic of meaning in life was introduced and discussed. Four logotherapy-based activities, namely the mountain range exercise (Ernzen, 1990), meaning-centred goal setting (Lukas, 1998; Shantall, 2003), value profiling (Hutzell & Eggert, 2009) and the gravestone/eulogy exercise (Frankl, 2006) were included. The instructions to facilitate the gravestone/eulogy exercise read as follows:
 - Participants were asked to imagine that it was 200 years in the future and they were looking at their own gravestones;
 - They were to imagine reading the words imprinted on their gravestones, or recalling the eulogies delivered at their funerals;
 - Next, participants were given 30 minutes sit alone and write down what they desired to be written on their gravestones, or said during their eulogies;

- Participants were then asked to form groups. Within the group settings, participants were to reflect on the following Socratic questions (duration was approximately 20-30 minutes):
 - What was it like to think and write about your life and death;
 - What could you possibly learn from this exercise?

- Next, a classroom discussion was facilitated by focussing on the following Socratic questions:
 - An open and voluntary invitation to share the gravestone inscription/eulogy with the rest of the class was put forward;
 - The following quote, by Frankl (1984, p. 175): “Live as if you were living for the second time and had acted ... wrongly the first time” Participants were requested to reflect on the statement and consider the lessons that could be learned from the exercise. After an intense discussion, accompanied by Socratic questions that were posed by the researcher, participants came to the conclusion that (1) life is fleeting, (2) humans have one chance to follow and realise their potential, and (3) it is important to search for the meanings hidden in life’s challenges.

During week three, participants watched the logotherapy-themed film entitled, ‘Life is beautiful.’ The film follows the path of a father who uses, amongst others, de-reflection and paradoxical intention (please refer to Chapter 2 for clarification and discussion of logotherapy concepts) to protect his young son against the tragic realities of imprisonment within the Nazi concentration camps. Participants were afforded the opportunity to journal about their thoughts and perspectives, according to logo-autobiographical principles. Research has pointed to the value of logo-autobiographical methods when used within psycho-social support groups (Birren, 2006; Cho, 2008).

- Week four - the concept of stress was introduced and discussed during week four. A blend of theoretical presentations, reflective exercises and homework were used to facilitate the session. Throughout the programme participants received non-compulsory homework assignments. The aim of the homework assignments was to facilitate

additional reflection on the material presented. All homework assignments that were handed in to the researcher, were evaluated from a developmental perspective. In other words, the focus was on providing encouraging and meaning-directed feedback to participants. All participants who submitted assignments received written feedback by the following weekly session.

- Weeks five and six - participants were introduced to the concept of professional quality in life. In addition to completing, self-scoring and receiving guidelines to interpret the Professional Quality of Life Scale (Revised fourth edition), participants also engaged in group discussions. During the group discussions participants were given the opportunity to reflect on their scores and develop an understanding of the ubiquity of secondary stressors. More than that though, it was hoped that participants would realise that compassion satisfaction remained a possibility in spite of distressing experiences. A PowerPoint presentation was used to discuss theoretical aspects.

A logotherapy-themed film, namely 'Patch Adams', was presented in week 6. The film deals with topics related to compassion fatigue, burnout and compassion satisfaction through the eyes of a highly altruistic medical student.

- Weeks seven and eight - during week seven participants were assisted to develop personal self-care plans. This lesson was followed, in week eight, with a focus on developing a personal resource list that could assist participants to address stressful challenges.
- Week nine - the primary aim of week nine was to allow participants to reflect on what they had learned thus far during the intervention programme. This process was facilitated through a group-based activity where participants designed posters to depict what they have learned during the programme. Each group was afforded the opportunity to present and discuss their posters in class.
- Week 10 - post-intervention data were collected. In addition to completing the Life Purpose Questionnaire (Hutzell, 1989) and the Professional Quality of life Scale (Revised fourth edition), participants also wrote qualitative narrative sketches.

According to Egan (2007) the empirical evaluation of psycho-educational stress-management programmes is important to ensure that psychologists, and others, offer validated interventions. This requirement is addressed in the next phase of this study.

5.4 RESULTS AND DISCUSSION: PHASE 3

The purpose of phase 3 of this study was to empirically evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme by means of a mixed methods approach. The quantitative results, collected by means of a questionnaire package, are presented in Section 5.4.1. This is followed, in Section 5.4.2, by a discussion of the qualitative findings. In Section 5.4.3 the quantitative results and qualitative findings are integrated. Lastly, a conclusion is presented in Section 5.4.4.

5.4.1 Quantitative results: Phase 3

A one-group-before-after quasi-experimental quantitative research design was adopted in phase 3 of this study. This design allowed the researcher to compare pre- and post-intervention scores from a single sample, instead of using control and experimental groups, in an attempt to empirically evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme. A total of 42 first year nursing students provided quantitative data in phase 3 of the study ($M_{\text{age}} = 20.02$ years, $SD = 1.37$, female = 76.19%).

Participants completed a pre-intervention questionnaire package that consisted of four sections, namely (1) informed consent, (2) the Life Purpose Questionnaire (Hutzell, 1989), (3) the Professional Quality of Life Scale (Fourth edition revised) (Stamm, 2005), and (4) a section where participants could include additional comments.

5.4.1.1 Pre- and post-intervention results

The paired samples *t*-test, calculated by means of SPSS version 21 (IBM SPSS Inc., 2012), was used to compare pre-and post-intervention scores as measured by the Life Purpose Questionnaire (Hutzell, 1989) and Professional Quality of Life Scale (Stamm, 2005). Table 5.6 provides the data comparison between pre-and post-intervention scores.

The mean score of 13.74 ($SD = 3.33$) on the Life Purpose Questionnaire pre-test can be interpreted as ‘uncertain definition of meaning in life.’ This interpretation is consistent with data provided by participants during phase 1 of this study.

Regarding the professional quality of life scores on the compassion fatigue ($M = 23.33$, $SD = 7.67$) and burnout ($M = 21.00$, $SD = 7.10$) subscales, moderate to high probabilities for deleterious effects were detected during the pre-test. According to Stamm (2005), the aforementioned combination indicates that stress-management training may be beneficial. Pre-test scores reported on the compassion satisfaction subscale ($M = 39.83$, $SD = 5.52$) suggested that, notwithstanding the apparent stressful effects of their nursing studies, participants experienced moderate potential for positive levels of fulfilment.

Table 5.6. Paired samples *t*-test results for Life Purpose Questionnaire and Professional Quality of Life Scale (Revised fourth edition)

Variable	<i>N</i>	Mean	<i>SD</i>	<i>Df</i>	<i>t</i> -value
LPQ					
Pre-test	42	13.74	3.33	41	
Post-test	42	16.67	1.97	41	7.83*
ProQOL					
CS					
Pre-test	42	39.83	5.52	41	
Post-test	42	44.02	4.60	41	5.10*
CF					
Pre-test	42	23.33	7.67	41	
Post-test	42	19.79	6.22	41	4.49*
Burnout					
Pre-test	42	21.00	7.10	41	
Post-test	42	18.14	5.62	41	3.47*

Note

* $p < 0.01$

LPQ = Life Purpose Questionnaire

ProQOL (R-IV) = Professional Quality of Life Scale (Revised fourth edition)

CS = Compassion satisfaction

CF = Compassion fatigue

α = Cronbach's alpha coefficient

The pre-intervention mean scores reported by participants for the compassion fatigue and burnout subscales were slightly higher than reported in phase 1 of the study. This could have been influenced by, amongst others, the factor of time (Creswell, 2012), as well as previous exposure to psycho-educational support programmes.

With regards to the factor of time, data for phase 1 were collected prior to a University holiday period. In contrast, data for phase 3 were collected from a sample of first year students, only three weeks after commencement of the academic year. Van Heerden (2009) argues that the transition from secondary to tertiary education is particularly stressful for first year students. Amongst others, students have to adapt to unfamiliar and fast-paced learning environments, new social surroundings and, for many, academic studies in a second language (Van Heerden, 2009). Thus, participants may have been experiencing additional stress due to still adapting to the relatively new university environment.

In addition to the aforementioned, the University where the data were collected offer psycho-social support programmes to the majority of first year students. These programmes are aimed at, amongst others, assisting students to adapt to the changing environments from secondary to tertiary education. The value of the mentioned psycho-social support programmes, have been documented (Botes, 2007; Mason, 2009; Mason & Nel, 2011; Moseki & Schulze, 2010).

These extraneous mentioned factors could have influenced participants' responses to the pre-intervention questionnaires. However, post-intervention scores could also have been influenced by, amongst others, participants' growing sense of familiarity and maturity within the academic environment. Therefore, the results being reported ought to be viewed with the mentioned limitations in mind.

The post-intervention Life Purpose Questionnaire mean score of 16.67 ($SD = 1.97$) could, similar to the pre-intervention score, be interpreted as 'uncertain definition of meaning'. However, the change between pre- and post-Life Purpose Questionnaire mean scores was statistically significant ($t = 7.83, p < 0.01$), which suggests the intervention programme was effective in enhancing participants' sense of meaning in life. This result should also be viewed against the

backdrop of participants' involvement in developmental tasks such as identity formation and establishing a sense of meaning in life (Arnett, 2000; Erikson, 1968). Hence, the change in participants' sense of meaning in life could, possibly, have been influenced by them addressing developmental tasks, such as identity formation. However, this extraneous variable was not assessed.

The change in the compassion satisfaction scores between pre- ($M = 39.83$, $SD = 5.52$) and post-intervention ($M = 44.02$, $SD = 4.60$) revealed a statistically significant increase in perceived positive effects ($t = 5.10$, $p < 0.01$). While the pre-intervention programme scores pointed to moderate potential for compassion satisfaction, the post-score could be interpreted as 'high potential' for compassion satisfaction.

The collective improvements on both the Life Purpose Questionnaire and compassion satisfaction subscale suggest that participants may have gained an enhanced appreciation of their caring roles. They may also be more likely to experience their training endeavours as positive and meaningful, in spite of the stressors that are endemic to the nursing profession.

Compassion fatigue presented with a statistically significant decline between the pre- ($M = 23.33$, $SD = 7.67$) and post-tests ($M = 19.79$, $SD = 6.22$; $t = 4.49$; $p < 0.01$). Notwithstanding the mentioned decline, the post-intervention score still points to a high risk for the development of compassion fatigue (Stamm, 2005). Figley (2002a) explains that compassion fatigue refers to the unavoidable wear and tear of being involved in the helping professions. Hence, the incidence of compassion fatigue could be considered normative rather than pathological, but it still ought to be addressed and managed in a responsible manner (Baranowsky, 2012).

The pre-intervention burnout mean score, which was calculated as 21.00 ($SD = 7.10$), pointed to a moderate risk for burnout. A statistically significant decline was indicated following the data analysis. However, the post-intervention mean score of 18.14 could still be interpreted as pointing to moderate risk for burnout, even though it borders on an interpretation of low risk.

Notwithstanding statistically significant changes, participants still appear to be at risk for the development of compassion fatigue and burnout. This may be indicative of the enduring stressors that nursing students encounter as part of their training. Exposure to stressors are not isolated events, but form part and parcel of everyday nursing work (Levert et al., 2000; Makie, 2006).

Accordingly, the implementation of the psycho-educational stress-management programmes may not necessarily nullify the endemic stressful challenges. Rather, a more appropriate aim may be to furnish nursing students with the required skills, knowledge and abilities to effectively manage the on-going deleterious effects of caring. Additionally, the provision and availability of on-going support, compared to once off training programmes, may be of value to nursing students. In addition to aforementioned, it is important to take note of Stamm's (2005) suggestion that the Professional Quality of Life Scale should not to be utilised as a diagnostic instrument. Therefore, the quantitative scores obtained should not automatically be regarded as definitive indications of participants' experiences.

5.4.2 Qualitative findings: Phase 3

Qualitative data were collected from 29 participants. Narrative sketches served as the primary form of qualitative data. Additional data were collected by means of non-compulsory homework assignments, self-care plans that were presented in a narrative format, and group posters that formed part of the logotherapy-based psycho-educational stress-management programme. Content analysis served as research design. The qualitative analysis process was managed by means of the software programme Atlas.ti Version 6.2.

One prominent theme emerged from the qualitative data analysis, namely 'A meaningful experience.' This theme will be discussed by reflecting on four subthemes, namely: (1) Awareness: Meaning, (2) Positive experiences, (3) Suggestions for improvement, and (4) Self-care. Figure 5.1, which was generated by means of Atlas.ti Version 6.2, graphically represents the four subthemes.

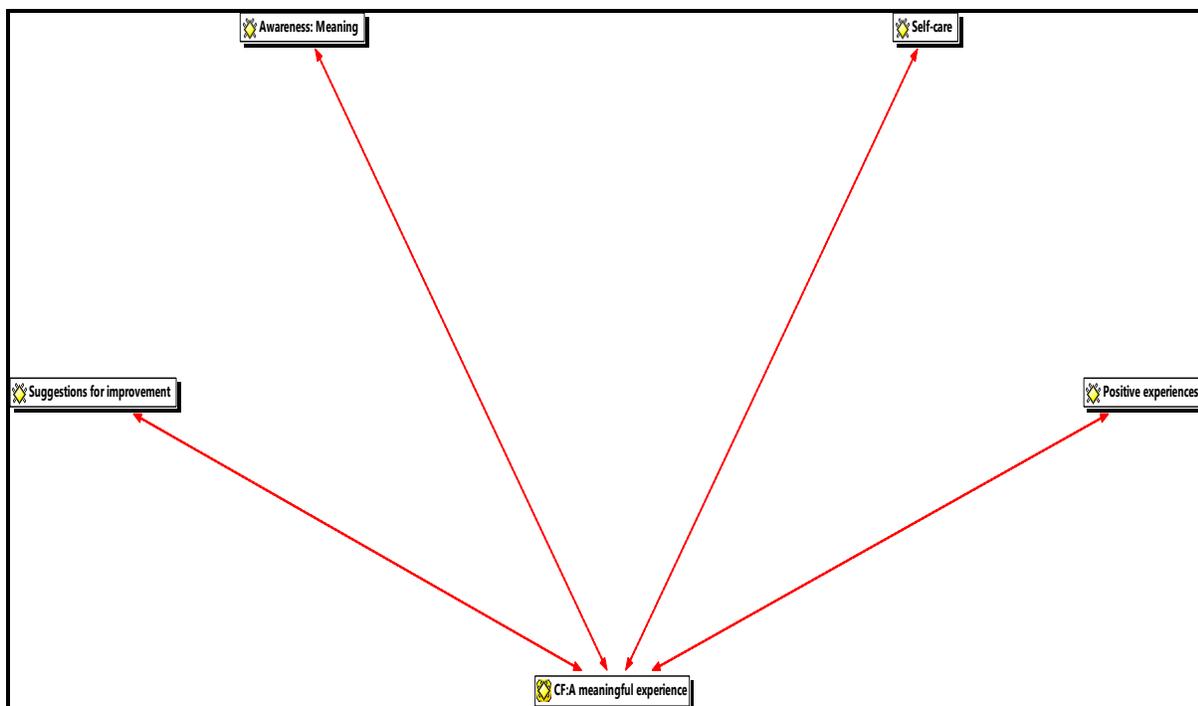


Figure 5.1. Qualitative themes

Note

CF = Code family

5.4.2.1 Awareness: Meaning

One of the central objectives of the logotherapy-based psycho-educational programme was to assist participants to search for and discover a sense of meaning with regards to their roles as student nurses and in life in general. This process was facilitated by means of the contact session interactions, reflective homework assignments, as well as the two logotherapy-based movies that were presented and discussed.

The first subtheme describes participants' apparent growing awareness of meaning in life. Figure 5.2 serves as a graphical representation of this subtheme. The two primary components related to the subtheme, as indicated in Figure 5.2, namely (1) awareness of meaning, and (2) logotherapy techniques, will be discussed in an integrated manner in the section that follows.

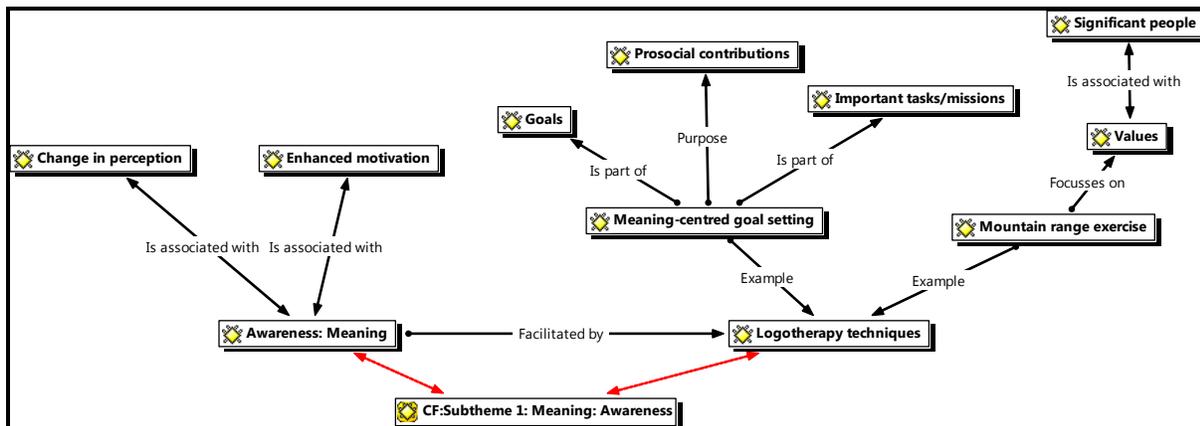


Figure 5.2. Qualitative subtheme (Meaning: Awareness)

Note

CF = Code family

All 29 participants who completed the narrative sketches indicated, one way or the other, that they developed an enhanced awareness of a sense of meaning in life. This included, amongst others, viewing life challenges from more empowered perspectives, a heightened sense of motivation and general acknowledgement of opportunities to search for meaning. Participants depicted their growing awareness as follows:

“Before attending this course I was struggling to manage ... my own life ... my life changed ... the way I act towards my life situations ... ” (Participant 1, narrative sketch)

“... learned to discover a sense of meaning in life ... ” (Participant 4, narrative sketch)

“... learned how important meaning is in life ... encourage my life ...” (Participant 5, narrative sketch)

“... learned a lot ... to stand on my own two feet ... have my own believes [sic – interpreted as ‘beliefs’]” (Participant 21, narrative sketch)

“... I realised life has a meaning ...” (Participant 29, narrative sketch)

In addition to the aforementioned, numerous participants highlighted a growing sense of awareness with regards to the importance of meaningful values. Participants stated:

“... courage and commitment is what nursing is about ...” (Participant 6, narrative sketch)

“... am motivated and have a clear idea about my life as a nurse ...” (Participant 9, narrative sketch)

“... gratitude ... to appreciate what I have ...” (Participant 26, narrative sketch),

“... hard work pays off ...” (Participant 28, narrative sketch)

Two logotherapy techniques, namely (1) the mountain range exercise (Ernzen, 1990), and (2) meaning-centred goal setting, were included in the logotherapy-based psycho-educational stress-management programme. These techniques emphasise, among other things, the importance of values. Figure 5.3 serves as an example of a participant’s depiction of the mountain range exercise.

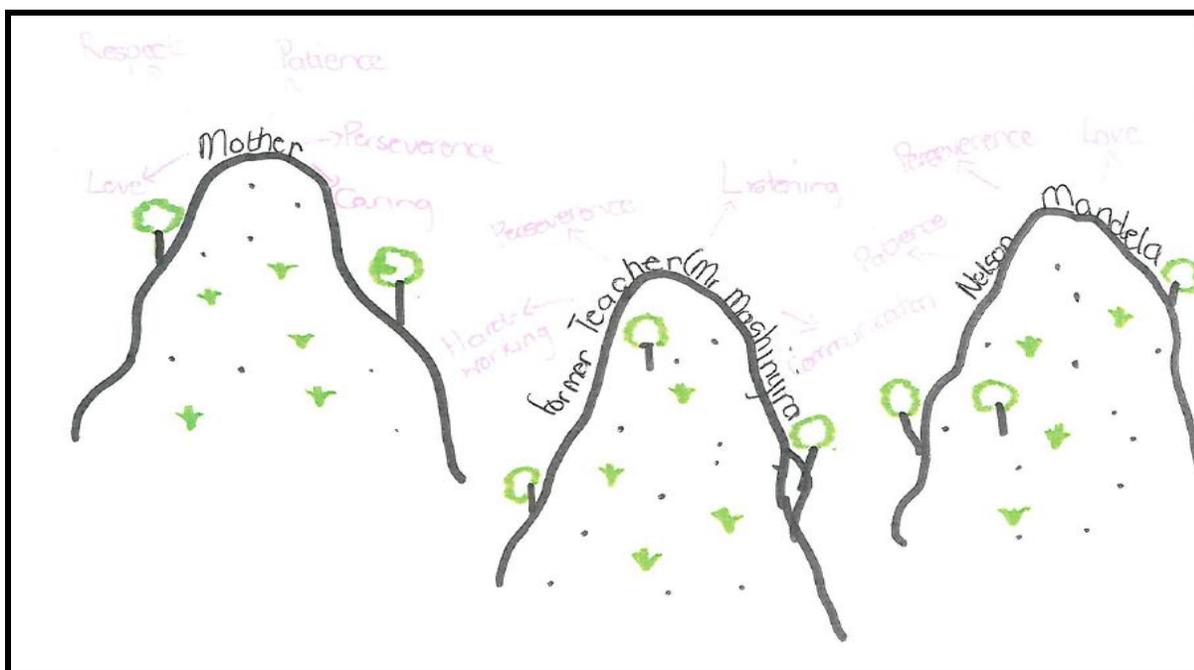


Figure 5.3. Example of the mountain range exercise (Participant 6, mountain range exercise)

In the aforementioned drawing, the participant reflected on the meaningful influences that three important people, namely his/her mother, teacher and Nelson Mandela, brought to his/her life. The majority of participants identified parents, teachers, and former South African president Nelson Mandela as important influences in their lives – Figures 5.4 and 5.5 serve as additional examples of the aforementioned:

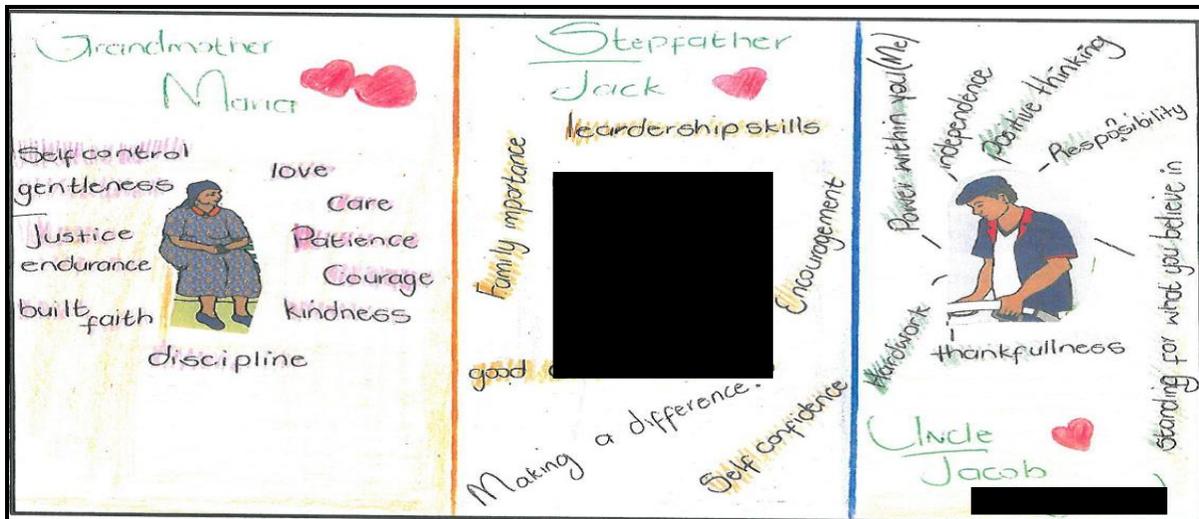


Figure 5.4. Example of the mountain range exercise (Participant 7)⁶

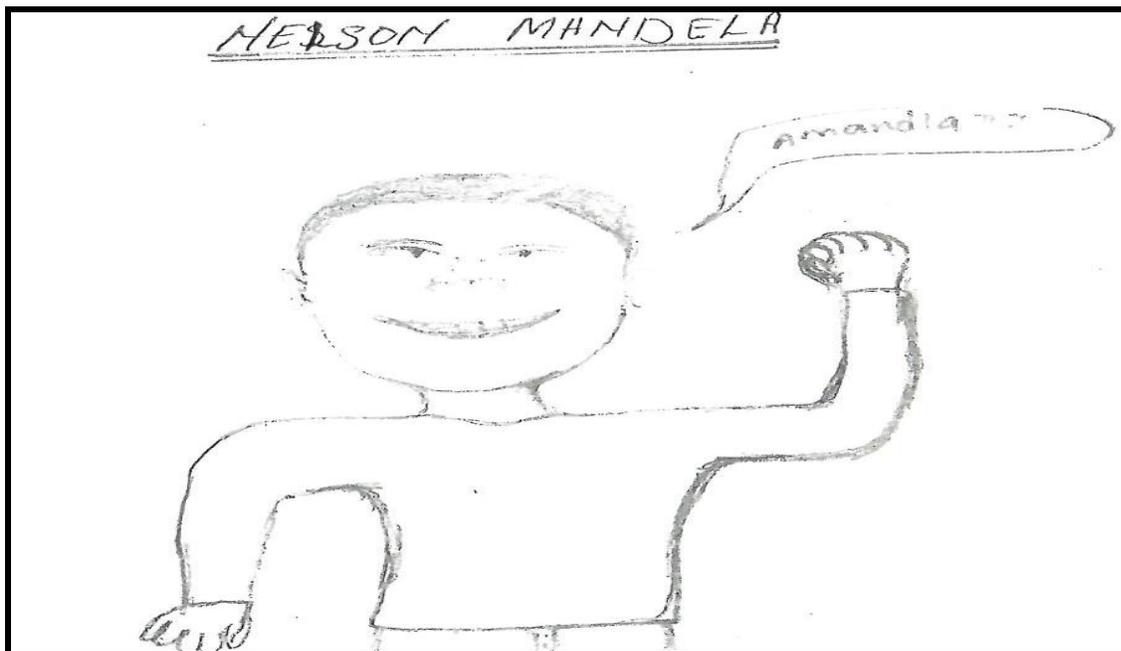


Figure 5.5. Example of the mountain range exercise (Participant 9)

The importance of role models, such as the late Nelson Mandela, and the values that they communicate, was highlighted by participants. The importance of values, communicated by significant people in the lives of participants, were described as follows:

⁶ Participant 7 included a picture of his/her stepfather in the mountain range exercise. The researcher blackened out this picture in order to protect both the participant and stepfather's confidentiality.

“... their humility built my personality ...” (Participant 1, mountain range exercise)

“What I learned from these people ... things don’t come easy, you have to work to succeed ...” (Participant 6, mountain range exercise)

“Mr Madiba inspired me with the love that he had for this country ... making a difference” (Participant 10, mountain range exercise)

“... I will remember the values that they brought into my life ...” (Participant 12, mountain range exercise)

The role of values was further explored through the meaning-centred goal setting exercise. This exercise challenged participants to evaluate past successes and failures, complete the eulogy/gravestone exercise, and set goals for seven life areas, namely (1) personal, (2) education, (3) occupation, (4) physical, (5) social and emotional well-being, (6) relationships, and (7) financial. Participants summarised their thoughts on a one-page hand-out, entitled: ‘My meaning-centred goal setting hand-out.’ Figure 5.6 serves as an example:

& Valiant, 2012). Consistent with this description, participants indicated that they were motivated to add value to the lives of their families and others:

“I live for my family and my nephews ... don’t want them to suffer ... education important ...” (Participant 1, reflective logotherapy essay)

“To finish school and provide for my family ...” (Participant 1, meaning-centred goals hand-out)

“I want to contribute something to my community and be a great example ...” (Participant 4, meaning-centred goals hand-out)

“... have money to support myself and my family ...” (Participant 8, meaning-centred goals hand-out)

The desire to make prosocial contributions is consistent with previous meaning-centred research. In a study by Mason (2013b), which was conducted among a sample of first year South African university students ($N = 179$; $M_{\text{age}} = 20.28$; female = 53.63%), participants consistently indicated that their parents, and in some instances other family members, made significant sacrifices to afford them a university education. Subsequently, their aim was to, amongst others, ‘repay this debt.’ One participant described it as follows: “One thing that makes my life meaningful is my mother. She is my inspiration and support. But if I want to improve her living standards as a way of showing my appreciation, it is clear that I cannot do that without education (Participant#112, female, 24)” (Mason, 2013, p. 637).

The desire to contribute to prosocial purposes that transcend intrapersonal needs, as identified among the qualitative sample in this study being reported on, and Mason (2013b), is characteristic of optimal youth functioning (Mariano & Valliant, 2012) and generativity (Arnett, 2000; Erikson, 1982). It could therefore be tentatively concluded that instead of focussing on the pursuit of hedonistic pleasures, but rather on the pursuit of meaningful values (Wong, 2012b).

The meaningful life refers to the pursuit of meaning by dedicating one’s life to an important task and accompanying values (Wong, 2012b). This can serve as an empowering perspective to not only manage and overcome stressful challenges, but to also grow from such experiences (Frankl,

2008). For participants in this study the pursuit of an academic qualification in Nursing Science may serve as such a meaningful pursuit:

“I will take my values forward with me as I journey further into the field of nursing ...” (Participant 5, narrative sketch)

“I was not born or put on this earth to fill it up. I was born for a purpose, a mission!” (Participant 7, narrative sketch)

In addition to prosocial contributions, participants also highlighted the importance of setting and pursuing goals. The following three quotes point to the value of meaning-centred goals in the lives of participants:

“This programme made me realise that even though in life we may experience bad situations ... a person ... always has a choice to make their own decisions”
(Participant 1, narrative sketch)

“I ... have peace now ... I know about suffering ...” (Participant 10, narrative sketch)

“... training helped me a lot ... thought I wasn't going to cope with the work, but now I know I am ...” (Participant 18, narrative sketch)

Notwithstanding the optimistic nature of the aforementioned quotes, few participants made reference to specific meanings that were discovered or realised. Rather, the majority of participants included general descriptions of meaningful pursuits, for example:

“... learned to find a meaning in my life ...” (Participant 4, narrative sketch)

“I want to be a nurse so that I can help people ...” (Participant 17, narrative sketch)

The foregoing criticism could, however, be regarded as normal. Frankl (1984, p. 141) indicates that meaning “...is deeper than logic.” In other words, the phenomenological experience of meaning may be too complex to capture within the linear confines of human language (Mason, 2012a) – it has to be experienced (Shantall, 2002).

From a logotherapy perspective it can, nevertheless, be regarded as encouraging that participants indicated a growing awareness of the potential value that meaning can play within their current roles as student, and future roles as, registered, nurses. According to Shantall (2002) such as awareness, communicated from a value-dimension, merges into a task or mission. As such, participants indicated a willingness to search for possibilities against the backdrop of stressful realities:

“This programme taught me to debate with life and enjoy being alive whether I am suffering or not” (Participant 10, narrative sketch)

“My calling is to be a nurse ... can make a difference ...” (Participant 28, narrative sketch)

From the foregoing discussions and qualitative interpretation it is concluded that the logotherapy-based psycho-educational stress-management programme assisted to facilitate an enhanced sense and appreciation of meaning in life among participants. This conclusion is further elaborated upon in the next section where participants’ positive experiences are discussed.

5.4.2.2 Positive experiences

Figure 5.7 serves as a graphical representation of the theme, positive experiences. The three main aspects related to this theme, namely (1) intrapersonal, (2) interpersonal relationships, and (3) positive experiences, will be discussed and highlighted by means of verbatim quotes in the section that follows.

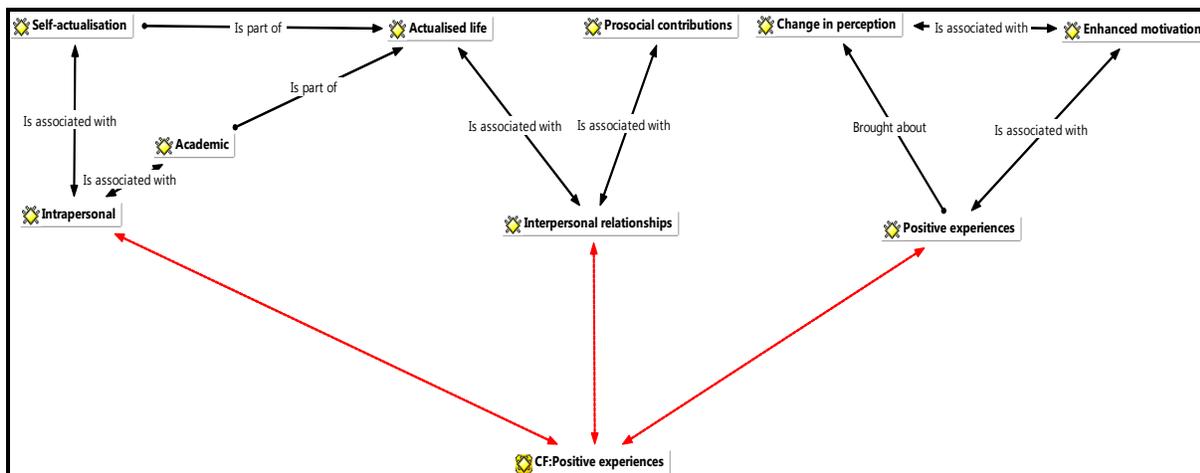


Figure 5.7. Qualitative subtheme (Positive experiences)

Note

CF = Code family

The majority of the participants clearly indicated that they perceived the programme as beneficial:

“It has been a great experience for me to be attending this programme. I have learned a lot ...” (Participant 11, narrative sketch)

“I am very much thankful to this programme, it really helped me a lot” (Participant 12, narrative sketch)

Three prominent benefits emerged from the data, namely (1) intrapersonal, (2) interpersonal, and (3) positive experiences. With reference to intrapersonal benefits, participants indicated that their attendance of, and participation in, the programme assisted them to develop greater levels of self-confidence and it enhanced their self-esteem:

“I learned a lot through this programme ... becoming my own best person so that I can grow and mature in all aspects of my life ...” (Participant 3, narrative sketch);

“I learned to be confident through this programme ...” (Participant 7, narrative sketch).

Additional intrapersonal benefits were also related to personal development and accompanying preparation for the world of work. Amongst others, participants pointed to the stressful nature of

nursing work and added that the programme assisted them to develop skills and knowledge to address such challenges. Participant 4 expressed it as follows:

“Nursing is a very stressful career ... because of this programme I am more ready for the challenges that may come my way ...” (Narrative sketch).

The intrapersonal benefits were related to a sense of self-actualisation, i.e. the desire to fully develop and realise one’s personal potential (Waterman, 2008). An initial reflective notion expressed by the researcher (see 1.2.1 Personal reflection, pp. 9-11) was that the nursing students he had worked with were calling out for meaning. According to Shantall (2003) the internal call for meaning ought to be accompanied by a pragmatic search in the external world. Therefore, the will to search for meaning, which Frankl (2006) regards as the foremost of human motivators, appears to be intimately linked with the desire to fully express one’s potential.

Thus, the desire to self-actualise creates a dynamic “...tension...between what one is and what one should become. Such a tension is inherent in the human being and...indispensable to mental well-being” (Frankl, 1984, p. 129). Participants expressed the desire for self-actualisation as follows:

“This programme has made me more interested in life and helped me realise who I am and where I want to see myself in the coming years ... gained strength and courage towards my goals” (Participant 11, narrative sketch)

“... made me realise what is important to me and why it is important ...”
(Participant 23, narrative sketch)

“As a future Dr in Nursing, I am going to teach people to love themselves ...”
(Participant 26, narrative sketch)

Notwithstanding the intrapersonally-motivated striving towards self-actualisation, participants also expressed the yearning to reach out to others on an interpersonal level. According to Frankl (2008) humans fully embody their potential when they, amongst others, reach out to others in need and/or engage in a meaningful task. Participants indicated that they regarded the pursuit of an academic qualification in Nursing Science, as a meaningful task that would enable them to reach out to others:

“I want to be a registered nurse and help patients who are suffering in the hospitals” (Participant 17, narrative sketch)

The logotherapy-based psycho-educational stress-management programme incorporated numerous interpersonal group discussions and tasks. This was highlighted by participants as beneficial:

“... I have learned to build a trustworthy relationship with my peers ... I am now able to participate in class activities with confidence” (Participant 4, narrative sketch)

“... learned how to speak out through this programme” (Participant 7)

According to Baranowsky (2012) interpersonal relationships could also serve as an important buffer against the deleterious effects of compassion fatigue and burnout. Participants subsequently pointed to the value of interpersonal relationships, as experienced through the group work exercises, as a possible coping measure:

“... programme helped me a lot because I could speak out about my fears, stress ...” (Participant 16, narrative sketch)

“It gave me time to open my old wounds and share my sad and happy stories ... that I have never done before ...” (Participant 25, narrative sketch)

Additional positive experiences were noted by participants in relation to changes in perception and increased motivation. With regards to changes in perception, participants indicated that they came to understand that (1) stress is a normal experience that can be managed, and (2) meaning is an important aspect that could be pursued:

“I have learned that stress is something that is always going to be there ... it’s up to the person how you deal with it” (Participant 2, narrative sketch)

“... I learned to consider failure as a stepping stone...never give up on your dreams ... Our lives are meaningful and precious” (Participant 20, narrative sketch)

The aforementioned quotes capture two of the prominent aims of the logotherapy-based psycho-educational stress-management programme, namely to assist participants in developing the

skills, knowledge and abilities required to (1) effectively manage stressful experiences related to their academic and practical training, and (2) search for and discover meaning in life. It could subsequently be deduced that the mentioned goals were, qualitatively at least, addressed during the programme.

In addition to addressing the aforesaid goals, participants also suggested that they developed an increased sense of motivation:

“I feel like I am going to make it ... going to be good for me to help patients ...”

(Participant 17, narrative sketch)

“I am ready to make a difference in people's lives ...” (Participant 25, narrative sketch)

“No matter what your background, you can succeed...” (Participant 28, narrative sketch)

While this sense of optimism could, possibly, be interpreted as idealistic in nature (Gentry & Mescia, 2004; Maslach, 2003), it should also be noted that Frankl expressed a similar sentiment as a young child, wishing to be “...a good doctor and remain a human being...” (Shantall, 2002, p. 8). The provision of adequate psycho-social support mechanisms, such as the programme being reported on here, could possibly assist nursing students to concretise their sense of optimism and accompanying resilience. Yet, while participants may have reported numerous benefits following their participation in the logotherapy-based psycho-educational stress-management programme, a possible limitation could have been the once-off presentation within a short time frame.

5.4.2.3 Suggestions for improvement

Only a very limited number of participants indicated that certain aspects of the logotherapy-based psycho-educational stress-management programme could be improved. The most prominent of these suggestions was that the programme ought to have been presented for a longer period of time:

“I wish it would continue as it had a positive impact ...” (Participant 5, narrative sketch)

“... this programme should be given to first year students for the whole year to give more knowledge and skills on problem-solving and stress-management ...”

(Participant 14)

Presenting the mentioned programme over the course of one academic year may have certain benefits, such as offering assistance to students when they encounter stressful experiences and serving as a continued source of emotional support. However, practical realities hindered such an endeavour. Among others, Nursing Science students are enrolled for a course with a particularly demanding academic curriculum and have to complete additional practical training at hospitals and clinics. The addition of an extra-curricular programme, such as the logotherapy-based psycho-educational stress-management programme, over the course of a year, could potentially place excessive additional demands on nursing students. One participant indicated that the non-compulsory homework assignments was already difficult to manage:

“There was too much homework ...” (Participant 9, narrative sketch)

Hence, it may prove to be more practical for students to attend the initial logotherapy-based psycho-educational stress-management programme. However, additional information could then be made available for students on how to gain access to further assistance if required. Such an approach could potentially remain beneficial to participants by offering follow-up psycho-social support only in times of need to those who request it, thereby not encroaching on an already demanding academic schedule.

5.4.2.4 Self-care

Only a small number of participants ($n = 13$ out of 29 (who submitted qualitative narrative sketches) and 42 (who provided quantitative data)) handed in the non-compulsory homework assignment that addressed self-care. Subsequently, limited data were available to analyse and report on in this theme. However, three prominent ideas did emerge from the data, namely (1) social support, (2) assuming personal responsibility, and (3) unrealistic expectations. These three subthemes are graphically represented in Figure 5.8 and then discussed in greater detail.

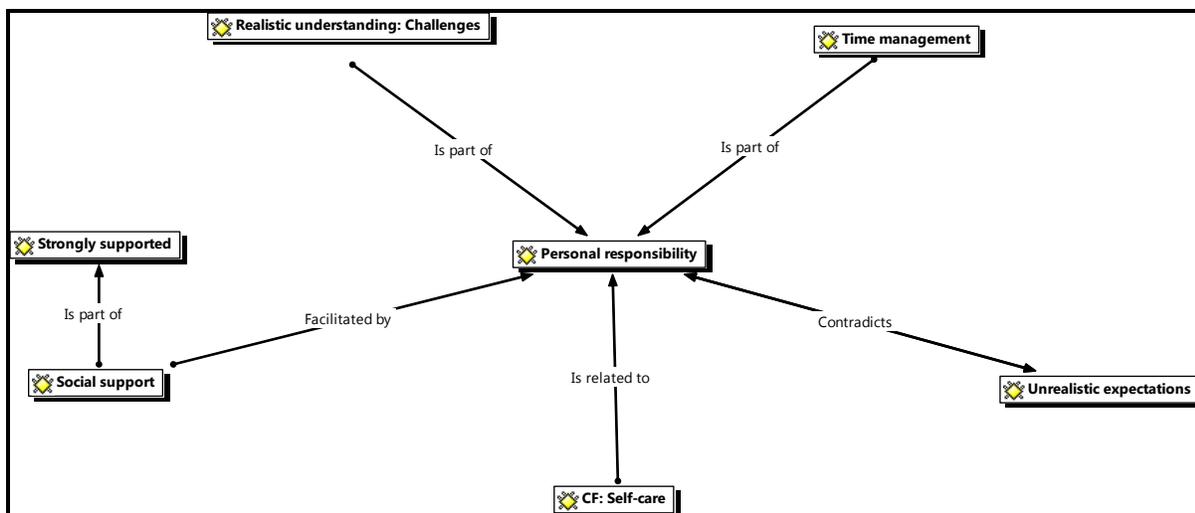


Figure 5.8. Qualitative subtheme (Self-care)

Note

CF = Code family

Social support was generally underscored as an important aspect related to participants' self-care plans. Participants expressed it as follows:

"... belonging to a caring society make me feel confident ..." (Participant 2, self-care plans)

"Join a support group to help me face my obstacles ..." (Participant 4, self-care plans)

A substantial body of research has indicated the value of social support in addressing the stressful effects of caring-related work (Conrad & Kellar-Guenther, 2006; Um & Harrison, 1998). A beneficial factor of working with the specific sample group in this study, was that they attended their academic programme as a group. In other words, participants had the opportunity to get to know and form friendships with fellow students who underwent, and will, all things being equal, do so in the future.

The logotherapy-based psycho-educational stress-management programme was designed to take advantage of the, assumed, group cohesion through the use of numerous group-based exercises. Participants were, on a weekly basis, divided into new working groups. As such, they were introduced to other students that could offer different perspectives on the topics in question. The

additional use of group exercises, such as designing posters, was utilised as an approach that further assisted participants to develop social support structures among their peers.

In addition to the value of social support, participants also acknowledged the importance of assuming personal responsibility for their own self-care. The following quotes substantiate this interpretation:

“Since the course of Nursing is difficult and can be draining ... I need to look after myself ... developing my own self-care plan” (Participant 3, self-care plans)

“... discovering what is important to me ... knowing my ‘why’ ...” (Participant 4, self-care plans)

The aforementioned quotes appear to suggest that participants have developed a realistic understanding of the challenges that they may encounter as part of their academic training and future roles as registered nurses. Such an understanding could assist them to appreciate that stress is an unavoidable feature of nursing work and that self-care is therefore an important aspect of the profession.

However, it was disconcerting that only a small number of participants handed in the non-compulsory homework assignment on ‘self-care plans.’ While it could be assumed that the participants who did not hand in the assignment may also be able to engage in appropriate self-care, it nonetheless creates an impression that they may not put the lessons learned into practice. Another interpretation could be that given the already demanding academic load, it may have been challenging for participants to complete additional extra-curricular tasks.

Time-management was a prominent theme to emerge in relation to assuming personal responsibility. Participants indicated a need to learn more about and develop better time management habits:

“One thing I need to learn is planning ... making a timetable ...” (Participant 6, self-care plans)

“My time management skills are not good ...” (Participant 11, self-care plans)

“Need to ... have a plan for my day-to-day activities ...” (Participant 13, self-care plans)

According to Tracy (2013) time-management is one of the critical skills required for academic success. A research study among a sample of 844 first year South African university students ($M_{\text{age}} = 20.47$; $SD = 2.70$; female = 50.95%) using the Emotional Skills Assessment Process (Nelson & Low, 2003, 2004) as measuring instrument, indicated that 28.75% of participants required assistance to manage time efficiently – a further 13.98% of participants required urgent assistance (Mason, 2012c).

Vela (2003), using the same measuring instrument as Mason (2012c), found that time management skills were both significantly related to and predictive of academic performance among a sample of first year American college students ($N = 760$; no indication of mean age or range; female = 45.79%).

The topic of time management was not addressed during the logotherapy-based psycho-educational stress-management programme. Hence, the inclusion of the mentioned topic could potentially enhance the value that the logotherapy-based psycho-educational stress-management programme could offer nursing students. Time-management could, *inter alia*, be incorporated alongside the topic of meaning-centred goal setting. In this way participants could be assisted to set meaning-related goals, while also developing practical actions plans for its pursuit.

In addition to the aforementioned, some participants also made reference to what could be considered as ‘unrealistic expectations’ in their self-care plans. Participant 2 (Self-care plans) indicated that:

“I have to engage myself in activities ... so that I can be stress-free”

Researchers agree that stress is an unavoidable fact of life (Antonovsky, 1979; Sue et al., 2010). Therefore, the desire to live a stress-free life could be considered as unrealistic. However, it should also be noted that the qualitative data were collected in English. Yet, not a single participant in phase 3 of this study reported English as their first language. Subsequently, it could

be that the participant did not intend to state ‘stress-free’ *per se*, but may have referred to developing skills to manage stress more effectively.

Another example of an, apparent, unrealistic expectation was shared by participant 9:

“I’m always grateful for every little thing in my life ...” (Self-care plans)

Whereas gratitude has been associated with higher levels of psychological well-being (Sansone & Sansone, 2010), Lyubomirsky (2010) indicates that humans tend to adapt to life experiences and psycho-social activities and strategies, be it positive or negative – a concept referred to as ‘hedonic adaptation.’ Hence, across the passage of time, even ‘positive’ experiences could come to be perceived as less satisfying or fulfilling. Grant Halvorson (2012) adds that unrealistic expectations – which she terms ‘unrealistic optimism’ – could set people up for failure and may bring about unintended negative consequences, such as feelings of anxiety and depression. Therefore, it may be beneficial, when presenting the logotherapy-based psycho-educational stress-management programme in future, to include information on developing reasonable expectations, hedonic adaptation and realistic optimism with regards to self-care plans: “When you are optimistic because you believe you can exert some control over whether you succeed or fail, by putting in the necessary effort, making plans, and finding the right strategies, that’s realistic. It’s also empowering and highly motivating” (Grant Halvorson, 2012, p. 202).

5.4.2.5 Conclusion

Qualitative data were collected as a means of exploring participants’ thoughts, feelings and perceptions relating to the logotherapy-based psycho-educational stress-management programme. Qualitative data analysis revealed one prominent theme, namely: A meaningful experience. This theme was discussed in terms of four subthemes, namely: (1) Awareness: Meaning, (2) Positive experiences, (3) Suggestions for improvement, and (4) Self-care. Verbatim quotes were used to substantiate the qualitative interpretation. Additionally, the themes were discussed in relation to pertinent theory.

What emerged from the data analysis was that participants reported a growing sense of awareness of meaning in their lives. Additionally, the legacies that meaningful others have left

them with, in the form of values, were acknowledged. This, amongst others, assisted participants when setting meaning-centred goals.

The majority of the participants indicated that they experienced the logotherapy-based psycho-educational stress-management programme in a positive way. Additionally, participants reported that they were able to interact with others in meaningful ways, developed new insights and expressed a desire to make prosocial contributions to others, such as patients.

Based on the mostly positive qualitative interpretation, only a few suggestions for improvement emerged. One of these – the desire expressed that the programme ought to have been presented over a longer period of time – could possibly be explored in future research. However, given the demanding academic curriculum and additional practical training that nursing students undergo, it may prove to be more sustainable to present the logotherapy-based psycho-educational stress-management programme in its current format, and add additional information related to follow-up assistance. Another aspect to consider is that developing and practising self-care plans could become time-intensive (Baranowsky, 2012). One participant did indicate that the workload required for this programme, even though it was non-compulsory, was ‘too much.’ Therefore, the addition of an extra-curricular programme, such as the one being reported on here, may become too time-demanding on students.

Participants indicated a willingness to assume personal responsibility for their own well-being and development of self-care plans. This included reference to the need for improving time management skills. Literature indicates that time management is an important skill amidst the higher education context. However, the logotherapy-based psycho-educational stress-management programme did not include a topic on time management. Based on participants’ reflective ideas, it appears to be an important aspect to include in future. Additionally, it appears relevant to emphasise aspects such as hedonic adaptation and realistic optimism when presenting the logotherapy-based psycho-educational stress-management programme again in future.

When reflecting on participants’ experiences, as reported on in the foregoing qualitative discussions, a sense of coherence and order, the pursuit of meaning-directed goals, as well as a

yearning to contribute to the well-being of others, emerge. Viewed from such a perspective, it appears as if the logotherapy-based psycho-educational stress-management programme assisted participants in their initial searches for a ‘why’ to address the inevitable stressors that they may encounter. This suggests that their participation in the logotherapy-based psycho-educational stress-management programme served as the basis for a meaningful experience.

5.4.3 Integration: Phase 3

One of the primary aims of mixed methods research designs is to integrate quantitative and qualitative data as a means of developing a richer understanding of the research question that was posed (Teddlie & Tashakkori, 2009). The research question that was posed with regards to phase 3 of this study is: Will the development, presentation and empirical evaluation of a logotherapy-based psycho-educational stress-management programme that addresses compassion fatigue, burnout, compassion satisfaction and meaning, prove to be of benefit to nursing students when evaluated by means of a mixed methods approach? Thus, of primary concern is whether the logotherapy-based psycho-educational stress-management programme offered value to participants in terms of enhancing a sense of meaning and compassion satisfaction, as well as addressing deleterious effects.

With regards to the concept of meaning, the quantitative results suggested that the programme offered some degree of value. The pre-intervention Life Purpose Questionnaire mean score ($M_{\text{pre-intervention}} = 13.74$, $SD = 3.33$) indicated that participants were experiencing uncertain definition of meaning in life. A statistically significant increase was detected when evaluating the post-Life Purpose Questionnaire scores ($M_{\text{post-intervention}} = 16.67$, $SD = 1.97$). Even though the post-intervention score could still be interpreted as pointing to uncertain definition of meaning, it was in the upper level of the mentioned category (Hutzell, 1989).

The qualitative interpretation supported the aforesaid quantitative results. Amongst others, participants indicated that they experienced the logotherapy-based psycho-educational stress-management programme as meaningful:

“This programme has helped me to find ... my values again ... life is meaningful ...” (Participant 15, narrative sketch)

“...am motivated and have a clear idea about my life as a nurse...” (Participant 9, narrative sketch)

Participants’ sense of meaning could have developed, in part, through the application of logotherapy techniques such as the mountain range exercise, meaning-centred goal setting and journaling. However, this information was not detectable via the use of the quantitative questionnaire, but could be qualitatively deduced.

An inherent limitation of phase 3 of the study was that qualitative data were only collected following the conclusion of the mentioned programme. If qualitative data were collected during the pre-intervention programme period, it might have assisted to further elaborate on participants’ experiences of meaning. Additionally, questions posed regarding ‘how meaning developed/emerged for participants?’ and ‘what served as sources of meaning?’ could have shed greater light on the process of enhancing meaning in life.

However, the aim of phase 3 was not to investigate the process of developing an enhanced sense of meaning *per se*. Rather, the emphasis was on whether participants experienced a sense of meaning following their participation in the logotherapy-based psycho-educational stress-management programme. Both the quantitative and qualitative data pointed out that participants did experience the programme as meaningful. It could subsequently be deduced that the programme offered some degree of value in terms of the development, or enhancement, of a sense of meaning.

The second positive effect that was studied, namely compassion satisfaction, also presented with a statistically significant increase between pre-and post-intervention assessments ($M_{\text{pre-intervention}} = 39.83$, $SD = 5.52$; $M_{\text{post-intervention}} = 44.02$, $SD = 4.60$; $t = 5.10$, $p < 0.01$). Hence, from a quantitative perspective it appears that the programme assisted participants to develop an enhanced appreciation for their caring roles.

The qualitative data supported the quantitative interpretation. Among other things, participants indicated that they regarded the pursuit of an academic qualification in Nursing Science as an important goal. Not only did participants regard their work to have a positive effect in the lives

of patients, but also on their families. This is consistent with the perspective that compassion satisfaction refers to the overall quality of a helper's life (Larsen & Stamm, 2008). In other words, compassion satisfaction is about developing a sense of realistic and resilient balance against the backdrop of stressful realities. The following verbatim quotes substantiate this qualitative interpretation:

"I am ready to make a difference in people's lives because I know my calling ..."

(Participant 6, narrative sketch)

"I want to be a nurse so that I will help people ..." (Participant 25, narrative sketch)

"... be of help to the masses of people who suffer in the hospitals ..." (Participant 12, meaning-centred goals hand-out)

"I ... learn to give more to the people in need, so that I can get more back too ... do that with a willing heart" (Participant 3, self-care plans)

The qualitative data also suggested that participants became aware of the importance of self-care and of how to address stressors:

"This course taught me to manage my stress and not allowing anything ... to depress me ... I am not the only person who experiences difficulties ..." (Participant 1, narrative sketch).

"Challenges are what I am looking forward to now...if I can't change them can change my attitude..." (Participant 12, narrative sketch)

The quantitative data indicated statistically significant changes in both the mean scores on compassion fatigue and burnout. When considering the quantitative and qualitative data collectively, it can be deduced that the logotherapy-based psycho-educational stress-management programme assisted participants to develop skills, knowledge and abilities to address the deleterious effects of caring through the development of self-care plans.

However, the limited number of non-compulsory self-care plan assignments that were submitted, could suggest that some participants may not necessarily be engaged in self-care practices. This is concerning as the post-intervention mean score on the compassion fatigue subscale indicated

that participants were still at risk for the development of deleterious effects. It becomes even more disconcerting when viewing this result against the data that emerged from phase 1 of this study, namely that stress levels appear to escalate from first to second and third year levels. It would therefore appear important that the participants, and other nursing students, be informed about the potential challenges embedded in their academic course and accompanying practical training. Moreover, they also ought to be informed of relevant support services that they can make use of.

Nonetheless, the quantitative and qualitative data appear to support the notion that the logotherapy-based psycho-educational stress-management brought value to participants:

“I so appreciate the chance to have attended this course ... so meaningful”
(Participant 1, narrative sketch)

“This programme helped me a lot...helped me to think positively ...” (Participant 22, narrative sketch)

5.4.3.1 Conclusion: Phase 3

The overarching aim of phase 3 of this study was to investigate the efficacy of a logotherapy-based psycho-educational stress-management programme aimed at mitigating the deleterious effects of caring, namely compassion fatigue and burnout, while enhancing compassion satisfaction and meaning in life among nursing students. Statistically significant improvements were noted among all four factors – meaning in life, compassion satisfaction, compassion fatigue and burnout – that were measured. The qualitative themes supported the quantitative findings and suggested that participants perceived the logotherapy-based psycho-educational stress-management programme as a ‘meaningful experience.’ However, quantitative data indicated that participants may still be at risk for the development of deleterious effects of caring. This result could indicate that stressful experiences are widespread and enduring within the nursing profession. Hence, the use of psycho-educational support programmes ought to be complemented by additional and on-going support services – a recommendation that also emerged from the qualitative data analysis.

5.5 CONCLUSION

Escalating levels of compassion fatigue and burnout is an area of concern among nursing professionals (Elkonin & Van der Vyfer, 2011; Koen et al., 2011). The results reported in this chapter indicate that deleterious effects are also of concern among nursing students. Even so, the data also indicated that nursing students reported high potential for compassion satisfaction. Hence, participants appear to be altruistically motivated to deliver helping-related services to patients within a context characterised by significant levels of enduring stress.

By addressing the needs of nursing students, they could be assisted to develop the skills, knowledge, and abilities required to mitigate the harmful effects of caring, while concurrently celebrating the positive and growth enhancing aspects of their vocation. Moreover, nursing students can be assisted to concretise an attitude of optimism in the face of the stressful realities of life – “... that is, an optimism in the face of tragedy and in view of the human potential which at its best always allows for ... turning suffering into a human achievement and accomplishment ... and ... deriving from life's transitoriness an incentive to take responsible action” (Frankl, 1984, p. 162). The results reported in this chapter serve as an initial attempt to assist nursing students to address the potentially negative, and celebrate the positive, aspects of their profession.

CHAPTER 6

CONCLUSION

“Now a whole has a beginning, middle, and end”

~ Aristotle

6.1 INTRODUCTION

The aim of this study was to identify, describe, explore and develop an understanding of the stressful challenges, as well as the positive growth-enhancing and meaning-centred opportunities that are embedded in the student nursing experience, as a means of informing, developing and empirically evaluating a logotherapy-based psycho-educational stress-management programme. To achieve the mentioned aim, a research design that consisted of three interdependent phases was employed (see Chapter 4). In Chapter 5 the results that emanated from the afore-noted three phases were presented and discussed.

The purpose of this chapter will be to reflect on the results that were presented and discussed in Chapter 5, as interpreted through the literature and methodological lenses provided in Chapters 1 to 4, in order to formulate conclusions. The conclusions will be contextualised in terms of theoretical, empirical and practical implications. Additionally, limitations of the study and avenues for further research will be discussed.

The chapter commences, in Section 6.2, with a summary of results that emanated from the (1) literature review (Section 6.2.1), (2) research methodology (6.2.2), and (3) results and discussion (6.2.3). This is followed, in Section 6.3, with the Conclusion – this section will also include discussions on (1) a summary of the contributions offered by this study (Section 6.3.1), (2) limitations (Section 6.3.2), and (3) suggestions for further research (Section 6.3.3). Lastly, parting thoughts are shared in Section 6.4.

6.2 SUMMARY OF RESULTS AND FINDINGS

The following broad research questions were posed in this study, namely:

- Do nursing students experience deleterious, and/or positive and meaningful, effects of caring, such as compassion fatigue, burnout, compassion satisfaction and meaning?
- Will the development, presentation and empirical evaluation of a logotherapy-based psycho-educational stress-management programme that addresses compassion fatigue, burnout, compassion satisfaction and meaning, prove to be of benefit to nursing students when evaluated by means of a mixed methods approach?

Specific quantitative and qualitative questions were also posed, namely:

- Quantitative -
 - Will the logotherapy-based psycho-educational stress-management programme reduce participants' experiences of compassion fatigue and burnout?
 - Will the logotherapy-based psycho-educational stress-management programme enhance participants' experiences of compassion satisfaction and sense of meaning in life?
- Qualitative -
 - What are participant's thoughts, feelings and perceptions of the logotherapy-based stress-management programme?

The foregoing research questions were addressed by means of a literature review and an empirical study, which will now be summarised.

6.2.1 Summary of findings: Literature review

Chapters 2 and 3 served as the literature reviews. In Chapter 2 the logotherapy theory as proposed by Frankl (2006) was presented. The concepts of stress and professional quality of life were addressed in Chapter 3. The main ideas from each of the aforementioned chapters will now be briefly discussed.

6.2.1.1 Chapter 2: The logotherapy theory of Victor E. Frankl

In Chapter 2 it was indicated that logotherapy, as a positive existential/humanistic school of psychology, focusses on the identification, search for, and discovery of meaning in life. The concept of meaning, while being of central importance in the field of psychology, is intangible and difficult to define (Frankl, 2008; Shantall, 2003).

According to Shantall (2002) meaning ought to be understood as a phenomenological experience. King et al. (2006, p. 180) defines the concept of meaning, according to the phenomenological tradition, as follows: “Lives may be experienced as meaningful when they are felt to have a significance beyond the trivial or momentary, to have purpose, or to have a coherence that transcends chaos.” Frankl (2008) adds that humans can discover meaning when addressing important tasks and/or concerns outside of themselves – in other words, meaning can be discovered by making prosocial contributions. Researchers also agree that meaning can be thought of as providing people with a sense of coherence, purpose and efficacy (Heintzelman & King, in press; Steger, 2012; Wong, 2012).

Empirical data have indicated positive correlations between a sense of meaning and indicators of psychological health and well-being (King et al., 2006; Steger, 2009; Wong, 2012). Additionally, research indicated that a low sense of meaning has been related to indicators of psychological distress, such as depression, addiction and violence (Asagba, 2009; Dash & Hutzell, 1986; Frankl, 2008; Joshi et al., 2014; Klinger, 2012).

Bulka (1984), as well as Yiu-kee and Tang (1995) have also pointed to inverse correlations between a sense of meaning and burnout. Ulrichová (2012) argues that burnout is characterised by, amongst others, a sense of ‘existential emptiness.’ Maslach and Leitner (1997) add that burnout may point to existential meaninglessness that is specific to experiences that play out within the work context.

Through his anecdotal accounts of the events in the Nazi concentration camps, Frankl (2008) has suggested that a sense of, as well as search for meaning could serve as a protective factor against deleterious effects of stress. As such, it could be hypothesised that the will to meaning may have

survival value (Frankl, 2008; Heintzelman & King, in press). More than that though, it could be speculated that a sense of meaning may serve as a protective factor against the deleterious effects of caring within the working environment – Frankl (1984) describes it as follows: “I was not in the mood to give psychological explanations or to preach any sermons...I was cold and hungry, irritable and tired, but I had to make the effort and use this unique opportunity” (p. 89) and “I saw that my efforts had been successful...I saw the miserable figures of my friends limping toward me to thank me with tears in their eyes” (p. 91). Developing an understanding of Frankl’s experiences and, more specifically, the manner in which he was able to be guided by meaningful values during incarceration in the Nazi concentration camps, may be encouraging for helpers, such as nursing students.

Nursing students are confronted with the stark realities of life even while still engaged in the process of developing the professional skills, knowledge and abilities required by their profession (Lee, 2003). Hence, it appears as if a sense of meaning may be intimately linked to nursing practice: Being able to discover a sense of coherence, purpose and efficacy in nursing work, could potentially serve as a protective factor against the deleterious effects that unavoidably forms part of interaction with patients and their respective families (Gentry, 2002; Koen et al., 2011).

The latter appears to be of particular importance within the South African context where the majority of people make use of overcrowded and under-resourced public healthcare facilities (Department of Health, 2011). Working within such healthcare facilities could place substantial levels of stress on, amongst others, registered and student nurses (Makie, 2006; Mokoka, 2007). It was subsequently concluded in Chapter 2 that the discovery of a sense of meaning is imperative as nursing students, amidst a context characterised by primary and secondary stressors, attempt to make prosocial contributions to the lives of patients and their respective families.

Numerous logotherapy techniques, were subsequently presented and discussed in Chapter 2. These techniques included:

- Meaning-centred goal setting - numerous researchers have indicated that setting and aligning goals to important personal live values, could assist humans to develop a sense of purpose and enhance a sense of meaning (Klinger, 2012; Wong, 2012c);
- The mountain range exercise - based on the principles of self-distancing and Socratic dialogue, this technique, which could be used as a group exercise, challenges humans to consider the meaningful influences and roles that others have played in their lives (Ernzen, 1990). More specifically, individuals are assisted to conduct a meaning-analysis of their lives through reflective thinking; and
- Logo-autobiography (journaling) - the focus is on assisting individuals to reflectively explore meaning opportunities, which may have been hidden away under the veil of suffering (Shantall, 2002, 2003). As such, the use of logo-autobiography can be therapeutic in nature while not being psychotherapy *per se* (Birren, 2006; Cho, 2008).

The value of these techniques in relation to psycho-educational programmes that are focussed on, amongst other things, addressing compassion fatigue and burnout was also highlighted.

6.2.1.2 Chapter 3: Psychological stress and professional quality of life

The purpose of Chapter 3 was to present and discuss the concepts of stress and professional quality of life. It was argued that nurses function in a world of stress (Fisher, 2011; Gray-Toft & Anderson, 1981; Makie, 2006). A substantial body of international and, to a lesser degree, national research among samples of registered nurses have indicated the stressful nature of nursing work (Figley, 1995; Potter et al., 2010; Yoder, 2010). However, less focus, both nationally and internationally, has been placed on studying the prevalence and incidence of stressors among nursing students. Additionally, pathology has been the prominent focus of discourse with regards the psychological consequences of the helping interaction (Seligman, 2011). Subsequently, conditions such as compassion fatigue and burnout have been the topic of extensive research, with less emphasis on, amongst others, compassion satisfaction and meaning in life (Baranowsky, 2012; Stamm, 2005).

An in-depth discussion of the concept of stress was subsequently presented. It was concluded that stress could bring about both negative (distress) and positive (eustress) effects (Selye, 1976,

1980). Additionally, Lazarus and colleagues' (Folkman & Lazarus, 1985, 1988; Lazarus, 2000; Monat & Lazarus, 1991) theoretical model – the transactional model of stress – was discussed. This model highlights the importance of the person-environment interaction. This discussion further emphasised the importance of developing adequate coping strategies to address the stressors that may affect nursing students.

The concept of stress was also discussed in terms of a lifespan perspective (Erikson, 1982; Levinson, 1978). It was concluded that nursing students may typically fall within the late adolescence/young adulthood (18-25 years of age) stage, where the primary development tasks include, *inter alia*, the formation of personal identity systems, as well as establishing personally meaningful beliefs (Arnett, 2000). The majority of participants who partook in this study, did fall within the 18-25 years of age cohort.

In addition to developmental stage tasks and the everyday stressors of life, it was pointed out that nursing students are also expected to cope with profession-specific stressors. These stressors include, but are not limited to, high workload, interpersonal conflict with co-workers, attending to the medical needs of patients, which may include conducting painful procedures, addressing the emotional needs of patients and their respective families, death and dying, and what is generally considered to be poor remuneration (Gray-Toft & Anderson, 1981; Kirchbaum et al., 2007; McVicar, 2003). The foregoing stressors could, potentially, serve as the impetus for the development of the deleterious conditions of compassion fatigue and burnout (Figley et al., 2006).

Compassion fatigue was defined as an adverse, yet contextually normal, reaction that develops in response to exposure to secondary traumatic content. However, compassion fatigue, which is characterised by a constellation of apparent pathogenic-based reactions, could become a source of significant stress for nurses that negatively impinge on psycho-social functioning (Cole et al., 2001; Gentry & Mescia, 2004). Burnout, which has been described as a latent outcome of compassion fatigue, was defined as a syndrome of emotional exhaustion, depersonalisation and diminished personal accomplishment (Maslach, 2003). Nursing students could, because of their possible young age and possibly still-developing knowledge, abilities and coping skills, be at a

greater risk for the deleterious effects of compassion fatigue and burnout (Figley, 2002a; Sheu et al., 2002). In addition to compassion fatigue and burnout, the positive and growth enhancing effect of compassion satisfaction was also considered in Chapter 3.

The concept, compassion satisfaction, was defined as the levels of fulfilment, pleasure and enjoyment that individuals attain from their work (Stamm, 2002). Additionally, compassion satisfaction was described as the embodiment of attitudinal-related values, for example vigour, purpose and dynamism that may be experienced when conducting work-related tasks. Earlier research indicated that compassion satisfaction was inversely correlated with the concepts of compassion fatigue and burnout (Potter et al., 2010; Stamm, 2005). It was therefore suggested that compassion satisfaction may serve as a buffer against the deleterious effects of caring (Elkonin & Van der Vyfer, 2011; Potter et al., 2010).

The use of psycho-educational stress-management programmes to assist helpers, such as nursing students, to address the deleterious effects of caring, was discussed. Theorists indicated that stress-management-related programmes ought to (1) provide participants with adequate information about deleterious effects of caring, (2) assist them to identify and understand personal stress-related symptoms, (3) focus on the development and implementation of self-care plans (Baranowsky, 2012; Figley, 1995). A review of the literature also pointed out that social support, reflective practice and a focus on holistic self-care are important aspects to include in psycho-educational stress-management programmes (Fisher, 2011; Oosthuizen, 2011).

It was indicated that there is a scarcity of research data regarding the efficacy of psycho-educational stress-management programmes (Van Tonder, 2005). Additionally, limited, if any, psycho-educational stress-management programmes have focussed on addressing both the negative, as well as the positive and growth enhancing effects of caring (Baranowsky, 2012). Moreover, few qualitative and, to the researcher's best knowledge, no mixed methods studies have focussed on the efficacy of psycho-educational stress-management programmes. Subsequently, the research design and methodology for this study was discussed in Chapter 4.

6.2.2 Chapter 4: Research methodology

“If you are going to pose yourself a problem, and then come to a conclusion about it, you have to do something to come to that conclusion. That ‘something’ is your method” (Hofstee, 2006, p. 107). A research design, consisting of three interrelated phases, was proposed in Chapter 4 as a means – a method – to investigate the research questions that were posed in Chapter 1.

The purpose of phase 1 of the proposed research design was to (1) describe, and (2) calculate correlations between deleterious, as well as positive and growth-enhancing effects of nursing work among a sample of nursing students. A non-probability and purposefully selected homogenous sample, consisting of 80 nursing students ($M_{age} = 22.40$, $SD = 11.10$, range 18 to 51, 91.25% female) participated in phase 1 of the study. Data were collected by means of a questionnaire package that consisted of six parts, namely (1) informed ethical consent, (2) biographical information, (3) the Life Purpose Questionnaire (Hutzell, 1989), (4) the Professional Quality of Life Scale (Fourth edition revised) (Stamm, 2005), (5) the Nursing Stress Scale (Gray-Toft & Anderson, 1981), and (6) a section to include additional thoughts. Data were analysed using descriptive and inferential statistics (Pearson correlation coefficient).

The data from phase 1 were used, in conjunction with the literature reviews, to develop a logotherapy-based psycho-educational stress-management programme in phase 2 of the study. It was hoped that the mentioned intervention programme would enhance participants’ sense of (1) compassion satisfaction, and (2) meaning in life. This was evaluated as part of phase 3 of the study.

The purpose of phase 3 was to conduct a mixed methods evaluation of the efficacy of a logotherapy-based psycho-educational stress-management programme. Quantitative data were collected from 42 first year nursing students ($M_{age} = 20.02$, $SD = 1.37$, range 18 to 25, 76.19% female) in a pre- and post-intervention format. The Life Purpose Questionnaire (Hutzell, 1989) and the Professional Quality of Life Scale (Revised fourth edition) (Stamm, 2005) were used to collect quantitative data.

Qualitative data were collected primarily by means of narrative sketches from 29 first year nursing students ($M_{age} = 20.21$, $SD = 1.57$, range 18 to 25, 79.31% female). Additional qualitative data were collected by means of non-compulsory homework assignments ($N = 12$), self-care plans ($N = 13$), and group posters ($N = 12$) that formed part of the logotherapy-based psycho-educational stress-management programme. The research conducted in phase 3 was completed in accordance with accepted ethical principles.

According to Hofstee (2006) readers should, after studying the methodology section in a dissertation or thesis, be convinced that the researcher, i.e. the student, understands the research design that is being proposed. To the researcher's best estimate, Chapter 4 served as a comprehensive discussion of the topic of research methodology in general and as applied to this study.

6.2.3 Chapter 5: Results and discussion

Results from the study, as discussed in Chapter 5, will now be summarised according to the three phases of the proposed research design.

6.2.3.1 Phase 1

Participants' responses on the Life Purpose Questionnaire were interpreted, based on guidelines provided by Hutzell (1989), as pointing to uncertain definition of meaning in life ($M = 14.30$, $SD = 3.66$). The majority of participants' (51.25%) scores fell within the 'uncertain sense' range. A small section of participants' scores (17.50%) could be described as pointing to 'low sense of meaning in life.' This subsection of the sample could potentially benefit from psychological assistance to address challenges, such as anxiety and depression (Frankl, 2008).

A total of 31.25% of participants reported 'definite sense of meaning' in life. This subsection of the sample may be displaying a sense of coherence, purpose and efficacy. Additionally, they may be motivated to deliver prosocial contributions to the lives of, amongst others, patients and their respective families.

The combination that emerged from the Professional Quality of Life Scale – high risk for compassion fatigue, moderate to high risk for burnout, and high potential for compassion satisfaction – is described by Stamm (2005) as characteristic of helpers who work in high risk environments. She adds that support services, for example psycho-educational stress-management programmes, are important measures to assist such helpers (Stamm, 2005).

Data from the Nursing Stress Scale indicated that participants reported progressively higher levels of stress from first to second and to third year level. This result may be due to the escalating levels of demand placed on nursing students as they move from junior to senior levels. However, the mentioned data also suggest that psycho-educational stress-management programmes may be an important avenue to consider in assisting senior, and not just junior, students.

Correlational data confirmed results obtained from earlier studies, namely that deleterious effects are inversely related to positive and growth enhancing effects (Elkonin & Van der Vyfer, 2011; Potter et al., 2010). The correlational results suggested that meaning in life and compassion satisfaction could serve as protective factors against the deleterious effects associated with secondary stress within the student nursing context. However, because correlational data do not indicate causation, such an inference would have to be investigated further.

Essentially, the data that emerged from phase 1 indicated that:

- Nursing students, who were included in the sample, perceived their training environments to be significantly stressful;
- The aforementioned stressful effects could bring about conditions of compassion fatigue and burnout;
- Nursing students, who participated in this study, experienced progressively higher levels of stress from junior to senior levels;
- Meaning and compassion satisfaction remained potentialities in spite of the deleterious effects; and
- The development and presentation of a psycho-educational stress-management programme could prove to be beneficial to nursing students as a means of addressing

compassion fatigue and burnout, while developing an enhanced sense of meaning in life and compassion satisfaction.

6.2.3.2 Phase 2

Phase 2 of the study reported on the development of a logotherapy-based psycho-educational stress-management programme for nursing students. The overarching goal of the mentioned programme was to assist nursing students to develop the skills, knowledge and abilities to effectively manage deleterious effects (i.e. compassion fatigue and burnout), while also embracing the positive and growth-enhancing aspects (i.e. meaning and compassion satisfaction), of caring.

The logotherapy-based psycho-educational stress-management programme addressed the three core aspects emphasised in the literature, namely to: (1) provide participants with adequate information about deleterious effects of caring, (2) assist them to identify and understand personal stress-related symptoms, and (3) focus on the development and implementation of self-care plans (Baranowsky, 2012). More specifically, the programme focussed on five pertinent areas, namely (1) meaning in life, (2) the concept of stress, (3) professional quality of life, (4) self-care, and (5) developing a personal resource list.

The logotherapy-based psycho-educational stress-management programme was presented over the course of 10 weeks, with one two-hour contact session per week. Activities such as small group reflective exercises, lecture-type presentations, logotherapy-themed films and homework assignments were included over the course of the 10 week intervention programme.

6.2.3.3 Phase 3

The purpose of phase 3 of the study was to empirically evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme by means of a convergent parallel mixed methods research design (Creswell, 2014).

The quantitative results indicated a statistically significant decline in both compassion fatigue ($M_{\text{pre-intervention}} = 23.33$, $SD = 7.67$; $M_{\text{post-intervention}} = 19.79$, $SD = 6.22$; $t = 4.49$; $p < 0.01$) and

burnout ($M_{\text{pre-intervention}} = 21.00$, $SD = 7.10$; $M_{\text{post-intervention}} = 18.14$, $SD = 5.62$; $t = 3.47$, $p < 0.01$) scores when comparing pre- and post-intervention assessments. Notwithstanding the statistically significant changes, participants' reported scores were still pointing to risk for deleterious effects. Hence, additional support ought to be made available to, amongst others, those nursing students who participated in this study.

A comparison of the pre-and post-intervention data further indicated statistically significant improvements in both meaning in life ($M_{\text{pre-intervention}} = 13.74$, $SD = 3.33$; $M_{\text{post-intervention}} = 16.67$, $SD = 1.97$; $t = 7.83$, $p < 0.01$) and compassion satisfaction ($M_{\text{pre-intervention}} = 39.83$, $SD = 5.52$; $M_{\text{post-intervention}} = 44.02$, $SD = 4.60$; $t = 5.10$, $p < 0.01$). The collective improvements in the positive effects of caring, could be interpreted as indicating that participants gained greater appreciation of their caring roles.

The qualitative data supported the afore-noted quantitative results. One prominent theme, namely 'a meaningful experience' emerged from the qualitative data. This prominent theme was discussed in terms of four subthemes, namely:

- (1) Awareness: Meaning - participants reported a growing awareness of meaning in their lives. This awareness was described in terms of interpreting life experiences from meaning-centred perspectives, an enhanced sense of motivation, greater cognisance of the importance of value-based living and a desire to make prosocial contributions. Notwithstanding the optimistic indications from participants, few made reference to specific meanings that were discovered. It should be noted that the use of logotherapy techniques, such as the mountain range exercise (Ernzen, 1990) and meaning-centred goal setting that were utilised during the intervention programme, were most likely instrumental in enhancing participants' sense of meaning. It was subsequently concluded that the mentioned programme assisted to facilitate an enhanced sense of meaning among participants;
- (2) Positive experiences - the majority of participants reported that they experienced the programme as beneficial. The mentioned benefits were categorised as intrapersonal (e.g. enhanced self-confidence, self-esteem and striving towards self-actualisation), interpersonal (making positive contributions to others through nursing work) and general

(greater sense of motivation and understanding stress as a normal reaction to demanding challenges);

- (3) Suggestions for improvement - participants suggested that the programme ought to be presented for a longer period of time. While there may be benefits associated with presenting the logotherapy-based psycho-educational stress-management programme over the course of one academic year, participants indicated that they experienced the homework assignments as somewhat excessive – even though the homework was non-compulsory. It was tentatively concluded that it may be in participants’ best interest to attend the intervention programme in its current format. However, the process of how to access further assistance ought to be highlighted as well; and
- (4) Self-care - participants’ self-care plans indicated that (1) social support, and (2) assuming personal responsibility for their well-being, were regarded as possible protective factors against the deleterious effects of caring. Time management – an aspect that was not addressed as part of the logotherapy-based psycho-educational stress-management programme – emerged as an important theme for participants and ought to be incorporated into the intervention programme. Additionally, aspects related to developing realistic expectations should also be addressed. A major limitation was that only a small number of participants handed in the non-compulsory homework assignment that addressed self-care. Hence, it cannot be stated with absolute certainty that the qualitative interpretation was representative of all participants’ views. Notwithstanding, qualitative research is by its very nature, a subjective approach (Creswell, 2014). Therefore, the interpretation is appropriate for the section of the sample that provided data.

An integration of the quantitative and qualitative data revealed that the logotherapy-based psycho-educational stress-management programme was effective in enhancing positive, while reducing negative effects. More specifically, both data sources converged and pointed to (1) a heightened sense of compassion satisfaction and meaning, as well as (2) decreased levels of compassion fatigue and burnout. As such, it was concluded that the logotherapy-based psycho-educational stress-management programme was effective in enhancing compassion satisfaction and meaning in life, while reducing reported levels of compassion fatigue and burnout among a sample of first year nursing students at a South African university

6.3 CONCLUSION

Nursing students are not immune to the deleterious effects of caring. This study pointed to the value of a psycho-educational stress-management programme in assisting nursing students to negate the stressful challenges that they may encounter. Psychology professionals, such as student counsellors, could play important roles in assisting nursing students to address stressors in a constructive manner by presenting, empirically evaluating and further developing the mentioned programme.

Additionally, student counsellors and nursing academe ought to consider forming multidisciplinary training teams that could furnish students with the academic and practical skills, knowledge and abilities, as well as the self-care strategies that are required to effectively portray their current and future caring roles. Such endeavours could assist nursing students to concretise a sense of resilience to address the stressors that may be encountered in their chosen profession.

In the following section a summary of contributions will be presented. Notwithstanding contributions to the scientific body of knowledge, all research studies are also limited to some degree. Limitations of the study will be discussed in Section 6.3.2. Then, in Section 6.3.3, suggestions for further research will be presented.

6.3.1 Significance of the study

This study made the following contributions:

- To the researcher's best knowledge, this is one of the first studies that focussed on the development and subsequent empirical evaluation of a psycho-educational stress-management programme to address professional quality of life among nursing students. While international studies have focussed on samples of registered nurses, few studies have addressed the needs of nursing students. Hence, the study addresses an apparent gap in the existing body of research;
- Furthermore, the study incorporated a holistic perspective by focussing on both pathogenic (distress, compassion fatigue and burnout) and positive factors (compassion satisfaction and meaning). This holistic emphasis echoes a broader focus of discourse

within the field of psychology, namely to augment a pathology-based historical focus, with an emphasis on that which is good, positive and growth-enhancing (Seligman, 2011; Waterman, 2008);

- Moreover, the application of a mixed methods research design to empirically evaluate the efficacy of the logotherapy-based stress-management programme moved beyond the ‘paradigm-wars’ (Barnes, 2012) by incorporating both quantitative and qualitative approaches in a pragmatic manner. A search of the archives of the South African Journal of Psychology between the years of 2000 and 2013, using the key words ‘mixed methods’ and ‘mixed methods research’, respectively, revealed only one relevant hit – a theoretical article that serves as a discussion on the mixed methods research design by Barnes (2012). Thus, it appears that the potential benefits offered to researchers by adopting a mixed methods perspective, may not have been fully explored yet. Barnes (2012, p. 472) agrees: “In the South African context mixed methods may also serve a transformative function through the initiation, exploration and expansion of much needed locally relevant theory, interventions and instruments.” It is therefore hoped that this study could pave the way for additional South African mixed methods-related research, specifically related to assisting nursing students to effectively manage second stress-related challenges.

6.3.2 Limitations

The following limitations were identified in this study, namely:

- Sample - a relatively small and homogeneous sample was selected for the aims of phases 1 and 3 of the study. The small and homogeneous samples may prohibit the generalisability of the findings. However, the research question that was investigated in this study arose from the researcher’s interactions with groups of nursing students at a specific South African university. Hence, the initial aim of the study was to develop a logotherapy-based psycho-educational stress-management programme for students within the particular setting. As the study progressed it became apparent to the researcher that academics from a variety of nursing colleges, universities of technologies and traditional universities were experiencing secondary stress as a significant challenge among their nursing students. During the ‘questions and comments’ section when presenting a paper

at the South African Students Psychology Conference (Mason & Nel, 2013a), numerous attendees indicated that they either had similar experiences working with nursing students or were, themselves, former registered nurses who had been exposed to secondary stress. A shared theme emerged from this interaction, namely that nursing students are exposed to significant levels of secondary stress and that psycho-educational assistance is not a 'nice-to-have', but an operational imperative when working with nursing students. Amongst other things, the aforementioned draws attention to the apparent necessity of conducting empirical research within this field.

- Research instrumentation - the following limitations, related to the use of research instrumentation, were identified:
 - The three quantitative research questionnaires that were utilised in this study, namely the (1) Life Purpose Questionnaire (Hutzell, 1989), (2) Professional Quality of Life Scale (Revised fourth edition), and (3) Nursing Stress Scale (Gray-Toft & Anderson, 1981), were all designed within an American context. Therefore, the scales may inadvertently be focussed on evaluating Western values. This possible limitation was addressed by calculating the internal consistency (Cronbach's alpha coefficient) on all the mentioned questionnaires. Even though the majority of the alpha scores indicated acceptable to good levels of internal consistency, future research could focus on the construction of South African-specific instruments that reflect local values.
 - The questionnaires that were utilised during phase 1 of the study were completed at one specific point in time. As such, it cannot be guaranteed that the perceptions of the participants will remain similar across the passage of time. The use of a longitudinal research design could have provided data relating to participants' experiences over time. Such an approach could also have highlighted key points in time when intervention programmes may be optimally useful.
 - In phase 3 of the study only one post-assessment, and no follow-up assessments, were conducted. A follow-up assessment could have provided information regarding possible changes across time.
- Qualitative data collection - while the qualitative data collection methods offered valuable information regarding participants' experiences, additional data collection

methods could have been utilised. The use of personal and/or group interviews could have added additional dimensions of depth to the qualitative interpretation. This may have enabled the researcher to sketch a more in-depth picture of participants' experiences of the logotherapy-based psycho-educational stress-management programme.

- Exploratory nature of the study - given the paucity of research that have been conducted on nursing students' experiences of secondary stress, this study can be regarded as largely exploratory in nature. Additionally, a quasi-experimental research design was utilised to quantitatively evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme. An experimental design could have served as a more rigorous approach to conduct the quantitative empirical evaluation. Consequently, the methodology and analyses that were employed were not flawlessly appropriate to address, amongst others, questions related to causality or changes over the passage of time. As such, it is hoped that this study could serve as the impetus for additional research to address questions such as: (1) does meaning in life serve as a protective factor against deleterious effects of caring? and (2) are there critical periods in an academic year when nursing students may be particularly prone to stressful reactions?

6.3.3 Suggestions for further research

The following avenues for further research could be considered:

- Data from this study suggest that the logotherapy-based psycho-educational stress-management programme was effective in enhancing compassion satisfaction and meaning in life, while reducing reported levels of compassion fatigue and burnout among a sample of first year nursing students at a specific university. Additionally, the data suggested that the intervention programme could be enhanced by including the aspects of time management and realistic optimism as topics for discussion. Hence, the logotherapy-based psycho-educational stress-management ought to be adapted to incorporate the mentioned changes. Moreover, the enhanced version of the intervention programme could then be presented to subsequent groups of first year nursing students. However, future intervention programmes ought not to be limited to just one university setting, but could be presented across multiple university contexts. An empirical evaluation of the programme, across multiple settings, could then be conducted and compared to the results

reported in this study as a means of (1) further enhancing the programme, and (2) assessing its efficacy across diverse settings. Qualitative evaluation across multiple settings could also offer a rich set of data to better explore and consequently address the needs of first year, and other, nursing students;

- The logotherapy-based psycho-educational stress-management programme described in this study ought to be adapted in order to be presented to second, third, fourth and even post-graduate nursing students. Consequently an integrated logotherapy-based psycho-educational stress-management support programme could be developed for nursing students from first year to post-graduate levels of study.
- The concept of secondary stress among nursing students could also be further investigated by students who enrol for post-graduate degrees in Nursing Science. Additional post-graduate studies that address secondary stress among nursing students could advance scientific understanding and the value of possible intervention programmes. More than that though, post-graduate nursing students could begin to initiate a process of reflective practice by studying the deleterious and positive effects of caring in their profession – thereby sharing the ethos of self-care among fellow nurses.
- Researchers could address limitations regarding methodology that emerged from this study. Amongst others, future studies will do well to draw on larger sample sizes, which could enhance the generalisation of the results. Additionally, further research could make use of longitudinal research designs to investigate the incidence and experience of compassion fatigue, burnout, compassion satisfaction and meaning in life over the course of one academic year; or, over the course of nursing students' academic careers. The latter could provide valuable data, which could inform the development of psycho-educational and related support services that are aligned to nursing students' experiences and needs. Researchers ought to consider utilising multiple qualitative data collection methods in future research. While the use of narrative sketches offers certain benefits, in-depth individual and group interviews, in conjunction with the collection of quantitative data, could assist researchers to develop a more integrated understanding of the deleterious and positive effects of caring among nursing students.

6.4 FINALE

Nurses could play important roles in uplifting and empowering patients (Makie, 2006). However, it is vital that nurses also be supported in their related efforts (Koen et al., 2011). One way to do this is through the development, presentation and empirical evaluation of psycho-educational stress-management programmes. Such programmes ought to be extended to also address the needs of nursing students.

In this study it was indicated that nursing students experience significant levels of secondary stress and could benefit from psycho-educational assistance. The data also revealed that nursing students experience compassion satisfaction and regard their training as meaningful. More significantly, it was found that the use of a logotherapy-based psycho-educational stress-management programme could enhance compassion satisfaction and meaning in life, while also negating the deleterious effects of compassion fatigue and burnout. From a logotherapy-perspective it could be argued that participants in this study were assisted to search for and discover a sense of meaning against the backdrop of stressful realities.

REFERENCES

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103–108.
- Aiken, L. H., Sean, C. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job satisfaction. *Journal of the American Medical Association*, 288(16), 1987–1993.
- Aldwin, C. M. (1994). *Stress, coping and development*. New York, NY: Guilford Press.
- Alperstein, M. (2009). Primary health care: Health for all. In V. Zweigenthal, T. Puoane, L. Reynolds, L. London, D. Coetzee, M. Alperstein, M. Duncan, S. Atkins, M. Loveday, C. Hutchings, M. Geiger, L. Peterson, G. Ferguson, G. Hewett, & K. Batley. (Eds.), *Primary healthcare: Fresh perspectives* (pp. 1–22). Cape Town, South Africa: Pearson.
- Altbeker, A. (2007). *A country at war with itself – South Africa's crisis of crime*. Cape Town, South Africa: Jonathan Ball.
- Amado, L., Christofides, N., Pieters, R., & Rusch, J. (2012). National health insurance: A lofty ideal in need of cautious, planned implementation. *South African Journal of Bioethics and Law*, 5(1), 4–10.
- American Psychological Association. (2010). *Publication manual of the American Psychological Association (6th ed.)*. Washington, DC: American Psychological Association.
- Andersson, G. (1996). The benefits of optimism: A meta-analytic review of the Life Orientation Test. *Personality and Individual Differences*, 21, 719–726.
- Antonovsky, A. A. (1979). *Health, stress, and coping*. San Francisco, CA: Jossey-Bass.
- Antonovsky, A. A. (1985). The life cycle, mental health and the sense of coherence. *Israeli Journal of Psychiatry and Related Science*, 22, 273–280.
- Antonovsky, A. A. (1987). *Unravelling the mystery of health. How people manage stress and stay well*. San Francisco, CA: Jossey-Bass.
- Antonovsky A. A. (1991). The structural sources of salutogenic strengths. In C. L. Cooper, & R. Payne (Eds.), *Personality and stress: Individual differences in the stress process* (pp. 67–104). New York, NY: Wiley.

- Antonovsky A. A. (1992). Janforum: Locus of control theory. *Journal of Advanced Nursing* 17, 1014–1015.
- Antonovsky A. (1995). The moral and the healthy: identical, overlapping or orthogonal? *Israeli Journal of Psychiatry and Related Science*, 32, 5–13.
- Antonovsky A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International* 11, 11–18.
- Antonovsky A. & Bernstein J. (1977) Social class and infant mortality. *Social Science Medicine* 11, 453–470.
- Arnett, J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.
- Asagba, R. B. (2009). Logotherapeutic management of persons with substance abuse/dependence. *Ife Psychologia*, 17(1). Retrieved from: www.questia.com/library/1P3-186894141/logotherapeutic-management-of-persons-with-substance
- Atlantis E, Chow, C. M., Kirby, A., & Singh, M. F. (2004). An effective exercise-based intervention for improving mental health and quality of life measures: A randomized control study. *Preventative Medicine*, 39, 424–434.
- Baranowsky, A. B. (2012). *Bouncing back after impact: Compassion fatigue resiliency after care provider stress*. Toronto, Ontario, Canada: Traumatology Institute. (On-line training programme). Retrieved from: www.ticlearn.com
- Baranowsky, A. B., & Gentry, J. E. (2010). *Compassion fatigue specialist training workbook (CFST): Accelerated recovery program (5th ed.)*. Toronto, Ontario, Canada: Traumatology Institute. (On-line training programme). Retrieved from: www.ticlearn.com
- Barnes, B. R. (2012). Using mixed methods in South African psychological research. *South African Journal of Psychology*, 42(4), 463–475
- Baumeister, R. F. (1991). *Meanings of life*. New York, NY: Guilford.
- Baumeister, R. F., Vohs, K. D., Aaker, J. L., & Garbinsky, E. N. (2013). Some key differences between a happy life and a meaningful life. *The Journal of Positive Psychology*, 8(6), 505–516.
- Bergh, Z., & Theron, A. (2004). *Psychology in the work context (3rd ed)*. Cape Town, South Africa: Oxford University press.

- Bergh, Z., & Theron, A. (2009). *Psychology in the work context (5th ed)*. Cape Town, South Africa: Oxford University press.
- Bhorat, H., Leibrandt, M., Maziya, M., Van der Berg, S., & Woolard, I. (2001). *Fighting poverty: Labour markets and inequality in South Africa*. Cape Town, South Africa: UCT Press.
- Birren, J. E. (2006). *Benefits of memory priming: effects of guided autobiography and reminiscence*. San Francisco, CA: American Society of the Aging.
- Birren, J. E., & Birren, B. A. (1996). Autobiography: Exploring the self and encouraging development. In J. E. Birren, G. M. Kenyon, J. E. Ruth, J. J. F. Schroots, & T. Svensson (Eds.), *Aging and biography: Explorations in adult development* (pp. 283–299). New York, NY: Springer.
- Birren, J. E., & Cochran, K. N. (2001). *Telling the stories of life through guided autobiography groups*. Baltimore, MA: Johns Hopkins University.
- Birren, J. E., & Hedlund, B. (1987). Contributions of autobiography to developmental psychology. In N. Eisenberg (Ed.), *Contemporary topics in developmental psychology* (pp. 394–415). New York, NY: Wiley.
- Biswass-Diener, R. (2008). *Invitation to positive psychology: Tools for the professional. A six week course*. London, England: British Library.
- Boeree, C. G. (2006). *Viktor Frankl*. Retrieved from: <http://webpace.ship.edu/cgboer/frankl.html>
- Bond, P. (2004). From racial to class apartheid: South Africa's frustrating decade of freedom. *Monthly Review*, 55(10), 45–59.
- Booyesen, S. (2007). With the ballot and the brick: The politics of attaining service delivery. *Progress in Development Studies*, 7(1), 21–32.
- Botes, M. (2007). *The value of an emotional intelligence student development and support programme*. Unpublished research report: Tshwane University of Technology.
- Botha, C., & Hendricks, M. (2009). *Financing South Africa's national health system through the national health insurance: Possibilities and challenges*. Cape Town, South Africa: Human Sciences Research Council.
- Boyle, D. A. (2011). Countering compassion fatigue: A requisite nursing agenda. *The Online Journal of Issues in Nursing*, 16(1). Retrieved from: <http://nursingworld.org/>

- Brickman, P., & Campbell, D. T. (1971). Hedonic relativism and planning the food society. In M. H. Appley (Ed.), *Adaptation-level theory* (pp. 287-305). New York, NY: Academic.
- Brysiewicz, P. (2002). Violent death and the South African emergency nurse. *International Journal of Nursing Studies, 39*, 253–258
- Buddha. (1993). *Dhammapada*. T. Byrom (trans.). Boston, MA: Shambhala.
- Bulka, R. P. (1984). Logotherapy as an answer to burnout. *The International Forum for Logotherapy: Journal of the Search for Meaning, 7*(1), 8–17.
- Camus, A. (2005). *The myth of Sisyphus*. London, England: Penguin.
- Carr, A. (2004). *Positive psychology: The science of happiness and human strengths*. New York, NY: Brunner-Routledge.
- Chamberlain, K., & Zika, S. (1988). Measuring meaning in life: An examination of three scales. *Personality and Individual Differences, 9*, 589–596.
- Cho, S. (2008). Effect of logo-autobiography program on meaning in life and mental health in the wives of alcoholics. *Asian Nursing Research, 2*(2), 129–139.
- Christensen, L. B. (2001). *Experimental methodology (8th ed.)*. Boston, MA: Allyn & Bacon.
- Circenis, K., & Millere, I. (2011). Compassion fatigue, burnout, and contributory factors among nurses in Latvia. *Social and Behavioural Sciences, 30*, 2042–2046.
- Clark-Carter, D. (2004). *Quantitative psychological research: A student's handbook (2nd ed.)*. New York, NY: Psychology Press.
- Clark-Carter, D. (2010). *Quantitative psychological research: The complete student's companion (3rd ed.)*. New York, NY: Psychology Press.
- Cochrane, J.R., De Gruchy, J.W., & Peterson, R. (1991). *In word and deed*. Pietermaritzburg, South Africa: Cluster Publications.
- Cockerham, G. B., & Cockerham, W. C. (2010). *Health and globalization*. Maiden, MA: Polity.
- Cole, F. L., Slocumb, E. M. & Mastey, J. M. (2001). A measure of critical care nurses' post-code stress. *Journal of Advanced Nursing, 34*(3), 281–188.
- Collins, B. G., & Collins, T. M. (2005). *Crisis and trauma: Developmental-ecological intervention*. Boston, MA: Lahaska Press.
- Collins, S., & Long, A. (2003). Too tired to care? The psychological effects of working with trauma. *Journal of Psychiatric and Mental Health Nursing, 10*, 17–27.

- Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, 30(10), 1071–1080.
- Corey, M. S., & Corey, G. (2011). *Becoming a helper (6th ed.)*. Belmont, CA: Brooks/Cole.
- Costa, D. M. (2005). Compassion fatigue: Self-care strategies for practitioners. *OT Practice*, 13–18.
- Cox, T. (1978). *Stress*. Hong Kong: MacMillan Press.
- Cox, T. & Ferguson, E. (1991). Individual differences, stress and coping. In G.L. Cooper, & R. Payne. (Eds.), *Personality and stress: Individual differences in the stress process* (pp. 7–33). London: John Wiley and Sons.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches (2nd ed.)*. London, England: SAGE Publications.
- Creswell, J. W. (2012). *Educational research: Planning, conducting and evaluating quantitative and qualitative research (4th ed.)*. Boston, MA: Pearson.
- Creswell, J. W. (2014). *Research design: Quantitative, qualitative and mixed methods approaches*. Thousand Oaks, CA: SAGE Publications.
- Creswell, J. W., & Maietta, R. C. (2002). Qualitative research. In D. C. Miller & N. J. Salkind (Eds.), *Handbook of social research* (pp. 143–184). Thousand Oaks, CA: SAGE Publications.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research (2nd ed.)*. Thousand Oaks, CA: SAGE Publications.
- Crumbaugh, J. C. (1968). Cross-validation of Purpose in Life Test based on Frankl's concepts. *Journal of Individual Psychology*, 24, 74–81.
- Crumbaugh, J. C. (1971). Frankl's logotherapy: A new orientation in counselling. *Journal of Religion and Health*, 10, 373–386.
- Crumbaugh, J. C. (1973). *Everything to gain: A guide to self-fulfilment through logo analysis*. Chicago, IL: Nelson-Hall.
- Crumbaugh, J. C., & Maholick, L. T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's concept of noögenic neurosis. *Journal of Clinical Psychology*, 20, 200–207.

- Crumbaugh, J. C., & Maholick, M. T. (1981). *Manual of instructions for the purpose in life test*. Munster, IN: Psychometric Affiliates.
- Crumbaugh, J. C., & Maholick, L. T. (1963). An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology*, XX, 200–207.
- Crumpei, I., & Dafinoiu, I. (2012). Secondary traumatic stress in medical students. *Procedia - Social and Behavioral Sciences* 46, 1465–1469.
- Damon, W. (2008). *The path to purpose: Helping our children find their calling in life*. New York, NY: The Free Press.
- Damon, W., Menon, J., Bronk, K. C. (2003). The development of purpose during adolescence. *Applied Developmental Science*, 7(3), 119–128.
- Dash, D. M., & Hutzell, R. R. (1986). A brief MMPI depression screening scale for the elderly. *Clinical Gerontologist*, 5, 175–186.
- Dawson, C. (2002). *Practical research: A user-friendly guide to mastering research*. Oxford, United Kingdom: How to Books.
- Deegan, H. (2001). *The politics of the new South Africa: apartheid and after*. Pinelands, South Africa: Pearson Education.
- De Klerk, F.W. (2004). *South Africa's second decade: From democratic transformation to economic and social transformation*. Speech by FW de Klerk to the National Association of Pharmaceutical Wholesalers, Arabella. The FW de Klerk Foundation.
- De Kock, R. (2008). *Journaling as an adjunct to therapy*. Short course offered by the Unisa Centre for Applied Psychology. Pretoria, South Africa: Unisa.
- Deighton, R. M., Gurriss, N. & Traute, H. (2007). Factors affecting burnout and compassion fatigue in psychotherapists treating torture victims: Is the therapist's attitude to working through trauma relevant? *Journal of Traumatic Stress*, 20(1), 63–75.
- Dennill, K., King, L., & Swanepoel, T. (1999). *Aspects of the primary health care: Community health care in Southern Africa*. Cape Town, South Africa: Oxford.
- Department of Health. (2011). *National Health Insurance in South Africa. Policy paper*. Retrieved from: www.gov.za/documents/download.php?f=148470

- Donald, A., & Mottershaw, E. (2009). *Poverty, inequality and human rights. Do human rights make a difference?* The Joseph Rowntree Foundation. Retrieved from: www.jrf.org.uk/sites/files/jrf/poverty-human-rights-full.pdf
- Duncan, N., Bowman, B., Naidoo, A., Pillay, J., & Roos, V. (Eds.). (2007). *Community psychology: Analysis, context and action*. Cape Town, South Africa: University of Cape Town Press.
- Durrheim, K. (1999a). Research design. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 29–53). Cape Town, South Africa: University of Cape Town Press.
- Durrheim, K. (1999b). Quantitative analysis. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 96–122). Cape Town, South Africa: University of Cape Town Press.
- Durrheim, K., Mtose, X., Brown, L. (2011). *Race trouble: Race, identity and inequality in post-apartheid South Africa*. Maryland, WV: Lexington.
- Durrheim, K., & Wassenaar, D. (1999). Putting research design into practice: Writing and evaluating research proposals. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 54–71). Cape Town, South Africa: University of Cape Town Press.
- Dush, D. M., & Hutzell, R. R. (1986). A brief MMPI depression screening scale for the elderly. *Clinical Gerontologist*, 5, 175–185.
- Edwards, M. J., & Holden, R. R. (2001). Meaning in life, and suicidal manifestations: Examining gender differences. *Journal of Clinical Psychology*, 57, 1517–1535.
- Egan, G. (2007). *The skilled helper: A problem-management and opportunity-development approach to helping* (8th ed.). Belmont, CA: Thomson Brooks/Cole.
- Ekurhuleni Declaration on Mental Health. (2012, April). Declaration presented at the National Mental Health Summit. *African Journal of Psychiatry*, 15, 381 – 383. Retrieved from: www.ajop.co.za/Journals/November2012/The-kurhuleni_Declaration.pdf
- Elkonin, D., & Van der Vyver, L. (2011). Positive and negative emotional responses to work-related trauma of intensive care nurses in private health care facilities. *Health SA Gesondheid* 16(1). Retrieved from: <http://www.hsag.co.za/index.php/HSAG/article/view/436>

- Emmons, R. A. (2005). Striving for the sacred: Personal meaning, life meaning, and religion. *Journal of Social Issues, 61*(4), 731–745.
- Engelbrecht, M., Van den Berg, H.S. & Bester, C. (2009). Burnout and compassion fatigue: The case of nurses in primary health care facilities in the Free State Province, South Africa. In R. B. Schwartzoffer (Ed), *Psychology of burnout: Predictors and coping mechanisms* (pp. 1–38). New York, NY: Nova Science Publishers.
- Epstein, S. (1973). The self-concept revisited or the theory of a theory. *American Psychologist, 28*, 404–416.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Erikson, E. H. (1982). *The life cycle completed: A review*. New York, NY: Norton.
- Ernzen, F. I. (1990). Frankl's mountain range exercise: A logotherapy activity for small groups. *The International Forum for Logotherapy, 13*, 133–134.
- Evans, W., & Kelly, B., 2004. Pre-registration diploma student nurse stress and coping measures. *Nursing Education Today, 24*(6), 473–482.
- Evans, J., & Swartz, L. (2000). Training service providers working with traumatized children in South Africa: The navigations of a trainer. *Psychodynamic Counselling, 6*(1), 49–64.
- Fabry, J. B. (1988). *Guideposts to meaning*. Oakland, CA: New Harbinger Publications.
- Fabry, J. (1994). *The pursuit of meaning*. Abilene, TX: Institute of Logotherapy Press.
- Field, A. (2013). *Discovering statistics using IBM statistics (4th ed.)*. Thousand Oaks, CA: SAGE Publications.
- Figley, C. R. (1985). *Trauma and its wake: The study and treatment of post-traumatic stress disorder*. New York, NY: Brunner/Mazel.
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress in those who treat the traumatized*. New York, NY: Brunner/Mazel.
- Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed), *Secondary traumatic stress: Self-care for clinicians, researchers and educators (2nd ed)* (pp. 3–28). Baltimore, MD: Sidran Press.
- Figley, C. R. (Ed.). (2002a). *Treating compassion fatigue*. New York, NY: Brunner-Routledge.
- Figley, C. R. (2002b). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology, 58*(11), 1433–1441.

- Figley, C. R., & Stamm, B. H. (1996). Psychometric review of compassion fatigue self-test. In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 127–130). Lutherville, MD: Sidran Press.
- Fisher, P. (2011). *When working hurts: Effectively addressing stress in trauma-informed workplaces. How to stay well while you are doing valuable work*. E-course: Fisher and Associates. Retrieved from: www.fisherandassociates.org
- Folkman, S. (1984). Personal control and stress and coping processes: Theoretical analysis. *Journal of Personality and Social Psychology*, 6, 839–852.
- Folkman, S. & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, 48, 150–170.
- Folkman, S. & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, 54(3), 466–475.
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, 50, 571–579.
- Folkman, S., & Moskowitz, J. T. (2000). Stress, positive emotion, and coping. *Current Directions in Psychological Science*. 9(4), 115–118.
- Foster, D., Freeman, M., & Pillay, Y. (Eds.) (1997). *Mental health policy issues for South Africa*. Cape Town, South Africa: MASA Multimedia Publications.
- Frankl, V. E. (1959). *Man's search for meaning: An introduction to logotherapy*. New York, NY: Pocket.
- Frankl, V. E. (1960a). Paradoxical intention. *American Journal of Psychotherapy*, 14(3), 8–15.
- Frankl, V. E. (1960b). Beyond self-actualization and self-expression. *Journal of Existential Psychology*, 1, 5–20.
- Frankl, V. E. (1962). Psychiatry and man's quest for meaning. *Journal of Religion and Health*, 1, 93–103.
- Frankl, V. E. (1965). *The doctor and the soul: From psychotherapy to logotherapy*. (R. Winston, & C. Winston, Trans). London, England: Souvenir Press.
- Frankl, V. E. (1966). Self-transcendence as a human phenomenon. *Journal of Humanistic Psychology*, 6, 97–106.

- Frankl, V. E. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy*. New York: Clarion.
- Frankl, V. E. (1975a). *The unconscious god: Psychotherapy and theology*. New York, NY: Simon & Schuster.
- Frankl, V. E. (1975b) Paradoxical intention and dereflection. *Psychotherapy: Theory, Research and Practice*, 12, 226–237.
- Frankl, V. E. (1978). *The unheard cry for meaning: Psychotherapy and humanism*. New York, NY: Simon and Schuster.
- Frankl, V. E. (1984). *Man's search for meaning: Revised and updated*. London, England: Washington Square.
- Frankl, V. E. (1986). *The doctor and the soul: From psychotherapy to logotherapy*. New York, NY: Vintage.
- Frankl, V. E. (1988). *The will to meaning: foundations and applications of logotherapy*. New York, NY: New American Library.
- Frankl, V. E. (1992). *Man's search for meaning: An introduction to logotherapy (4th ed.)*. Boston, MA: Beacon.
- Frankl, V. E. (1997). *Recollections*. New York, NY: Insight Books.
- Frankl, V. E. (2000). *Man's Search for Ultimate Meaning*. New York, NY: Perseus Books.
- Frankl, V. E. (2004). *On the theory and therapy of mental disorders: An introduction to logotherapy and existential analysis* (J. M. Dubois, Trans.). New York: Brunner-Routledge.
- Frankl, V. E. (2006). *Man's search for meaning*. New York, NY: Washington Square.
- Frankl, V. E. (2008). *Man's search for meaning: The classic tribute to hope from the holocaust*. London, England: Rider.
- Frankl, V. E. (2010). *The feeling of meaninglessness: A challenge to psychotherapy and philosophy*. Milwaukee: Marquette University.
- French S. E., Lenton R., Walters V., & Eyles J. (2000). An empirical evaluation of an expanded nursing stress scale. *Journal of Nursing Measurement* 8, 161–178.
- Friedman, M., & Higson-Smith, C. (2003). *Training course: Trauma counselling. Lecture notes on trauma counselling*. Unpublished workbook, Psych-Action, Johannesburg, South Africa.
- Freudenberger, H. (1974). Staff burnout. *Journal of Social Issues*, 30, 159–165.

- Gentry, J. E. (1999). *The trauma recovery scale (TRS): An outcome measure*. Poster presented at the meeting of the International Society for Traumatic Stress Studies, Miami, FL.
- Gentry, J. E. (2002). Compassion fatigue: A crucible transformation. *Journal of Trauma Practice, 1*(3/4), 37–61.
- Gentry, J. E., Baranowsky, A. B., & Dunning, K. (2002). The accelerated recovery program (ARP) for compassion fatigue. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 123–137). New York, NY: Brunner-Routledge.
- Gentry, J. E., & Mescia, N. D. (2004). *Understanding compassion fatigue: Helping public health professionals and other front-line responders combat the occupational stressors and psychological injuries of bioterrorism defence for a strengthened public health response*. (Course manual). Tampa, FL: University of South Florida.
- Gibbons, C. (2010). Stress, coping and burn-out in nursing students. *International Journal of Nursing Studies, 47*(10), 1299–1309.
- Gilbert, P., & Proctor, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy, 13*(6), 252–379.
- Giorgi, A. (1985). *Sketch of a psychological phenomenological method*. Pittsburgh, PA: Duquesne University Press.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York, NY: Bantam.
- Graber, A. V. (2003). *Viktor Frankl's logotherapy: Method of choice in ecumenical pastoral psychology*. Lima, OH: Wyndham Hall.
- Grant Halvorson, H. (2012). *Succeed: How we can reach our goals*. New York, NY: Hudson Stress Press.
- Gray-Toft, P., & Anderson, J. (1981). The nursing stress scale: Development of an instrument. *Journal of Psychopathology and Behavioral Assessment, 3*(1), 11–23.
- Greenglass, E. R., Burke, R. J., & Fiksenbaum, L. (2001). Workload and burnout in nurses. *Journal of Community & Applied Social Psychology, 11*, 211–215.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds), *Handbook of Qualitative Research* (pp. 105–117). London, England: SAGE Publications.

- Guttman, D. (2008). *Finding meaning in life, at midlife and beyond: Wisdom and spirit from logotherapy*. Westport, CT: Greenwood.
- Haidt, J. (2006). *The happiness hypothesis: Finding modern truth in ancient wisdom*. New York, NY: Basic Books.
- Haight, B. K. (1991). Reminiscing: The state of the art as a basis for practice. *International Journal of Aging and Human Development*, 33, 1–32.
- Harkreader, H., Hogan, M. A., & Thobaben, M. (2007). *Fundamentals of nursing: Caring and clinical judgement*. New York, NY: Elsevier Health Sciences.
- Havenga-Coetzer, P. (2003). *Viktor Frankl's avenues to meaning*. Pretoria, South Africa: Nikkor Printing.
- Heidegger, M. (1962). *Being and time*. New York, NY: Harper & Row.
- Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: On the coherence of social motivations. *Personality and Social Psychology Review*, 10, 88–110.
- Heintzelman, S. J., & King, L. A. (in press). Life is Pretty Meaningful. *American Psychologist*.
- Heisel, M. J., & Flett, G. L. (2004). Purpose in life, satisfaction with life, and suicide ideation in a clinical sample. *Journal of Psychology and Behavioural Assessment*, 26(2), 127–135.
- Henderson-King, D., & Mitchell, A. M. (2011). Do materialism, intrinsic aspirations, and meaning in life predict students' meanings of education? *Social Psychology of Education*, 14, 119–134.
- Henning, E., Van Rensburg, W., & Smit, B. (2011). *Finding your way in qualitative research*. Pretoria, South Africa: Van Schaik.
- Hingley, P. (1984). The humane face of nursing. *Nursing Mirror*, 159(21), 19–22.
- Hoffman, W. A. (2011, June). *Research ethics*. Paper presented at the Research and Innovation Forum of the Directorate of Higher Education Development and Support, Tshwane University of Technology, Pretoria, South Africa.
- Hoffman, W. A. (2013). *Research ethics-bioethics principles*. Research ethics training programme for Faculty Research Ethics (FREC) members presented at the Tshwane University of Technology, Pretoria, South Africa.
- Hofstee, E. (2006). *Constructing a good dissertation: A practical guide for finishing a master's, MBA or PhD on schedule*. Johannesburg, South Africa: EPE.

- Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., Reimels, E., Anderson, R. N., Greenville, R., & Clemson, S. C. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of Emergency Nursing, 36*(5), 420-427.
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. *Educational Researcher, 17*(8), 10–16.
- Hutzell, R. R. (1986). Meaning and purpose in Life: Assessment techniques of logotherapy. *Hospice Journal, 2*, 37–50.
- Hutzell, R. R. (1989). *Life purpose questionnaire overview sheet*. Berkeley, CA: Institute of Logotherapy Press.
- Hutzell, R. R., & Eggert, M. A. (2009). A workbook to increase your meaningful and purposeful goals. PDF version. Retrieved from:
www.viktorfrankl.org/source/hutzell_workbook_2009.pdf
- Hutzell, R. R., & Peterson, T. J. (1986). Use of the Life Purpose Questionnaire with an alcoholic population. *International Journal of the Addictions, 21*, 51–57.
- IBM SPSS Inc. (2012). *IBM SPSS 21.0 for Windows*. Chicago, IL: Author.
- Jacobson, S. F., & McGrath, H. M. (Eds.). (1983). *Nurses under stress*. New York, NY: John Wiley & Sons.
- Janis, I., & Leventhal, H. (1965). Psychological aspects of physical illness and hospital care. In B. Wolman (Ed.), *Handbook of clinical psychology* (pp. 1360–1377). New York, NY: McGrath-Hill.
- Janoff-Bulman, R. (1985). The aftermath of victimization: Rebuilding shattered assumptions. In C.R. Figley (Ed.), *Trauma and its wake, volume 1: The study and treatment of Post-Traumatic Stress Disorder* (pp. 15–35). New York, NY: Brunner/Mazel.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Toward a new psychology of trauma*. New York, NY: Free Press.
- Janoff-Bulman, R., & Yopyk, D. J. (2004). Random outcomes and valued commitments: Existential dilemmas and the paradox of meaning. In J. Greenberg, S. L. Koole, & T. Pyszczynski (Eds.), *Handbook of experimental existential psychology* (pp. 122–138). New York, NY: Guilford.

- Joinson, C. (1992). Coping with compassion fatigue: Burned up and burned out. Has caring made you too tired to care for yourself? *Nursing*, 22(4), 11–119.
- Johnson, R. B., & Gray, R. (2010). A history of the philosophical and theoretical issues for mixed methods research. In A. Tashakkori & C. Teddlie (Eds), *Mixed methods in social & behavioral research* (pp. 69–94). Thousand Oaks, CA: SAGE Publications.
- Johnson, R. B., & Onwuegbuzie, A. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14–26.
- Johnson, R. B., Onwuegbuzi, A., & Turner, L. A. (2007). Towards a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112–133.
- Jonker, J., & Pennink, B. W. (2010). *The essence of research methodology: A concise guide for master and PhD students in management science*. New York, NY: Springer.
- Joshi, C., Marszalek, J. M., Berkel, L. A., & Hinshaw, A. B. (2014). An empirical investigation of Viktor Frankl's logotherapeutic model. *Journal of Humanistic Psychology*, 54(2), 227–253.
- Kalat, J. W. (2010). *Introduction to psychology (9thed.)*. Belmont, CA: Wadsworth.
- Kalliath, T. J., O'Driscoll, M. P., & Gillespie, D. F. (1998). The relationship between burnout and organizational commitment in two samples of health professionals. *Work & Stress*, 12(2), 179–185.
- Kaplan, D. (2004). *The SAGE handbook of quantitative methodology for the social sciences*. Thousand oaks, CA: SAGE Publications.
- Kapp, C. (2010). *Writing for publication workshop: Introductory workbook*. Unpublished document. Stellenbosch, South Africa: Chris Kapp & Associates.
- Kelly, K. (1999). From encounter to text: Data-gathering in interpretive research. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 379 – 397). Cape Town, South Africa: University of Cape Town Press.
- Kelly, K., & Van der Riet, M. (2001). Participatory research in community settings: Processes, methods and challenges. In M. Seedat (Ed.), N. Duncan, & S. Lazarus (Cons. Ed.), *Community psychology: theory, method and practice. South African and other perspectives* (pp. 159–188). Cape Town, South Africa: Oxford.
- Kierkegaard, S. (1957). *The concept of dread*. (W. Lowrie, Trans.). New Jersey, NJ: Princeton University Press.

- King, L. A., & Hicks, J. A. (2012). Positive affect and meaning in life: The intersection of hedonism and eudaimonia. In P. T. P. Wong. (Ed.). *The human quest for meaning: Theories, research and applications* (pp. 125 – 142). New York, NY: Routledge.
- King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology, 90*, 179–196.
- Klinger, E. (2012). The search for meaning in evolutionary goal-theory perspective and its clinical implications. In P. T. P. Wong. (Ed.), *The human quest for meaning: Theories, research and applications* (pp. 23–56). New York, NY: Routledge.
- Koen, M. P., Van Eeden, C., & Wissing, M. P. (2011). The prevalence of resilience in a group of professional nurses. *Health SA Gesondheid, 16*(1), Art. #576, 11 pages. Retrieved from: <http://dx.doi.org/10.4102/hsag.v16i1.576>
- Koeske, G., & Koeske, R. D. (1993). A preliminary test of a stress-strain-outcome model for reconceptualization of the burnout phenomenon. *Journal of Social Service Research, 17*(3–4), 107–135.
- Krichbaum, K., Diemert, C., Jacox, L., Jones, A., Koenig, P., Mueller, C., & Disch, J. (2007). Complexity compression: Nurses under fire. *Nursing Forum, 42*(2), 86-94.
- Kuhn, T. S. (1996). *The structure of scientific revolutions (3rd ed.)*. Chicago, IL: University of Chicago Press.
- Lachenicht, L. (1999). Statistical power. In C. Tredoux, & K. Durrheim. (Eds.), *Numbers, hypotheses & conclusions: A course in statistics for the social sciences* (pp. 230–251). Cape Town: UCT Press.
- Lanz, J. (1992). Using Frankl's concepts with PTSD clients. *Journal of Traumatic Stress, 5*(3), 485–490.
- Larsen, D., & Stamm, B. H. (2008). Professional quality of life and trauma therapists. In S. Joseph & P. A. Linley. (Eds.), *Trauma, recovery and growth: Positive psychological perspectives on posttraumatic stress* (pp. 275-293). Hoboken, NJ: John Wiley & Sons.
- Lawn, J. E., Rohde, J., Rifkin, S., Were, M., Paul, V. K., & Chopra, M. (2008). Alma-Ata 30 year on: Revolutionary, relevant and time to revitalise. *The Lancet, 372*(9642), 917–927.
- Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGrath-Hill.
- Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology, 44*, 1-21.

- Lazarus, R. S. (1999). *Stress and emotion: A new synthesis*. New York: Springer Publishing Company.
- Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist*, 55(6), 665-673.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York, NY: Springer.
- Lee, J. K. L. (2003). Job stress, coping and health perceptions of Hong Kong primary care nurses. *International Journal of Nursing Practice*, 9, 86–91.
- Leider, R. J. (1997). *The power of purpose: Creating meaning in your life and work*. San Francisco, CA: Berrett-Koehler.
- Leiter, M.V., Harvie, P., & Frizzell, C. (1998). The correspondence of nurse burnout and patient satisfaction. *Social Science & Medicine*, 47(10), 1611–1617.
- LeSergent, C., & Haney, C. (2005). Rural hospital nurse's stressors and coping strategies: a survey. *International Journal of Nursing Studies*, 42(3), 315–325.
- Lever, T., Lucas, M., & Ortlepp, K. (2000). Burnout in psychiatric nurses: Contributions of the work environment and a sense of coherence. *South African Journal of Psychology*, 30(2), 36–43.
- Levinson, D. J. (1978). *Seasons of a man's life*. New York, NY: Knopf.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: SAGE Publications.
- Lukas, E. (1998). *Logotherapy textbook*. New York, NY: Liberty Press.
- Lukas, E. (2000). *Meaning in suffering: Comfort in crisis through logotherapy*. Berkeley, CA: Institute of Logotherapy.
- Lyubomirsky, S. (2010). *The how of happiness: A practical guide to getting the life you want*. London, England: Piatkus.
- Maddi, S. R. (1970). The search for meaning. In M. Page (Ed.), *Nebraska symposium on motivation* (pp. 137–186). Lincoln, NE: University of Nebraska.
- Magnussen, L., Ehiri, J., & Jolly, P. (2004). Comprehensive versus selective primary health care: Lessons for global health policy. *Health Affairs*, 23(3), 167–176.
- Magome, M. (2009). *South Africa: Why don't nurses care anymore?* Retrieved from: www.africancrisis.co.za

- Makie, V. V. (2006). *Stress and coping amongst registered nurses working in a South African tertiary hospital*. (Unpublished master's dissertation). University of the Western Cape, Cape Town, South Africa.
- Makola, S. (2007). *Meaning in life and life stressors as predictors of first-years students' academic performance* (Unpublished doctoral thesis). University of Free State, Bloemfontein, South Africa.
- Mann, J. M., Gruskin, S., Grodin, M. A., & Annas, G.J. 1999. *Health and human rights: A reader*. New York, NY: Routledge.
- Malan, L. (2011, September). *It's a long journey: Bereavement in TUT students*. Paper presented at the 32nd annual conference of the South African Association for Counselling and Development in Higher Education, Sun City, Rustenburg, South Africa.
- Mallory, J. L. (2003). The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students. *Journal of professional Nursing, 19*(5), 305–312.
- Mariano, J. M., & Vaillant, G. E. (2012). Youth purpose among the 'greatest generation.' *The Journal of Positive Psychology, 7*(4), 281–293.
- Marshall, M. (2009). *Life with meaning: Guide to the fundamental principles of Viktor E. Frankl's logotherapy*. Maritime Institute of Logotherapy. Retrieved from: www.maritimelogotherapy.org
- Maslach, C. (1976). Burned-out. *Human Behavior, 5*(9), 16–22.
- Maslach, C. (1993) Burnout: a multidimensional perspective. In W.B. Schaufeli, C. Maslach, & T. Marek (Eds.). *Professional burnout: Recent developments in theory and research* (pp. 19–32). Washington, DC: Taylor & Francis.
- Maslach, C. (2003). *Burnout: the cost of caring*. Englewood Cliffs, NJ: Prentice Hall.
- Maslach, C. (2006). *Burnout: The cost of caring. Revised and updated*. Englewood Cliffs, NJ: Prentice Hall.
- Maslach, C., & Jackson, S. E. (1977). Lawyer burn-out. *Barrister, 5*(2), 52–54.
- Maslach, C., & Jackson, S. E. (1984). Burnout in organizational settings. In S. Oskamp (Ed.), *Applied social psychology annual 5* (pp. 133–154). Beverly Hills, CA: SAGE Publications.
- Maslach, C., Jackson, S. E. (1986). *Maslach burnout inventory manual (2nd ed.)*. Palo Alto, CA: Consulting Psychologists Press.

- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual (3rd ed.)*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout: How organisations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422.
- Maslow, A. H. (1970). *Motivation and Personality (2nd ed.)*. New York, NY: Harper and Row.
- Mason, H. D. (2008). *Sinoville crisis centre: Evaluation of a volunteer-based initiative*. (Unpublished master's dissertation). University of South Africa, Pretoria, South Africa.
- Mason, H. D. (2009, June). *The value of a self-regulated learning approach to life skills at the Tshwane University of Technology*. Paper presented at the Higher Education Development and Support Conference, Tshwane University of Technology, Pretoria, South Africa.
- Mason, H. D. (2010, July). *In pursuit of psychology's forgotten mission: Working from the basement of the ivory tower*. Paper presented at the Higher Education Development and Support Conference, Tshwane University of Technology, Pretoria, South Africa.
- Mason, H. D. (2011). What will be ultimate in the lives of our nursing students? *International Forum for Logotherapy: Journal of Search for Meaning*, 34(2), 84–91.
- Mason, H. D. (2012a). In praise of logotherapeutic paradox: Reflections from a diplomat student. *International Forum for Logotherapy: Journal of the Search of Meaning*, 35(1), 23–28.
- Mason, H. D. (2012b, September). *How meaningful are the lives of our students?* Paper presented at the 33rd annual conference of the Southern African Association for Counselling and Development in Higher Education, Black Mountain Lodge, Bloemfontein, Free State, South Africa.
- Mason, H. D. (2012c, September). *An emotional intelligence profile of first year students*. Paper presented at the 33rd annual conference of the Southern African Association for Counselling and Development in Higher Education, Black Mountain Lodge, Bloemfontein, Free State, South Africa.
- Mason, H. D. (2013a). Introducing new diplomats: Henry David Mason. *International Forum for Logotherapy: Journal for the Search of Meaning*, 36(1), 52.
- Mason, H. D. (2013b). Meaning in life within an African context: A mixed method study. *Journal of Psychology in Africa*, 23(4), 635–638.

- Mason, H. D. (in press a). In pursuit of meaning. *Journal for Counselling and Development in Higher Education Southern Africa*.
- Mason, H. D. (in press b). The use of logo-analysis in a student counselling context. *Journal for Counselling and Development in Higher Education Southern Africa*.
- Mason, H. D. (in review). Meaning, two traditions of happiness and negative affect: Correlates and reflections. *Journal of Psychology in Africa*.
- Mason, H. D., & Nel, J. A. (2011). Student development and support using a logotherapeutic approach. *Journal of Psychology in Africa*, 21(3), 473–476.
- Mason, H. D., & Nel, J. A. (2012). Compassion fatigue, burnout and compassion satisfaction: Prevalence among nursing students. *Journal of Psychology in Africa*, 22(3), 451–455.
- Mason, H. D., & Nel, J. A. (2013, July). Paper presented at the 3rd Southern African Student's Conference, University of the Witwatersrand, Johannesburg, South Africa.
- Mason, H.D., Tladi, D., & Mokoena, V. (2011, September). *Where there is a will to meaning: A logotherapeutic approach to fortify optimal living at Tshwane University of Technology in the era of HIV/Aids*. Paper presented at the 32nd annual conference of the Southern African Association for Counselling and Development in Higher Education, Sun City, Rustenburg, South Africa.
- Matlakala, M. C. (2003). *Personal and clinical experience of nurses registered for and those who completed the Diploma in Medical and Surgical Nursing (Critical Care Nursing)*. Unpublished MA dissertation, Medical University of South Africa.
- May, R. (1961). *Existential psychology*. New York, NY: Random House.
- Maytum, J. C., Heiman, B. M., & Garwick, A. W. (2004). Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. *Journal of Paediatric Health Care*, 18, 171–179.
- McCann, I. L. & Pearlman, L. A. (1990). Vicarious traumatization: A contextual framework for understanding the effects of trauma on helpers. *Journal of Traumatic Stress*, 3(1), 131–149.
- McGrath, A., Reid, N., & Boore, J. (2003). Occupational stress in nursing. *International Journal of Nursing Studies*, 40 (5), 555–565.
- McIntyre, D. I., & Gilson, L. (2004). Redressing dis-advantage: Promoting vertical equity within South Africa. *Health Care Analysis*, 8 (3), 235–258.
- McMahon, G. (2000). *Coping with life's traumas*. Dublin, Ireland: Newleaf.

- McNally, R. J., Bryant, R. A. & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest*, 4(2), 45–79.
- McVicar, A. (2003). Workplace stress in nursing: a literature review. *Journal of Advanced Nursing* 44(6), 633–642.
- Meadors, P., & Lamson, A. (2008). Compassion fatigue and secondary traumatization: Provider self care on intensive care units for children. *Journal of Pediatric Health Care*, 22(1), 24–34.
- Meadors, P., Lamson, A., Swanson, M., White, M., & Sira, N. (2009). Secondary traumatization in pediatric healthcare providers: Compassion fatigue, burnout, and secondary traumatic stress. *Omega: Journal of Death and Dying*, 60(2), 103–128.
- Merriam, S. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Milanovic, B. (2011). *The haves and the have-nots*. New York, NY: Basic.
- Miller, D. (2000). *Dying to care? Work, stress and burnout in HIV/Aids*. London: Routledge.
- Mokoka, K. E. (2007). *Factors affecting the retention of professional nurses in the Gauteng province*. (Unpublished doctorate thesis). University of South Africa, Pretoria (Gauteng), South Africa.
- Molasso, W. R. (2006). Measuring a student's sense of purpose in life. *Michigan Journal College Student Development*, 12(1), 15–24.
- Monat, A., & Lazarus, R. S. (1977). *Stress and coping: An anthology*. New York, NY: Columbia University Press.
- Monat, A., & Lazarus, R. S. (Eds.). (1991). *Stress and coping: An anthology*. (3rd Ed.). New York: Columbia University Press.
- Moomal, Z. (1999). The relationship between meaning in life and mental well-being. *South African Journal of Psychology*, 29, 42–49.
- Moran, C. D. (2001). Purpose in life, student development, and wellbeing: Recommendations for student affairs practitioners. *NASPA Journal*, 38(3), 269–279.
- Morisano, D., Hirsh, J. B., Peterson, J. B., Shore, B., & Pihl, R. O. (2010). Personal goal setting, reflection, and elaboration improves academic performance in university students. *Journal of the Applied Psychology*, 95, 225–264.

- Moseki, M., & Schulze, S. (2010). Promoting self-regulated learning to improve achievement: A case study in higher education. *Africa Education Review*, 7(2), 356–375.
- Moseki, M. M., Mason, H. D., & Sefaloro, T. (2006, November). *Self-regulated learning and academic success: A case study*. Paper presented at the annual conference of the Higher Education Learning and Teaching Association of South Africa, Pretoria, Gauteng, South Africa.
- Motsemme, N. (2007). ‘Loving in a time of hopelessness’: On township women’s subjectivities in a time of HIV/Aids. *African identities*, 5(1), 61–87.
- Moultrie, A. (2004). *Indigenous trauma volunteers: Survivors with a mission*. (Unpublished master’s dissertation). Rhodes University, Eastern Cape, South Africa.
- Mouton, J. (2001). *How to succeed in your master's and doctoral studies*. Pretoria, South Africa: Van Schaik
- Mouton, J. (2002). *Understanding social science research*. Pretoria, South Africa: Van Schaik.
- Myers, D., & Wee, D. F. (2002). Strategies for managing disaster mental health worker stress. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 181–212). New York, NY: Brunner-Routledge.
- Nel, J. A. (2007). *Towards the ‘good society’: Healthcare provision for victims of hate crime from periphery to centre stage*. (Unpublished doctoral thesis). University of South Africa, Pretoria, South Africa.
- Nelson, D. B., & Low, G. R. (2003). *Emotional intelligence: Achieving academic and career excellence*. New Jersey, NJ: Prentice Hall.
- Nelson, D. B., & Low, G. R. (2004). *Emotional intelligence: Instructor’s manual to accompany achieving academic and career excellence*. Texas, TX: Emotional Learning Systems.
- Neuman, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. *Psychotherapy*, 32(2), 341–347.
- Nevid, J. S., Rathus, S. A., & Greene, B. (2006). *Abnormal psychology in a changing world*. (6th ed). Upper Saddle River, NJ: Prentice-Hall.
- Nkwi, P., Nyamongo, I., & Ryan, G. (2001). *Field research into socio-cultural issues: Methodological guidelines*. Yaounde, Cameroon, Africa: International Centre for Applied Social Sciences, Research, and Training/UNFPA.

- Noguer, B. C., Canal, J. D., Pumarola, F. C., Soler, S. R., & Ferrando, B. D. (2008). Nursing students voice their opinions regarding their profession. *Rev Enferm*, *31*(7-8), 7–12.
- Oosthuizen, P. (2011). *A short course in care for the caregiver*. Pretoria, South Africa: Unisa. (Short course offered by the Unisa Centre for Applied Psychology).
- Ortlepp, K., & Friedman, M. (2002). Prevalence and correlates of secondary traumatic stress in workplace lay counsellors. *Journal of Traumatic Stress*, *15*(10), 213–222.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, *30*, 115–144.
- Pattakos, A. (2010). *Prisoners of our thoughts: Viktor Frankl's principles for discovering meaning in life and work*. San Francisco, CA: Berrett Koehler Publishers.
- Patton, T. J., & Goldenberg, D. (1999). Hardiness and anxiety as predictors of academic success in first-year, full-time and part-time RN students. *The Journal of Continuing Education in Nursing*, *30*(4), 158–164.
- Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators* (2nd ed) (pp. 51–64). Baltimore, MD: Sidran.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious trauma in psychotherapy with incest survivors*. New York, NY: W.W. Norton.
- Perlman, B., & Hartman, E. A. (1982). Burnout: Summary and future research. *Human Relations*, *35*(4), 283–305.
- Petersen, D. L. (2003). Trauma and the crime victim. In T. L. Underwood, & C. Edmunds (Eds.). *Victim Assistance: Exploring individual practice, organizational policy, and societal responses* (pp. 95–123). New York, NY: Springer Publishing Company.
- Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues*. New York, NY: Oxford University.
- Pickett, K., & Wilkinson, R. (2009). *The spirit level: Why greater equality makes societies stronger*. New York, NY: Bloomsbury.
- Pillay, A. L., Ahmed, R., & Bawa, U. (2013). Clinical psychology training in South Africa: A call to action. *South African Journal of Psychology*, *43*(1), 46–58.

- Pillay, A. L., & Ngcobo, H. S. B. (2010). Sources of stress and support among rural-based first-year university students: An exploratory study. *South African Journal of Psychology, 40*(3), 234–240.
- Por, J., Barriball, L., Fitzpatrick, J., & Roberts, J. (in press). Emotional intelligence: Its relationship to stress, coping, well-being and professional performance in nursing students. *Nurse Education Today*.
- Potter, P., Deshields, T., Divanbeigi, J., Berger, J., Cipriano, D., Norris, L., & Olsen, S. (2010). Compassion fatigue and burnout: Prevalence among oncology nurses. *Clinical Journal of Oncology Nursing, 14*(5), E56–E62.
- Psych-Action. (2003). *Post-traumatic stress and trauma counselling skills training manual*. (Training workshop, May, 2003, Pretoria). Unpublished document: Psych-Action.
- Putterman, I. (2005). *The relationship between posttraumatic growth and professional quality of life (compassion fatigue / secondary trauma, compassion satisfaction, and burnout)*. (Unpublished doctorate thesis). University of Houston: USA.
- Rank, M., Zapanick, T., & Gentry, J. (2009). Nonhuman-animal care compassion fatigue: Training as treatment. *Best Practices in Mental Health Journal, 5*(2), 39–61.
- Reddy, T., & Sokomani, A. (2008). *Corruption and social grants in South Africa*. Monograph 154. Institute for Security Studies, New Muckleneuk, Tshwane, South Africa. Retrieved from: <http://www.issafrica.org/>
- Reker, G. (1994). Logotherapy and logotherapy: Challenges, opportunities and some empirical findings. *International Forum for Logotherapy: Journal of Search for Meaning, 17*, 47–55.
- Reker, G. T., Birren, J. E., & Svensson, C. M. (2012). Restoring, maintaining and enhancing personal meaning in life through autobiographical methods. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research and applications* (pp. 383–407). New York, NY: Routledge.
- Reker, G. T., Peacock, E. J., & Wong, P. T. P. (1987). Meaning and purpose in life and well-being: A life-span perspective. *Journal of Gerontology, 42*, 44–49.
- Reker, G. T., & Wong, P. T. P. (1988). Aging as an individual process: Toward a theory of personal meaning. In J. E. Birren, & V. L. Bengston (Eds.), *Emergent theories of aging* (pp. 214–246). New York, NY: Springer.

- Ribeiro, J. F. (2004). *A programme to assist nurses exposed to vicarious trauma*. (Unpublished master's dissertation), University of the Free State, Bloemfontein, South Africa.
- Robbins, S. P., Odendaal, A., & Roodt, G. (2003). *Organisational behaviour: Global and Southern African perspectives*. Cape Town, South Africa: Pearson Education SA.
- Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry*, 9(1), 1–28.
- Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective of eudaimonia. *Journal of Happiness Studies*, 9, 139–170.
- Saakvitne, K. W., & Pearlman, L. A. (1992). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: WW Norton & Co.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE Publications.
- Salston, M. D., & Figley, C. R. (2003). STS effects of working with survivors of criminal victimization. *Journal of Traumatic Stress*, 16(2), 167–174.
- Sansone, R. A., & Sansone, L. A. (2010). Gratitude and well being: The benefits of appreciation. *Psychiatry (Edgemont)*, 7(11), 18–22.
- Schaufeli, W. B., & Bakker, A. (2001). Wek en welbevinden Naar een positieve benadering in de Arbeids-en Gezondheidspsychologie (Work and well-being towards a positive occupational health psychology). *Gedrag en Organizazie*, 14, 229–253.
- Schmitz, N., Neumann, W., & Oppermann, R. (2000). Stress, burnout and locus of control in German nurses. *International Journal of Nursing Studies*, 37, 95–99.
- Schulenberg, S. E. (2003). Use of logotherapy's mountain range exercise with male adolescents with mental retardation/developmental disabilities and sexual behavior problems. *Journal of Contemporary Psychotherapy*, 33(3), 219–234.
- Schulenberg, S. E. (2004). A psychometric investigation of logotherapy measures and the Outcome Questionnaire (OQ–45.2). *North American Journal of Psychology*, 6(3), 477–492.
- Schumaker, J. F. (2007). *In search of happiness: Understanding and endangered state of mind*. Westport, CT: Praeger.
- Seale, C. (2003). Quality in qualitative research. In Y. S. Lincoln, & N. K. Denzin (Eds.), *Turning points in qualitative research: Tying knots in a handkerchief* (pp. 169–184). Walnut Creek, CA: AltaMira Press.

- Seekings, J. (2007, April). *Poverty and inequality after apartheid*. Paper presented at the second After Apartheid Conference, Yale, New Haven, CT.
- Segal, R. D. (1996). *The early adult life structure of urban black men*. (Unpublished doctoral thesis). University of South Africa, Pretoria, South Africa.
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press.
- Selye, H. (1965). The stress syndrome. *The American Journal of Nursing*, 65(3), 97–99.
- Selye, H. (1974). *Stress without distress*. New York, NY: Signet.
- Selye, H. (1976). *The stress of life*. New York, NY: McGraw Hill.
- Selye, H. (1980). *Selye's guide to stress research. Volume 1*. New York, NY: Van Nonstrand.
- Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance & Counselling*, 27(3), 393–403.
- Shaffer, D. R., & Kipp, K. (2010). *Developmental psychology: Childhood and adolescence*. (8th ed.). Belmont, CA: Wadsworth.
- Shantall, T. (2002). *Life's meaning in the face of suffering: Testimonies of Holocaust survivors*. Jerusalem, Israel: Hebrew University Magnes Press.
- Shantall, T. (2003). *The quest for destiny: A logotherapeutic guide to meaning-centred living, therapy and counselling*. Pretoria, South Africa: University of South Africa Press
- Sheldon, T. (2000). The day the world blew up. *Nursing Times*, 96, 12.
- Sheu, S., Lin, H. S., & Hwang, S. L. (2002). Perceived stress and physio-psycho-social status of nursing students during their initial period of clinical practice: The effect of coping behaviors. *International Journal of Nursing Studies*, 39, 165–175.
- Shriver, C. B., & Scott-Stiles, A. (2000). Health habits of nursing versus non-nursing students: A longitudinal study. *Journal of Nursing Education*, 39(7), 308–316.
- Smit, J. (2006). *Burnout and compassion fatigue in healthcare professionals*. (Unpublished PhD thesis). University of Free State, Bloemfontein, South Africa.
- Smith, J. A. (2008). Evolving issues for qualitative psychology. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 189–199). Victoria, Australia: Blackwell.
- Smith, R. A., & Davis, S. F. (2010). *The psychologist as detective: An introduction to conducting research in psychology* (5th ed.). Upper Saddle River, NJ: Pearson.

- Snyder, C. R., & Lopez, S. J. (2007). *Positive psychology: The scientific and practical explorations of human strengths*. Thousand Oaks, CA: SAGE Publications.
- Solomon, S. D. (1986). Enhancing social support for disaster victims. In B. J. Sowder, & M. Lystad (Eds.), *Disaster and mental health: Contemporary perspectives and innovation in services to disaster victims* (pp. 115–129). Washington, DC: American Psychiatric Press.
- Spinelli, E. (2007). *Practising existential psychotherapy: The relational world*. London: SAGE Publications.
- Stamm, B.H. (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators*. Maryland: Sidran Press.
- Stamm, B. H. (1997). Work-related secondary traumatic stress. *PTSD Research Quarterly* 5(2), 1–6.
- Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion fatigue and satisfaction test. In C.R. Figley (Ed.), *Treating compassion fatigue* (pp. 107–119). New York, NY: Brunner Mazel.
- Stamm, B. H. (2005). *ProQOL manual*. Pocatella, ID: Idaho State University.
- Stamm, B.H. (2010). *The concise ProQOL manual (2nd ed.)*. Pocatello, ID: ProQOL.org.
- Stamm, B. H., Varra, E. M., Pearlman, L. A., & Giller, E. (2002). *The helper's power to heal and to be hurt - or help - by trying*. Register report: National Register of Health Service Providers in Psychology. Washington, DC. Retrieved from: http://www.Sidran.org/pdf/Helper's_Power_To_Heal.pdf
- Statistics South Africa. (2011). *Quarterly labour force survey: Quarter 2, 2011*. Pretoria, South Africa: Author.
- Stein, S. J., & Book, H. E. (2006). *The eq edge: Emotional intelligence and your success. Revised and updated*. Freemont Boulevard, Mississauga, Ontario, Canada: Jossey-Bass.
- Steger, M. F. (2009). Meaning. In S. J. Lopez (Ed.), *The encyclopaedia of positive psychology* (pp. 627–632). Malden, MA: Wiley-Blackwell.
- Steger, M. F. (2012). Experiencing meaning in life: Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (pp. 165–184). New York, NY: Routledge.
- Steger, M. F., & Frazier, P. (2005). Meaning in life: One link in the chain from religion to well-being. *Journal of Counseling Psychology*, 52, 574–582.

- Steger, M. F., Oishi, S., & Kashdan, T. B. (2009). Meaning across the life span: Levels and correlates of meaning in life from emerging adulthood to late adulthood. *The Journal of Positive Psychology, 4*(1), 43-52.
- Steger, M. F., Oishi, S., & Kesebir, S. (2011). Is a life without meaning satisfying? The moderating role of the search for meaning in satisfaction with life judgements. *The Journal of Positive Psychology, 6*(3), 173-180.
- Stein, S. J. & Book, H. E. (2006). *The eq edge: Emotional intelligence and your success*. Freemont Boulevard, Mississauga: Jossey-Bass.
- Sue, D., Sue, D. W., & Sue, S. (2010). *Understanding abnormal behaviour (8th ed.)*. Boston, MA: Wadsworth.
- Swarts, B. (2013). A community (dis)service: Reflections of a community service clinical psychologist. *South African Journal of Psychology, 43*(1), 105–115.
- Swerissen, H., & Crisp, B., R. (2004). The sustainability of health promotion interventions for different levels of social organisation. *Health Promotion International, 19*(1), 123–130.
- Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research*. London, England: SAGE Publications.
- Terreblanche, S. (2003). *A history of inequality in South Africa 1652-2002*. KwaZulu Natal, South Africa: University of KwaZulu Natal Press.
- Terre Blanche, M. & Durrheim, K. (2006). Histories of the present: Social science research in context. In M. Terre Blanche, K. Durrheim, & D. Painter, D. (Eds.), *Research in practice: Applied methods for the social sciences. (2nd ed.)* (pp. 1–17). Cape Town, South African: UCT Press.
- Terre Blanche, M., Durrheim, K., & Painter, D. (Eds.). (2006). *Research in practice: Applied methods for the social sciences (2nd ed.)*. Cape Town, South Africa: UCT Press.
- Terre Blanche, M., & Kelly, K. (1999). Interpretative methods. In M. Terre Blanche, & K. Durrheim. (Eds.), *Research in practice: applied methods for the social sciences* (pp. 123–146). Cape Town, South Africa: UCT Press.
- Todd, Z., Nerlich, B., McKeown, S., & Clarke, D. (Eds.). (2005). *Mixing methods in psychology: The integration of qualitative and quantitative methods in theory and practice*. New York, NY: Psychology Press.
- Tracy, B. (2013). *Time power*. New York, NY: Amacom.

- Trafford, V., & Leshem, S. (2008). *Stepping stones to achieving your doctorate: By focusing on your viva from the start*. New York, NY: Open University Press.
- Tredoux, C. (1999). Sound conclusions: Judging research designs. In M. Terre Blanche, & K. Durrheim. (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 309–330). Cape Town, South Africa: University of Cape Town Press.
- Tredoux, C. (2002). Numbers, variables, and measures. In C. Tredoux, & K. Durrheim. (Eds.), *Numbers, hypotheses & conclusions: A course in statistics for the social sciences* (pp. 2–17). Cape Town, South Africa: UCT Press.
- Troskie-de Bruin, C. (2011). *Qualitative research: Requirements for post-graduate study projects*. Workshop presented by ASEV research and development consultants at the Stellenbosch Inn 9-11 May, 2011.
- Ulrichová, M. (2012). Logotherapy and existential analysis in counselling psychology as prevention and treatment of burnout syndrome. *Procedia - Social and Behavioral Sciences* 69, 502–508.
- Um, M. Y., & Harrison, D. F. (1998). Role stressors, burnout, mediators, and job satisfaction: A stress-strain-outcome model and empirical test. *Social Work Research*, 22(2), 100–115.
- Van der Berg, S., Burger, R., Theron, N., Venter, C., Erasmus, M., & Van Eeden, J. (2010). *Financial implications of a national health insurance plan for South Africa*. Study commissioned by the Hospital Association of South Africa. Retrieved from: www.hasa.co.za/media/uploads/documents/file/2010-04-26/Econex_NHI_Final_Report_March2010.pdf
- Van der Colff, J. J., & Rothman, S. (2009). Occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. *South African Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde*, 35(1). Doi: 104.4102/sajip35il.423. Retrieved from <http://www.sajip.co.za>
- Van Heerden, M. S. (2009). *Providing and managing student support in higher education in a developing country*. (Unpublished doctoral thesis). University of Pretoria, Pretoria, South Africa.
- Van Tonder, C. M. (2005). *The efficacy of the action centred personological treatment plan for emergency rescue workers* (Unpublished Master's dissertation). University of Johannesburg, Johannesburg (Gauteng), South Africa.

- Vela, R. H. (2003). *The role of emotional intelligence in the academic achievement of first year college students* (Unpublished Doctoral thesis). Texas A&M University, Kingsville, Texas.
- Ward-Griffin, C., St-Amant, O., & Brown, J. (2011). Compassion fatigue within double duty caregiving: Nurse-daughters caring for elderly parents. *OJIN: The Online Journal of Issues in Nursing*, 16(1). Retrieved from: www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN
- Waterman, A. S. (2007). On the importance of distinguishing hedonia and eudaimonia when contemplating the hedonic treadmill. *The American Psychologist*, 62, 612–613.
- Waterman, A. S. (2008). Reconsidering happiness: A eudaimonist's perspective. *Journal of Positive Psychology*, 3(4), 234–252.
- Wassenaar, D. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter. (Eds.), *Research in practice*. (2nd ed.) (pp. 60–79). Cape Town, South Africa: UCT Press.
- Weinstein, N., & Ryan, R. M. (2010). When helping helps: Autonomous motivation for prosocial behaviour and its influence on well-being for the helper and recipient. *Journal of Personality and Social Psychology*, 98(2), 222-244.
- Westerhof, G. J., Bohlmeijer, E., & Valenkamp, M. W. (2004). In search of meaning: A reminiscence program for older persons. *Educational Gerontology*, 30(9), 751–766.
- White, K., Wagener, L. M., & Furrow, J. L. (2010). Purpose in adolescence: What am I here for? A qualitative examination on the expression, development and integration of purpose in at-risk and thriving male adolescents. *International Journal of Existential Psychology & Psychotherapy*, 3(1), 1–16.
- Wildschut, A., & Mqolozana, T. (2008). *Shortage of nurses in South Africa: Relative or absolute? Case study report, forming part of the HSRC study: A multiple source identification and verification of scarce and critical skills in the South African labour market*. Department of Labour. Retrieved from: www.labour.gov.za/downloads/documents/.../nursesshortage.pdf
- Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method* (2nd ed.). New York, NY: Open University Press.
- Wolff, H. G. (1953). *Stress and disease*. Springfield, Illinois: Charles Thomas.

- Wolff, H. G. (1971). Basic psychosomatic concepts. *Postgraduate Medical Journal*, 47, 525–532.
- Wong, P. T. P. (1998a). Meaning-centred counselling. In P. T. P. Wong & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 395–435). Mahwah, NJ: Lawrence Erlbaum Associates.
- Wong, P. (1998b). Implicit theories of meaningful life and the development of the Personal Meaning Profile (PMP). In P. T.P. Wong & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* (pp. 111–140). Mahwah, NJ: Lawrence Erlbaum.
- Wong, P. T. P. (2009a). Positive existential psychology. In S. Lopez. (Ed.), *Encyclopaedia of positive psychology* (pp. 379–387). Oxford, England: Blackwell.
- Wong, P. T. P. (2009b). Viktor Frankl: Prophet of hope for the 21st century. In A. Batthyany, & J. Levinson (Eds.), *Existential psychotherapy and meaning: Handbook of logotherapy and existential analysis* (pp. 65–95). Phoenix, AZ: Zeig, Tucker, &Theisen.
- Wong, P. T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology*, 52(2), 69–81.
- Wong, P. T. P. (2012a). What is the meaning mindset? *International Journal of Existential Psychology and Psychotherapy*, 4(1), 1–3.
- Wong, P. T. P. (Ed.). (2012b). *The human quest for meaning: Theories, research, and applications*. New York, NY: Routledge.
- Wong, P. T. P. (2012c). From logotherapy to meaning-centered counseling and therapy. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research and applications* (pp. 619–647). New York, NY: Routledge.
- Wong, P. T. P. (2012d). *The meaningful living project. Lesson 4*. Retrieved from: <http://inpm.org/course-materials/>
- Wong, P. T. P., & Wong, L. C. J. (Eds.). (2006). *Handbook of multicultural perspectives on stress and coping*. New York, NY: Springer.
- Wong, P. T. P., Wong, L. C. J., & Scott, C. (2006). Beyond stress and coping: The positive psychology of transformation. In P. T. P. Wong, & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 1–28). New York, NY: Springer.

- World Bank. (2012). *South Africa: Economic update. Focus on inequality of opportunity*. Washington, DC: The International Bank for Reconstruction and Development/The World Bank. Retrieved from: http://siteresources.worldbank.org/INTAFRICA/Resources/257994-1342195607215/SAEU-July_2012_Full_Report.pdf
- (WHO). World Health Organisation. (1948, September). *WHO definition of health*. Preamble of Constitution of the world health organisation as adopted by the International Health Conference, New York. Retrieved from: www.who.int/about/definition/en/print.html
- (WHO). World Health Organisation. (1978, September). *Declaration of the Alma-Ata*. International Conference on Primary Health Care, USSR. Retrieved from www.who.int/hpr/NPH/docs/declaration_almaata.pdf
- (WHO). World Health Organisation. (2006). *Constitution of the World Health Organisation*. (45th ed.). Retrieved from www.who.int/governance/eb/who_constitution_en.pdf
- (WHO). World Health Organisation. (2008). *The world health report 2008 – primary health care (Now more than ever)*. Retrieved from: www.who.int/whr/2008/en/
- Wright, S. (2008). *Generic research competency course: Introduction to scientific research II. Qualitative research*. Unpublished training manual, Tshwane University of Technology, Pretoria, Gauteng, South Africa.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.
- Yoder, E. A. (2010). Compassion fatigue in nurses. *Applied Nursing Research*, 23, 191–197.
- Yiu-kee, C., & Tang, C. S. (1995). Existential correlates of burnout among mental health professionals in Hong Kong. *Journal of Mental Health Counselling*, 17(2), 220–230.
- Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British Journal of Psychology*, 83, 133–145.
- Zuber-Skerritt, O. (2009). *Postgraduate Research Training and Supervision: A Workshop for Academic Staff at the Tshwane University of Technology, Pretoria*. (Unpublished study guide). Workshop presented 27-28 August 2009 at the Waterkloof Guesthouse, Pretoria, South Africa.

HEAL THYSELF NURSE: THE DEVELOPMENT OF A LOGOTHERAPY-BASED PSYCHO-EDUCATIONAL STRESS-MANAGEMENT PROGRAMME FOR STUDENT NURSES

by

HENRY DAVID MASON

ABSTRACT

Limited research has investigated the stress-related experiences of South African nursing students. Moreover, there is a scarcity of empirical studies that have reported on the development and evaluation of psycho-educational stress-management programmes that focus on both pathogenic, as well as positive and meaning-related factors among nursing students.

The aim of this investigation was to study compassion fatigue, burnout, compassion satisfaction and meaning in life among a sample of nursing students with the aim of developing, and then empirically evaluating, a psycho-educational stress-management programme. The psycho-educational stress-management programme was articulated from a logotherapy-based perspective.

A research design, consisting of three interdependent phases, was used to pursue the aim of the study. The aim of phase 1 was to describe the (1) prevalence of, and (2) correlations between, the deleterious and positive and meaningful effects of caring and among a sample of 80 nursing students ($M_{\text{age}} = 22.40$ years, $SD = 11.1$, female = 91.25%). The results indicated that participants may benefit from a logotherapy-based psycho-educational stress-management programme.

The purpose of phase 2 of the study was to develop a logotherapy-based psycho-educational stress-management programme for nursing students. The goal of the logotherapy-based psycho-educational stress-management programme was to assist participants to develop the skills, knowledge and abilities that may be required to address deleterious challenges, and enhance positive and meaning-related opportunities.

In phase 3 the logotherapy-based psycho-educational stress-management programme was presented to a sample of 42 first year nursing students ($M_{\text{age}} = 20.21$, $SD = 1.57$, female =

79.31%). A convergent parallel mixed methods research design was used to evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme. Quantitative results indicated (1) a reduction in compassion fatigue and burnout, and (2) an increase in compassion satisfaction and meaning in life, scores over the course of the programme. Qualitative analysis supported the quantitative results.

It was subsequently concluded that the logotherapy-based psycho-educational stress-management programme was effective in assisting participants to address the deleterious , as well embrace the positive and meaning-related effects of caring. However, ongoing support may be required to fully assist nursing students to address stressful challenges.

KEY TERMS: burnout, compassion fatigue, compassion satisfaction, logotherapy, meaning in life, mixed methods research, professional quality of life, stress-management programme, stress in nursing.

**APPENDIX A:
RESEARCH
QUESTIONNAIRE
PACKAGE: PHASE 1**

RESEARCH PROJECT: D LIT ET PHIL (PSYCHOLOGY) (UNISA)

**PROJECT TITLE: HEAL THYSELF NURSE: A LOGOTHERAPY-BASED PSYCHO-
EDUCATIONAL STRESS-MANAGEMENT PROGRAMME**

SECTION 1: INFORMED CONSENT

DEAR STUDENT

I, Henry Mason (hereafter the researcher), would like to include your ideas and experiences about the practical components of your nursing educational programme. Please read this information sheet carefully before deciding whether or not to participate. You have the right to say no. There will be no disadvantage or negative consequences to you of any kind whether you participate or not.

WHAT WILL BE REQUIRED OF PARTICIPANTS

If you agree to take part in this study, you will be requested to complete the questionnaires that follow. Please familiarise yourself with the information that follows prior to deciding whether you want to participate or not. There will no negative consequences to you if you choose not to participate.

PURPOSE OF THE STUDY

The purpose of the research project will be to identify both the growth enhancing as well as negative challenges and outcomes embedded in the student nursing experience as a means of informing the development a logotherapy-based psycho-educational stress-management programme.

The research aims will be to:

- Describe the prevalence of deleterious effects of caring, with specific reference to compassion fatigue, burnout and other context-specific stressors, among nursing students;
- Describe the prevalence of positive and meaningful effects of caring, with specific reference to compassion satisfaction and meaning, among nursing students;
- Describe the correlations between stressful, as well as positive and meaningful effects of caring among nursing students;
- Develop a logotherapy-based psycho-educational stress-management programme for nursing students; and

- Evaluate the efficacy of the logotherapy-based psycho-educational stress-management programme.

FREE PARTICIPATION

You have the right and freedom to participate, not to participate or withdraw your participation any time without any consequences to you. There will be no financial benefit from participating.

ANONYMITY

You are not required to include your name, surname or student number in this questionnaire package. Thus, your identity will remain anonymous. All information that you provide will also be securely stored, either in a locked cabinet, or on computer with a password known only to the researcher. The data will be destroyed at the conclusion of the study. However, all raw data on which the study is dependent will be safely stored for a period of three years.

HARM

There will be no physical pain, discomfort or threat to your safety through participation. If you experience the survey questions as emotionally disturbing in any way, free counselling support will be made available to. Please contact the researcher (see contact details on the next page) if you require more information on this matter.

RESEARCH RESULTS

All students who decide to participate in this project, and are interested in the results, may forward enquiries to the researcher (please see contact details on the next page). The researcher will then provide the relevant students with the research report as well as verbal feedback regarding the results.

An important outcome of all research is discussion amongst peers within an academic context. The results of this research will be written up in the form of doctoral dissertation. Furthermore, the results might be presented at a conference in the form of a paper or a poster. The results might also be published in a relevant scientific journal. In such an event no reference will be made to you individually. Rather, reference will be made to the group as whole. Your anonymity will be protected at all times.

QUESTIONS OF PARTICIPANTS

Henry Mason (Researcher)

012 382 3521

masonh@tut.ac.za

You may also contact the Chair of the Unisa Ethics Committee (Psychology Department), or the supervisors to this study, should you have any additional queries.

Prof. Piet Kruger

Unisa Research Ethics Committee (Psychology Department)

krugep@unisa.ac.za

Prof. Juan Nel (Supervisor)

Department of Psychology

Unisa (Department of Psychology)

nelja@unisa.ac.za

Prof. Susan Wright

Adelaide Thambo School of Nursing

Tshwane University of Technology

wrights@tut.ac.za

Students who may experience the need for counselling may direct their queries to Henry Mason (masonh@tut.ac.za).

SECTION 2: BIOGRAPHICAL INFORMATION

Please answer the following questions by marking the block which applies to you with an ✓ or write a short answer in the given space.

AGE: _____ YEARS

YEAR OF ACADEMIC STUDY:

1 st YEAR	2 nd YEAR	3 rd YEAR
----------------------	----------------------	----------------------

SEX:

MALE	FEMALE
------	--------

HOME LANGUAGE:

English	Afrikaans	IsiZulu	IsiXhosa
SiSwati	IsiNdebele	Sesotho	Sepedi
Tshivenda	Xitsonga	Setswana	Other (specify) _____

SECTION 3: LIFE PURPOSE QUESTIONNAIRE (LPQ)

(Hutzell, R. R. (1989). *Life purpose questionnaire overview sheet*. Berkeley: Institute of Logotherapy Press.)

Instructions: Mark whether you Agree (**A**) or Disagree (**D**) with each statement, for yourself, right now.

A **D**

- ___ ___ 1. I am often bored.
- ___ ___ 2. In general, my life seems dull (boring).
- ___ ___ 3. I have definite ideas of things I want to do.
- ___ ___ 4. My life is meaningful.
- ___ ___ 5. Most days seem to be the same old thing.
- ___ ___ 6. If I could live my life again, I would live it pretty much the same way I have.
- ___ ___ 7. Retirement means a time for me to do some of the exciting things I have always wanted to do.
- ___ ___ 8. I have made only a little progress toward reaching my life goals.
- ___ ___ 9. My life is kind of empty.
- ___ ___ 10. If I should die today, I would feel that my life has been worthwhile.
- ___ ___ 11. In thinking of my life, I often wonder why I am alive.
- ___ ___ 12. My life does not seem to fit well into the rest of the world.
- ___ ___ 13. I am usually a reliable, responsible person.
- ___ ___ 14. People usually don't have much freedom to make their own choices.
- ___ ___ 15. I am not prepared for death.

___ ___ 16. Sometimes I think that suicide may be a good way out for me.

___ ___ 17. I am usually able to think of a usefulness to my life.

___ ___ 18. I have much control over my life.

___ ___ 19. My daily tasks are kind of boring.

___ ___ 20. I have discovered many reasons why I was born.

**SECTION 4: PROFESSIONAL QUALITY OF LIFE SCALE (ProQOL R-IV)
Compassion Satisfaction and Fatigue Subscales—Revision IV**

(Stamm, B.H. (2005). *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL).*)

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. I would like to ask you questions about your experiences, both positive and negative, as a helper and nurse. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics since the beginning of this academic year.

0=Never

1=Rarely

2=A Few Times

3=Somewhat Often

4=Often

5=Very Often

Rate here:

- ___ 1. I am happy.
- ___ 2. I am preoccupied with more than one person I help.
- ___ 3. I get satisfaction from being able to help people.
- ___ 4. I feel connected to others.
- ___ 5. I jump or am startled by unexpected sounds.
- ___ 6. I feel invigorated after working with those I help.
- ___ 7. I find it difficult to separate my personal life from my life as a helper.
- ___ 8. I am losing sleep over traumatic experiences of a person I help.
- ___ 9. I think that I might have been “infected” by the traumatic stress of those I help.
- ___ 10. I feel trapped by my work as a helper.
- ___ 11. Because of my helping, I have felt “on edge” about various things.
- ___ 12. I like my work as a helper.
- ___ 13. I feel depressed as a result of my work as a helper.
- ___ 14. I feel as though I am experiencing the trauma of someone I have helped.

- ___ 15. I have beliefs that sustain me.
- ___ 16. I am pleased with how I am able to keep up with helping techniques and protocols.
- ___ 17. I am the person I always wanted to be.
- ___ 18. My work makes me feel satisfied.
- ___ 19. Because of my work as a helper, I feel exhausted.
- ___ 20. I have happy thoughts and feelings about those I help and how I could help them.
- ___ 21. I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.
- ___ 22. I believe I can make a difference through my work.
- ___ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
- ___ 24. I am proud of what I can do to help.
- ___ 25. As a result of my helping, I have intrusive, frightening thoughts.
- ___ 26. I feel “bogged down” by the system.
- ___ 27. I have thoughts that I am a “success” as a helper.
- ___ 28. I can't recall important parts of my work with patients affected by trauma.
- ___ 29. I am a very sensitive person.
- ___ 30. I am happy that I chose to do this work.

SECTION 5: THE NURSING STRESS SCALE

(Graft-Toft, P. Anderson, J.A. (1981). The Nursing Stress Scale: development of an instrument. *Journal of Behavioral Assessment* 3, 11-13.)

Instructions: For each statement below, indicate how often in your present unit you have found the situation to be stressful. Select the number that honestly reflects your experience since the beginning of this academic year.

0=Never/Not Applicable

1=Occasionally

2=Frequently

3=Very Frequently

- ___ 1. Performing procedures that patients experience as painful
- ___ 2. Feeling helpless in the case of a patient who fails to improve
- ___ 3. Listening or talking to a patient about his /her approaching death
- ___ 4. The death of a patient
- ___ 5. The death of a patient with whom you developed a close relationship
- ___ 6. Physician not being present when a patient dies
- ___ 7. Watching a patient suffer
- ___ 8. Criticism by a physician (medical doctor or medical specialist)
- ___ 9. Conflict with a physician (medical doctor or medical specialist)
- ___ 10. Fear of making a mistake in treating a patient
- ___ 11. Disagreement concerning the treatment of a patient
- ___ 12. Making a decision concerning a patient when a physician is unavailable
- ___ 13. Feeling inadequately prepared to help with emotional needs of a patient's family
- ___ 14. Being asked a question by a patient for which I do not have a satisfactory answer for
- ___ 15. Feeling inadequately prepared to help with the emotional needs of a patient
- ___ 16. Lack of opportunity to talk openly with other unit personnel about problems in the unit
- ___ 17. Lack of opportunity to share experiences and feelings with other personnel in the unit

- ___ 18. Lack of opportunity to express to other personnel in the unit my negative feelings toward patients
- ___ 19. Conflict with a supervisor
- ___ 20. Relieving in another units that are short-staffed
- ___ 21. Difficulty in working with a particular nurse outside the unit
- ___ 22. Criticism by a supervisor
- ___ 23. Difficulty in working with a particular nurse in the unit
- ___ 24. Breakdown of computer
- ___ 25. Unpredictable staffing and scheduling
- ___ 26. Too many non-nursing tasks required, such as clerical work
- ___ 27. Not enough time to provide emotional support to a patient
- ___ 28. Not enough time to complete all my nursing tasks
- ___ 29. Not enough staff to adequately cover unit
- ___ 30. Inadequate information from a physician regarding the medical condition of a patient
- ___ 31. A physician ordering what appears to be inappropriate treatment for a patient
- ___ 32. Not knowing what a patient or a patient's family ought to be told about the patient's condition
and its treatment
- ___ 33. Uncertainty regarding the operation and functioning of specialised equipment

APPENDIX B:
LOGOTHERAPY COURSE
CERTIFICATES

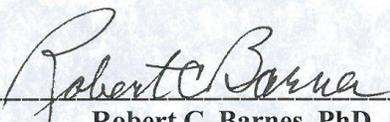
VIKTOR FRANKL INSTITUTE OF LOGOTHERAPY

Having met the requirements set forth by the Institute's Committee on Education and Credentialing, the International Board of Directors of the Viktor Frankl Institute of Logotherapy bestows upon

HENRY MASON

the credential of
**ACADEMIC ASSOCIATE
IN LOGOTHERAPY**

2011


Robert C. Barnes, PhD
President and Diplomate
International Board of Directors
Viktor Frankl Institute of Logotherapy



VIKTOR FRANKL INSTITUTE OF LOGOTHERAPY

*Having met the requirements set forth by the
Institute's Committee on Education and
Credentialing, the International Board of
Directors of the Viktor Frankl Institute of
Logotherapy bestows upon*

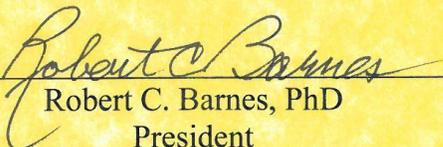
Henry Mason

the credential of

Diplomate

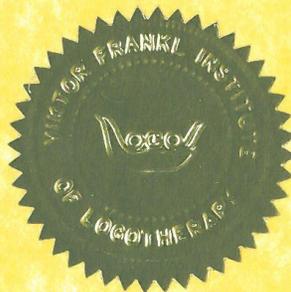
**EDUCATOR/ADMINISTRATOR
In Viktor Frankl's Logotherapy**

2012


Robert C. Barnes, PhD

President

Diplomate in Logotherapy



**APPENDIX C:
TRAUMA SPECIALIST
TRAINING COURSE
CERTIFICATES**

Traumatology Institute (Canada)

Certifies that

Henry Mason

Has successfully completed the
TI-107 Brief Compassion Fatigue Resiliency Program

(E-learning Edition)

February 25, 2013

Dr. Anna B. Baranovsky

Credit Hours: 7

www.ticlearn.com



Traumatology Institute (Canada)

Certifies that

Henry Mason

Has successfully completed the

**Course TI-207 Compassion Fatigue Specialist
(Therapist Designation) (2 credit course)**

(E-learning Edition)

August 12, 2013

Dr. Anna B. Baranowsky

Credit Hours: 14

www.ticlearn.com



**APPENDIX D:
RESEARCH
QUESTIONNAIRE
PACKAGE: PHASE 3**

RESEARCH PROJECT: D LIT ET PHIL (PSYCHOLOGY) (UNISA)

PROJECT TITLE: HEAL THYSELF NURSE: A LOGOTHERAPY-BASED PSYCHO-EDUCATIONAL STRESS-MANAGEMENT PROGRAMME

SECTION 1: INFORMED CONSENT

DEAR STUDENT

I, Henry Mason (hereafter the researcher), would like to include your ideas and experiences about the logotherapy-based psycho-educational stress-management programme that you are about to attend/just completed. Please read this information sheet carefully before deciding whether or not to participate. You have the right to say no. There will be no disadvantage or negative consequences to you of any kind whether you participate or not.

WHAT WILL BE REQUIRED OF PARTICIPANTS

If you agree to take part in this study, you will be requested to sign the separate informed consent form in order to allow the researcher to use the data that have you provided. You will be requested to complete at two different times: now, prior to the programme commencing, and at the conclusion of the programme.

PURPOSE OF THE STUDY

The purpose of the research project will be to evaluate the efficacy or usefulness of the logotherapy-based psycho-educational stress-management programme by means of a mixed methods approach.

FREE PARTICIPATION

You have the right and freedom to participate, not to participate or withdraw your participation any time without any consequences to you. There will be no financial benefit or academic credit derived from participating in this study. However, your participation will assist in the development of a psycho-education stress-management training programme for nursing students.

CONFIDENTIALITY

All information collected during the study will be confidentially and securely stored, either in a locked cabinet, or on computer with a password known only to the researcher. You will be requested to include your student number on this questionnaire package. Your student number will be used to link the questionnaires that you will be completing. After your responses have been captured on an Excel

spreadsheet, all reference to you, i.e. your student number, will be removed. All raw data on which the study is dependent will be safely stored for a period of three years.

HARM

There will be no physical pain, discomfort or threat to your safety through participation. If you experience the survey questions as emotionally disturbing in any way, free counselling support will be made available to you (please contact or speak to the researcher; or contact the contact number provided below directly). Free counselling support will also be made available to any other students who may express that need.

RESEARCH RESULTS

All students who decide to participate in this project, and are interested in the results, may forward enquiries to the researcher (please see contact details on the next page). The researcher will then provide the relevant students with the research report as well as verbal feedback regarding the results (should it be required by students).

An important outcome of all research is discussion amongst peers within an academic context. The results of this research will be written up in the form of doctoral dissertation. Furthermore, the results might be presented at a conference in the form of a paper or a poster. The results might also be published in a relevant scientific journal. In such an event no reference will be made to you individually. Rather, reference will be made to the group as whole. Your confidentiality will be protected at all times.

QUESTIONS OF PARTICIPANTS

Should you have any questions or concerns regarding the study, now or in the future, please do not hesitate to contact the researcher:

Henry D. Mason

012 382 3521

masonh@tut.ac.za

You may also contact the Chair of the Unisa Ethics Committee (Psychology Department), or the supervisors to this study, should you have any additional queries.

Prof. Piet Kruger

Unisa Ethics Committee (Psychology Department)

krugep@unisa.ac.za

Prof. Juan Nel (Supervisor)

Department of Psychology

Unisa (Department of Psychology)

nelja@unisa.ac.za

Prof. Susan Wright

Adelaide Thambo School of Nursing

Tshwane University of Technology

wrights@tut.ac.za

Students who may experience the need for counselling may direct their queries to Henry Mason (masonh@tut.ac.za).

SECTION 2: BIOGRAPHICAL INFORMATION

Please answer the following questions by marking the block which applies to you with an ✓ or write a short answer in the given space.

STUDENT NUMBER: _____

AGE: _____ YEARS

YEAR OF ACADEMIC STUDY:

1 st YEAR	2 nd YEAR	3 rd YEAR
----------------------	----------------------	----------------------

SEX:

MALE	FEMALE
------	--------

HOME LANGUAGE:

English	Afrikaans	IsiZulu	IsiXhosa
SiSwati	IsiNdebele	Sesotho	Sepedi
Tshivenda	Xitsonga	Setswana	Other (specify) _____

SECTION 3: LIFE PURPOSE QUESTIONNAIRE (LPQ)

(Hutzell, R. R. (1989). *Life purpose questionnaire overview sheet*. Berkeley: Institute of Logotherapy Press.)

Instructions: Mark whether you Agree (**A**) or Disagree (**D**) with each statement, for yourself, right now.

A **D**

- ___ ___ 1. I am often bored.
- ___ ___ 2. In general, my life seems dull (boring).
- ___ ___ 3. I have definite ideas of things I want to do.
- ___ ___ 4. My life is meaningful.
- ___ ___ 5. Most days seem to be the same old thing.
- ___ ___ 6. If I could live my life again, I would live it pretty much the same way I have.
- ___ ___ 7. Retirement means a time for me to do some of the exciting things I have always wanted to do.
- ___ ___ 8. I have made only a little progress toward reaching my life goals.
- ___ ___ 9. My life is kind of empty.
- ___ ___ 10. If I should die today, I would feel that my life has been worthwhile.
- ___ ___ 11. In thinking of my life, I often wonder why I am alive.
- ___ ___ 12. My life does not seem to fit well into the rest of the world.
- ___ ___ 13. I am usually a reliable, responsible person.
- ___ ___ 14. People usually don't have much freedom to make their own choices.
- ___ ___ 15. I am not prepared for death.

___ ___ 16. Sometimes I think that suicide may be a good way out for me.

___ ___ 17. I am usually able to think of a usefulness to my life.

___ ___ 18. I have much control over my life.

___ ___ 19. My daily tasks are kind of boring.

___ ___ 20. I have discovered many reasons why I was born.

**SECTION 4: PROFESSIONAL QUALITY OF LIFE SCALE (ProQOL R-IV)
Compassion Satisfaction and Fatigue Subscales—Revision IV**

(Stamm, B.H. (2005). *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL).*)

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. I would like to ask you questions about your experiences, both positive and negative, as a helper and nurse. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics since the beginning of this academic year.

0=Never

1=Rarely

2=A Few Times

3=Somewhat Often

4=Often

5=Very Often

Rate here:

- ___ 1. I am happy.
- ___ 2. I am preoccupied with more than one person I help.
- ___ 3. I get satisfaction from being able to help people.
- ___ 4. I feel connected to others.
- ___ 5. I jump or am startled by unexpected sounds.
- ___ 6. I feel invigorated after working with those I help.
- ___ 7. I find it difficult to separate my personal life from my life as a helper.
- ___ 8. I am losing sleep over traumatic experiences of a person I help.
- ___ 9. I think that I might have been “infected” by the traumatic stress of those I help.
- ___ 10. I feel trapped by my work as a helper.
- ___ 11. Because of my helping, I have felt “on edge” about various things.
- ___ 12. I like my work as a helper.
- ___ 13. I feel depressed as a result of my work as a helper.
- ___ 14. I feel as though I am experiencing the trauma of someone I have helped.
- ___ 15. I have beliefs that sustain me.

- ___ 16. I am pleased with how I am able to keep up with helping techniques and protocols.
- ___ 17. I am the person I always wanted to be.
- ___ 18. My work makes me feel satisfied.
- ___ 19. Because of my work as a helper, I feel exhausted.
- ___ 20. I have happy thoughts and feelings about those I help and how I could help them.
- ___ 21. I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.
- ___ 22. I believe I can make a difference through my work.
- ___ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
- ___ 24. I am proud of what I can do to help.
- ___ 25. As a result of my helping, I have intrusive, frightening thoughts.
- ___ 26. I feel “bogged down” by the system.
- ___ 27. I have thoughts that I am a “success” as a helper.
- ___ 28. I can't recall important parts of my work with patients affected by trauma.
- ___ 29. I am a very sensitive person.
- ___ 30. I am happy that I chose to do this work.

RESEARCH PROJECT: D Lit et Phil (PSYCHOLOGY) (UNISA)

**PROJECT TITLE: HEAL THYSEF NURSE: A LOGOTHERAPY-BASED PSYCHO-
EDUCATIONAL STRESS-MANAGEMENT PROGRAMME**

Informed consent form

I hereby agree to participate in this study. I realise that I have the right to decide **not to participate** even if I provide my personal information here. Furthermore I acknowledge the following:

- a. The researcher provided me with a full briefing regarding participation in this study.
- b. I am under no obligation to participate.
- c. I can choose to participate, or withdraw from participation at any time with no consequence attached to this.
- d. I am aware that my confidentiality will be protected. I am also aware that if there is any aspect of the information collected I feel is too personal to me or that I do not feel comfortable about using in this study, that this information will not be used.
- e. I am aware that all information regarding myself will be treated confidentially and be stored securely; and will be destroyed at the conclusion of the study. I am, however, aware that any raw data the study depends upon will be retained for three years.
- f. I receive no payment or compensation for participating on this study.
- g. I am aware that the scientific results emanating from this study will form part of a doctoral thesis and may be published as an article in a scholarly journal or form part of conference proceedings.

Initial(s), surname and student number of participant (Capital letters please)

.....

Signature

.....

Date

.....

**APPENDIX E:
NARRATIVE SKETCH
AND ADDITIONAL
QUALITATIVE DATA**

RESEARCH PROJECT: D LIT ET PHIL (PSYCHOLOGY) (UNISA)

**PROJECT TITLE: HEAL THYSEF NURSE: A LOGOTHERAPY-BASED PSYCHO-
EDUCATIONAL STRESS-MANAGEMENT PROGRAMME**

NARRATIVE SKETCH

Informed consent form

I hereby agree to participate in this study. I acknowledge the following:

- a. The researcher provided me with a full briefing regarding participation in this study.
- b. I am under no obligation to participate.
- c. I can choose to participate, or withdraw from participation at any time with no consequence attached to this.
- d. I am aware that my anonymity will be protected. I am also aware that if there is any aspect of the information collected I feel is too personal to me or that I do not feel comfortable about using in this study, that this information will not be used.
- e. After I have completed this narrative sketch, I will place it in the envelope that the researcher provided me with. If I choose not to participate, I will place the black narrative sketch in the envelope provided.
- f. I am aware that all data will be stored securely; and will be destroyed at the conclusion of the study. I am, however, aware that any raw data the study depends upon will be retained for five years.
- g. I receive no payment or compensation for participating on this study.
- h. I am aware that the scientific results emanating from this study will form part of a doctoral thesis and may be published as an article in a scholarly journal or form part of conference proceedings.

EXAMPLE OF A NARRATIVE SKETCH (Participant 8):

For you personally, what have you learned during this programme? What thoughts, ideas and concepts will you take forward with you as you journey further into the field of nursing? What are your thoughts, ideas, feelings and perspectives of the training programme?

I have learned that despite your background you can succeed in life no matter how the situation is. I also learned that life has a meaning if you consider your self as being very special. Everyone has goals and we striving to attainment towards them. During this course I encountered that hard work pays off and appreciating everything you get or have nevertheless how small it is. Be grateful at all times and open your door for people who needs help or people who needs to give you something, you should not criticise when getting a gift because someone out there will gladly appreciate receiving that gift. Just open both hands to show how much you appreciate.

EXAMPLE OF THE MOUNTAIN RANGE EXERCISE (Participant 1):

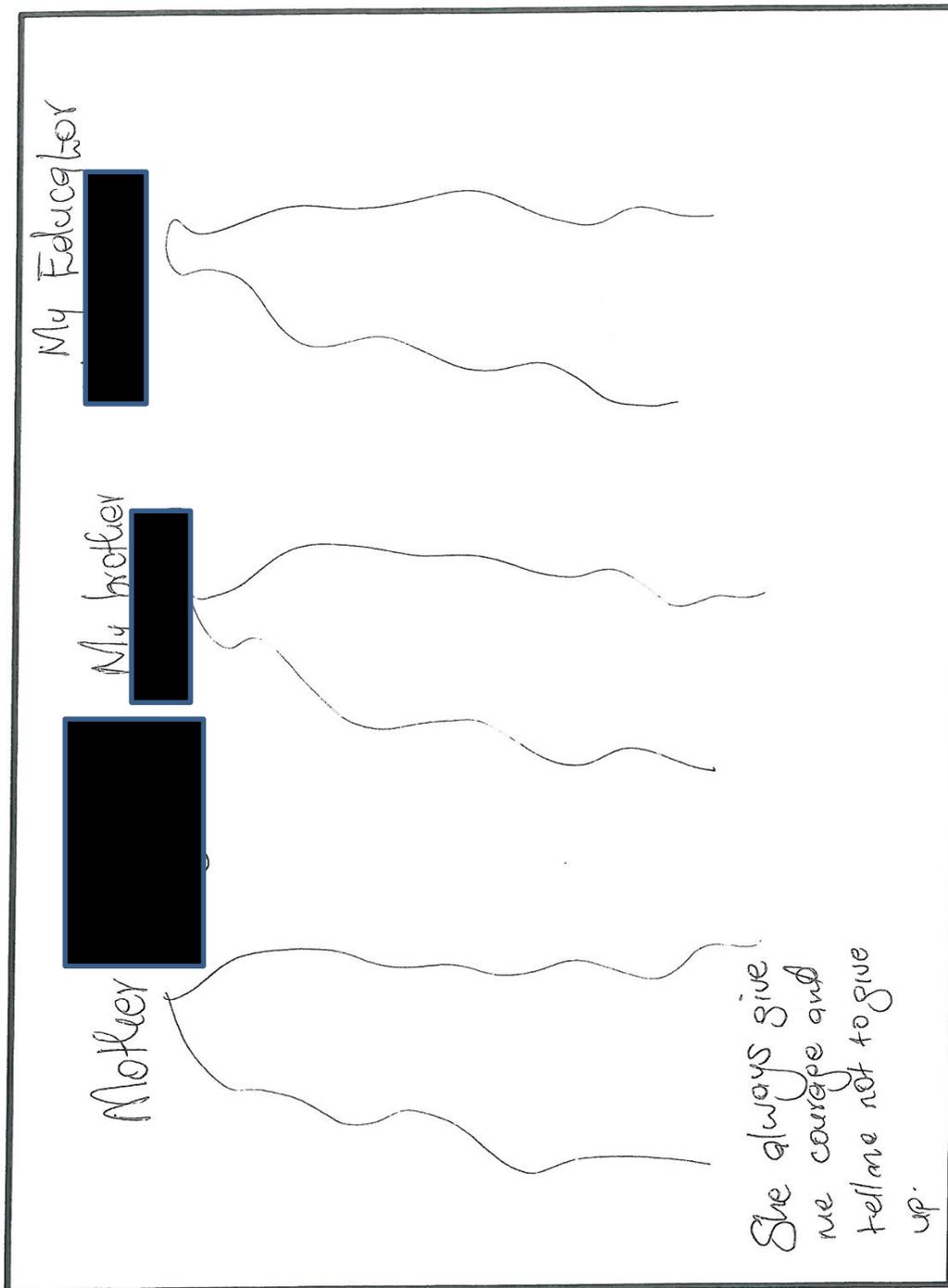
SELF-REFLECTION: THE INVITATION

*“Each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible.”
~ Viktor E. Frankl.*



Task 1

This programme serves as an invitation to you; an invitation to begin to ask and reflect on questions and ideas that people rarely find time for in their busy lives. It is an opportunity to think about your life thus far, ponder over the unique contributions that you have already made as well as can potentially make in future, and begin to strive towards actualising your potential right now through the embodiment of meaning-centred values. As we stand here at beginning of this journey together, imagine that you are staring over a mountain range. Your life, past, present and future, is spread out in front of you. Think about the people who truly touched your life and place them, metaphorically speaking, on the peaks in that are spread in front of you. Use the space below to draw this image. Now, identify the values that each person brought into your life - note it down next to their names or images used to depict them.



Consider and note down your ideas that you presented on the previous page. Answer the following four questions: (1) What were the most important lesson, both good and bad, that you learned from these people (2) Think back to a time in your life when you achieved something truly remarkable, such as completing a difficult task or passing grade 12. How did the lessons in question 1, assist you to realise these achievements? What other values, strengths, virtues and values that you drew on to attain that achievement? (3) How can you use, or even further develop, the mentioned strengths, virtues and values as you work by attending this programme? (4) Imagine that is five years from now and you are thinking back to your involvement in this programme. What strengths, virtues and values did you develop? How did these affect and shape your life? How will your life be different five years from now?

1) The important lesson is not to give up from you mistake but to wake up and make each and every day the important, special day.

2) They told me that it is not the end of the world even if I did not or I did pass my matric there is still another chance to make my dream a success

3) They gave me strength and values that life is not simple but it's a journey of life each day, they said each day must be a remarkable day.

4) It make me to realise all the good and

bad achievement you can overcome them by knowing why you were born. It will help me further my development as a person

④ My strength, nature, values will be well developed because I will know where I came from and I will overcome all my goods and bads

I will have achieved a lot of strength, my values will be well set and I will become a better person as I was before

It affects me a lot because ~~am~~ I am going through a rough time of my life and I am trying to overcome it in a good way but I'm struggling because I feel good is not on my side at this time of my life

It will be a different life because I will be a better person, overcoming my fears, building a life strength and my values as a human being will be achieved in a good manner.

EXAMPLE OF THE MEANING-CENTRED GOAL SETTING EXERCISE (Participant 1):

MY MEANING-CENTRED GOAL SETTING HAND-OUT

Surname, initials: [REDACTED]

Student nr: [REDACTED]

AFTER ACTION REVIEW

My successes:
I had passed my college qualification and now study with my B-Tech course for nursing

My failures:
I had failed to pass my learners licence test last month.

What did I learn?
I have learned that in life, we have to set goals that have meaning and reach them within a specific time

MY TOP 10 VALUES		
Values:	Defined:	How I will measure this?
(1) Education	need to have knowledge	by studying
(2) Order	Putting things in order in life purpose	By planning anything I do
(3) Brewness	nothing to be done to leave marks	By leaving comments on things
(4) Commitment	to do all jobs to be a certain thing	by committing myself to studies
(5) Cleanliness	Always being clean	making sure my clothes
(6) Dignity	being respected by people around you	by respecting others
(7) Accuracy	being specific and accurate on things	by always being true
(8) Peace	having a good relationship with others	by being peaceful
(9) Loyalty	being honest and true	being loyal
(10) Fitness	being fit	by exercising regularly

MY LIFE PURPOSE

My life purpose is to live with other human beings, provide and take care for other people, when coming to my profession I hope to help people in need of health care and who cannot help themselves.

MY SMART GOALS

Personal:
To finish school and work to provide for my family.

Education:
To further my studies

Occupational:
Work as a Nursing Professional

Physical:
To stay healthy and fit.

Social and emotional wellbeing:
Good friendship and free from stress.

Relationships:
Having a healthy relationship with my girl friend.

Financial:
To save money to pay for my fees for 2013

EXAMPLE OF A REFLECTIVE LOGOTHERAPY ESSAY (Participant 5):

What is the WHY, that makes your life worth living?

Student nr: XXXXXXXXXX

Completing my degree. because it's the reason I wake up everyday and realise that I have something to live for. I have something that I am thriving to achieve. that would benefit my community

Making my family proud is also make my life worth living. because they are my pillars of strength I have their support. Making my parents proud is what makes me see my life worth living because my family depend on it me.

Being there for someone else also make my life worth living because people are able to trust me with their problem, people actually relay on me for help. Having to listen and understand people's differences make my life worth living because I learn more about other people. it teach me to socialise and get to know people more than I do

EXAMPLE OF A POSTER DESIGNED AS PART OF A GROUP ACTIVITY:



EXAMPLE OF A SELF-CARE PLAN (Participant 4):

My personal self-care plan

Surname and initials: [REDACTED]

Since the course of Nursing is difficult and can be draining to the individual as a helper I need to look after myself and that means developing my own self care plan.

Through all my life I have survived by gaining support from my family, relatives and close friends and that is what I tend to do. My family can help me in most cases to make me feel compassion satisfaction again.

I am a the kind of person who is so into music it's one thing that makes me feel good and in the mood so as I know in the hospitals they don't need noise so I tend to use my iPad to listen to music for every 30 minute of my lunch break and after work.

I enjoy outdoors and appreciating nature so since my life will be busy then I think

Instead of going out somewhere far I'll
consider just taking my 20 minute outside
the house when I come back from work
And look the Nature before going inside the
house. and maybe going out to the nearest
park.

This self care plan I have discuss above
will be very satisfying and helpfull I
expect to stick by it since it has all
the things I'm interested in.

**APPENDIX F:
EXAMPLE OF THE
STUDY GUIDE USED
DURING THE
LOGOTHERAPY-BASED
PSYCHO-EDUCATIONAL
STRESS-MANAGEMENT
PROGRAMME**

**HEAL THYSELF NURSE: A LOGOTHERAPEUTIC-
BASED STUDENT DEVELOPMENT AND SUPPORT
PROGRAMME.**

**HEAL THYSELF,
NURSE. STUDY
GUIDE.**

Henry D. Mason
2012

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masonh@tut.ac.za / henrydavidmason@gmail.com

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*“If human beings are perceived as potentials rather than problems, in possessing strengths instead of weakness, as unlimited instead of dull and unresponsive, then they grow to their true capabilities.”
~ Barbara Bush*

Chapter 1

SETTING THE STAGE

Introduction the Heal thyself Nurse Programme

OBJECTIVES:

- Aims of the programme;
- Facilitator and personal introductions;
- Ground rules and logistical arrangements;
- Develop a basic understanding of logotherapy; and
- Reflect on your life.

1.1 AIMS OF THE PROGRAMME

Nurses are exposed to the stark realities of life on a daily basis. Not only do they have to address their own primary stressful and traumatic experiences, but they are also expected to assist patients and their respective families in potentially stressful situations. According to Figley (1995) this can negatively affect the biopsychosocial well-being of nurses. He defines the negative consequences as ‘compassion fatigue’ (CF) and ‘burnout’.

Stamm (2010) and Frankl (2006) suggest that deleterious effects, such as CF and burnout, provide only a partial perspective. The opportunities to experience compassion satisfaction (CS) and discover meaning are also ever present potentialities within the nursing and other caring-related contexts. Even though a substantial amount of research on the topics of CF, burnout and, to a lesser degree, CS, has been conducted among registered nurses, limited empirical studies have focussed on the plight on nursing students.

Nursing students, who are still in the process of acquiring the skills, knowledge and abilities required to become registered nurses, are also exposed to potentially stressful circumstances and challenges during their academic and practical training. Additionally, they are often challenged to manage a demanding academic schedule. Subsequently the student nursing experience could become a source of potential stress. This programme aims to address this situation.

The overarching aim of this programme is to assist nursing students to discover meaning and realise CS notwithstanding the ever present threats of CF, burnout as well as a myriad of academic-related stressors. The main outcome of this programme is for student nurses to develop a personalised logotherapy-based self-care plan that could empower them to not only effectively practical training stressors, but to grow despite, or maybe even because of, these challenges.

Over the course of eight weekly contact sessions, each two hours in duration, numerous topics will be reflectively discussed to assist participants to develop their logotherapeutic self-care plans. This workbook is the result of an empirical research study. Hence, the

programme is based on sound academic reasoning as well as from data that were provided by nursing students at a large South African university.

1.2 APPROACH TO THIS PROGRAMME

This programme draws heavily on self-reflection and Socratic questioning as facilitation methodologies. These approaches focus on facilitating a ‘participant-’, versus ‘teacher-/educator-centred’, environment and is ‘process-’, rather than ‘content-driven’. In other words, participants are challenged to deepen self-awareness, focus on personal insights, discover, make sense of as well as integrate the skills, knowledge and attitudes required to develop and implement meaningful self-care plans that draw from, amongst others, unique cultural and biopsychosocial strengths, personal preferences and previous knowledge. While the theoretical content may be educational and informative on its own accord, the programme also aims to raise participants’ awareness of the potential stressors and protective factors amidst the nursing context. Through a process of continued reflection, facilitated via Socratic discussion and journaling, it is hoped that participants will be empowered to integrate and assume responsibility for their personal wellbeing as future registered nurses.

1.2.1 Journaling

Participants are invited to make use of reflective journal writing as a means of tapping into their personal and subjective thoughts, feelings and perceptions. According to Oosthuizen (2011) the act of reflective journaling could offer new insights as well as deepen existing appreciations. It is important to highlight that there are no right or wrong journaling responses, insights or ideas. Rather, participants have the freedom to reflectively journal their thoughts, feelings and ideas as these arise in an attempt to foster ever deepening personal insights (Oosthuizen, 2011).

1.2.2 Socratic dialogue

The term education is derived from the Latin word ‘educare’, which means to ‘draw out’ or ‘call forth’ that what is already present as a latent possibility or potentiality (Online etymology Dictionary). The philosopher, Socrates, believed that humans had vast

resources of inner potentialities. He further believed that humans could be guided, through the use of Socratic questions and dialogue, to discover truths and knowledge. Hence, Socratic dialogue can be thought of as an approach to facilitate critical evaluation and enhance self-awareness through the use of questioning, critical thinking and debate to elicit knowledge and personal truth.

1.3 MEANING MOMENTS IN VIKTOR FRANKL'S LIFE: INTRODUCTION TO LOGOTHERAPY

Viktor Emil Frankl, 1905 - 1997. Between these two dates we find a span of life that reflects all the features of being optimally human (Shantall, 2003). Frankl was born in Vienna in 1905. In September of 1997, he passed away in the same city.

Being born into an orthodox Jewish family, Frankl was brought up in line with faithful religious principles. Early on in his life Frankl made an affirming choice that he wanted to become a good doctor and remain a human being (Shantall, 2003). This decision, in conjunction with five other meaning moments, set Frankl on a life journey that challenged him to consistently search for meaning-centred potentialities against the backdrop of stress-related realities; the pursuit and discovery of meaning became his life task. The six meaning moments that defined Frankl's life included:

- (1) One day I want to be a doctor and a good person - at the age of three Frankl decided that he wanted to become a medical doctor (Shantall, 2003). However, Frankl also wanted to be a good human being. He believed that meaning could be discovered by reaching out beyond one's own fears and doubts; reaching out and being of service to others. Hence, he regarded practising medicine as 'not just an occupation', but as a calling from life itself to discover meaning through relating to others. Paradoxically, his service to others also became a gift to himself (Shantall, 2003). Furthermore, Frankl viewed his life and calling in a highly responsible way and took a fearless stance amidst even the harshest of concentration camp circumstances. Frankl was, in the final analysis, more than

just a medical doctor and a good person; his life serves as a monument and inspiration for others.

- (2) Someone is watching over me - Frankl (1997, p. 31) recalls the following childhood experience: “One sunny morning, I awakened. With my eyes still closed, I was flooded by the utterly rapturous sense of being guarded, sheltered. When I opened my eyes, my father was standing there, bending over me, smiling.” The aforementioned experience afforded Frankl with the insight and belief that life has human beings’ best interest at heart. This does not imply that life is meant to be a journey grounded in joy and hedonistic pleasure. Rather, life can, from a metaphorical perspective, be regarded as a ‘classroom’ where humans have the task of discovering the potential meaning hidden in every situation (Wong, 1998).

- (3) One day I too shall have to die - “One evening, just before falling asleep, I was startled by the unexpected thought that one day I too would have to die. What troubled me then - as it has done throughout my life - was not the fear of dying, but the question of whether the transitory nature of life might destroy its meaning” (Frankl, 1997, p. 29). Frankl’s impression was that meaning is often hidden amidst the transitory nature of life. However, the fleeting quality of life does not eradicate meaning. Rather, it points toward the importance and subsequent responsibility that human beings have been endowed with; the responsibility to reach out to others, to embrace the possibilities of meaning as well as to fully utilise the limited time afforded to them: “Birth and death enclose us in a space of time given to us to occupy” (Shantall, 2003, p. 7).

- (4) An education towards meaning - At the age of thirteen Frankl was challenged by a school teacher who explained that life, in the final analysis, was nothing more than a reductionist process of combustion (Frankl, 2000). The young Frankl responded by exclaiming that if that was the case, life would have no meaning - a worldview that he vehemently opposed.

In 1924, at the age of 19, Frankl published an academic paper, on Sigmund Freud's invitation, in the *International Journal of Psychoanalysis*. However, Frankl became disenchanted with the reductionist perspective that underlies the psychoanalytic school of thought. He subsequently became involved in Alfred Adler's school of Individual Psychology. Then, in 1925, Frankl published an academic paper in the *International Journal of Individual Psychology*. After publically proclaiming that Adler's school of thought ought to move beyond 'psychologism', Frankl was expelled from the Society of Individual Psychology. Apparently Adler never spoke to Frankl again.

Later, whilst enrolled for his medical studies, Frankl came upon the dead body of a fellow student who had committed suicide (Marshall, 2009). Clenched in the student's hands were the nihilistic writings of Nietzsche who philosophised, amongst others, that 'God is dead.' From that day forth Frankl regarded it as his life mission to oppose nihilism. In other words, to contest the doctrine that life is, essentially, meaningless.

The search for meaning emerges as a prominent theme in Frankl's life. He subsequently established the 'Third Viennese School of Psychotherapy', namely logotherapy (Lukas, 1998). The term, logotherapy, can be literally translated as 'healing through meaning.'

- (5) Honour thy father and thy mother - In 1942 Frankl was invited by the United States Consulate-General in Vienna to collect an American immigrant visa. This would have afforded Frankl the 'freedom' to move from Nazi occupied Vienna to the safety of the United States of America and continue with his work and research. Because the visa did not cover his elderly parents or brother, Frankl declined the offer. This was, as Frankl (2006) states, not an easy choice. He wished for "...a 'hint' from Heaven..." to guide him to make a meaningful choice (Frankl, 2006, p. xv). When returning from the Consulate, he noticed a piece of

marble lying on a table in his parents' home. When enquiring from his father where the piece of marble came from, he was informed that it was from a Jewish Synagogue that had been destroyed by the Nazis. Inscribed on this piece of marble was one of the Ten Commandments: 'Honour thy father and thy mother that thy days may be long upon the land the Lord thy God giveth thee' (Deuteronomy 5:16). This was Frankl's 'hint' from heaven. He rejected the American visa and, a few days later, he and his entire family were rounded up and sent to Nazi concentration camps. Frankl's entire family, except his sister who managed to escape prior to captivity, perished during their incarceration.

- (6) Liberation from Auschwitz - The concentration camp experiences infiltrated every fibre of the inmate's being (Frankl, 1986). Life assumptions related to, amongst others, invulnerability, trust in the world as a good and safe place as well as confidence in human goodness, were shattered; the prisoners were 'changed' by their experiences. Values that they freely enjoyed in the pre-Holocaust period had to be re-actualised; families, homes and the prisoners' assumptive worlds had to be rebuilt. Additionally, the 'new found' freedom had to be internalised. According to Frankl (2006) the sudden release from the camps created a 'moral deformity' amongst the inmates. Amongst others, inmates turned from the oppressed, to the oppressors. Frankl (2006) continues by adding that liberated inmates had to be led back to the values and worldviews that had defined their pre-Holocaust lives.

Many pre-Holocaust values were inevitably closely tied to familial relationships. However, disillusionment followed when the inmates realised that there were no family members awaiting them; they had been 'exterminated' in the concentration camps (Shantall, 2002). Frankl and his comrades were confronted with the truism that "...suffering has no limits..." (Frankl, 2006, p. 92). Even the psychological 'pleasure' of liberation was bestowed with pain; yet, life remained unconditionally meaningful.



Small group reflection:

Form a group of between four to six participants. Then, do the following:

(1) Introduce yourself to the small group by selecting one (and if time permits, two) meaning moment(s) that you feel comfortable talking about. Share with the group how this meaning moment influenced the choices that you have made and, as a knock-on consequence, your life.

(2) Next, working together as a group, design a poster that reflects how meaning moments can impact a person's life.

(3) Also reflect on the following: Are meaning moments important within the nursing environment? Motivate your answer.

(4) Lastly, consider what you expect to gain from this programme. Then, think about the following: what would be required from (1) the facilitator, (2) you as a student, (3) fellow students, and (4) the academic department for you to get the greatest value out of this programme?



Classroom reflection:

As a group, share your thoughts with the class as a whole, by doing the following:

- (1) Present your poster.
- (2) Engage in a meaning-centred conversation about the insights gained from the exercise.

