THE ROLE OF SPIRITUALITY IN THE WELLBEING OF COMMUNITY HEALTH CARE WORKERS AT TEMBA COMMUNITY DEVELOPMENT SERVICES

by

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SUPERVISOR: P.R. VAN DER MERWE

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DECLARATION

I, Peter Roberson, student number 03884244, declare that this dissertation of unlimited scope entitled, **"The role of spirituality in the wellbeing of community health workers at Temba Community Development Services"**, is my own work, and that all sources that I have used or from which I have quoted have been indicated and acknowledged by means of complete references.

The style guidelines of the American Psychological Association (6th edition) were applied in the dissertation and a past tense writing style was used as the research has already taken place.

I further declare that ethical clearance to conduct the research has been obtained from the Department of Industrial and Organisational Psychology, University of South Africa, as well as from the participating organisation.

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PETER ROBERSON

31 JANUARY 2016

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ABSTRACT

THE ROLE OF SPIRITUALITY IN THE WELLBEING OF COMMUNITY HEALTH CARE WORKERS AT TEMBA COMMUNITY DEVELOPMENT SERVICES

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The research focused on employee wellness and explored and described the role of spirituality in the wellbeing of CHCWs of HIV/AIDS patients. It was important to determine how CHCWs dealt with the stress of caregiving, due to the increasing number of HIV infections and burden on government resources. The approach was a phenomenological qualitative study using face-to-face interviews to collect data from a purposive sample of eight CHCWs from a population of 250 at Temba. The audio-recorded interviews were transcribed verbatim and analysed for emerging themes using thematic analyses. The research findings provided evidence that spirituality impacted positively on the wellbeing of the CHCWs by providing the coping mechanism to deal with stress. The conclusions drawn were that personal and organisational wellbeing operated at an optimal level due to the influence of spirituality.

Recommendations were that formalised spiritual programmes were offered as a tool to equip CHCWs in their duties.

KEY TERMS

Community health care workers; spirituality; wellbeing; human immunodeficiency virus; NGO; coping mechanisms; Temba Community Development Services; caregiving; workplace spirituality; HIV/AIDS.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CEMS	College of Economic and Management Sciences
CHCW	Community health care worker
CHCWs	Community health care workers
EATWOT	Ecumenical Association of Third World Theologians
EAPs	Employee assistance programmes
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IOP	Industrial and Organisational Psychology
LP	Listening post
NGO	Non-Governmental Organisation
OCB	Organisational citizen behaviour
PWB	Psychological wellbeing
R/S	Religion/Spirituality
SOC	Sense of coherence
SWB	Subjective wellbeing
UNAID	United Nations Joint Programme on HIV/AIDS
USAID	United States Agency for International Development
VIA	Values in Action

CHAPTER 1

SCIENTIFIC ORIENTATION TO THE RESEARCH

This dissertation explored the role of spirituality in the wellbeing of community health care workers (CHCWs) working as home-based caregivers of HIV/ AIDS patients or as staff members at the Temba caregiving facility in Mthatha in the Eastern Cape Province. This chapter introduced the concepts of spirituality and wellbeing in the context of HIV and AIDS caregiving to people infected and affected by the pandemic.

The problem statement and aims of the study as well as the research design and methodology were formulated and discussed in this chapter.

1.1 INTRODUCTION

The creation of humankind brought with it physical, mental and spiritual constructs into existence. The human mind, body and spirit had needs and wants that had to be satisfied, which led to the development of values, norms and behaviours to satisfy them (human needs and wants). Spirituality and wellbeing, the two variables studied in this dissertation, have been part of human existence since the dawn of time.

Most world religions or civilizations had a creation story involving a creator and creation. This involved a relationship of worship and dependency on the creator to take care of the wellbeing of its creation. The connection between spirituality and wellbeing in the early days of man's existence involved making sacrifices to the deity. Humankind saw their spiritual offerings as a way to obtain benefits from their creator which would enhance their wellbeing. These desired benefits were rain, crops, peace, and protection against enemies, fertility and prosperity (Millard, 1999).

The approach in this study was from the Christian faith perspective relating to the history of humankind as it was encountered in the Bible, starting with the creation of the universe, planet Earth and the first humans, Adam and Eve. They maintained a spiritual connection with God and He would take care of their wellbeing.

The variables of spirituality and wellbeing had been part of humankind's existence since the beginning of time and in the literature a wide range of views were represented regarding these constructs. In the Bible, Jesus addressed His listeners by pointing out the need for caring for

the sick (Matthew 25:36, New International Version, 1973). In His interaction with people, Jesus focused on their spirituality and wellbeing and spoke to his listeners about how to lead a good life by loving each other, forgiving wrongdoing and assisting those in need, so that their own wellbeing will benefit. Moreover, the focus at Temba was also on spirituality and wellbeing as an approach to ensure optimal work performance by the caregivers.

1.2 BACKGROUND TO THE RESEARCH

Temba Community Development Services (http://www.temba-community.org.za) is a faith based non-profit organisation, founded in 1999 in Mthatha in the Eastern Cape Province. The initial focus of this organisation was on poverty alleviation, but soon it became evident that the greatest need in the community was assistance with matters relating to HIV/AIDS.

The mission of the organisation is to empower and support people in communities who were infected and affected by HIV/AIDS and victims of gender-related injustices. The organisation sought to mitigate the effects of these problems through Gender Sensitive Awareness Raising Workshops and Education, Circles of Support and Youth Empowerment Assistance programmes (Temba Annual report, 2012).

The UNAIDS 2011 Report reports that in a population of 50 million people living in South Africa, 5.6 million people were living with HIV/AIDS and that there were 1.2 million orphans and vulnerable children in South Africa as a result of the AIDS pandemic (USAID, 2012). South Africa had the largest antiretroviral treatment programme in the world and the result of the implementation of the programme was that at the end of 2011 approximately 1, 4 million people received antiretroviral treatment (UNAIDS, 2011).

According to the Human Sciences Research Council (HSRC), the estimation of the number of HIV infected people in South Africa had risen from 5.4 million in 2008 to 6.4 million in 2012 as revealed during the 6th South African AIDS Conference held in Durban in July 2013 (HSRC, 2013). In 2011, there was an estimated 2,100,000 orphans and vulnerable children (0-17 years) compared to 1, 9 million children in 2010, where one or both parents were deceased. The HIV/AIDS epidemic was responsible for half of the country's orphans according to the Department of Health Statistic report 2011(South African National HIV, Behaviour and Health Survey, 2012). These figures indicated that more resources had to be made available to deal with the growing number of infections.

HIV/AIDS has a huge impact on the standard of living and wellbeing of people living in the communities where the organisation operates. The Eastern Cape was the poorest of the nine provinces in South Africa and the O. R. Tambo District Municipality was the poorest of the seven district municipalities in the Eastern Cape. The statistics reported on the O. R. Tambo District Municipality website indicated that in a population of 1,8 million people, 88% of households lived below the minimum poverty level, 71% of economically active people were unemployed and 47% of the population was under 15 years old (UNAIDS, 2011; O. R. Tambo District Municipality Annual Report, 2011/13(www.ortambodm.org.za).

The economic development in the O. R. Tambo District Municipality was hampered by factors such as unskilled workers, a high illiteracy rate, poor infrastructure, lack of incentives for industrial development, crime and an inefficient public transport system (O. R. Tambo District Municipality Annual Report, 2011/12). The HIV/AIDS prevalence rate was 28%, which meant that many people had to rely on government grants to provide for their basic needs for food and shelter (O. R. Tambo District Annual Report, 2011/12). Dudeni (2007) highlighted another contributing factor to the negative socio-economic situation in the area, by stating that migrant workers moved to cities like Cape Town or Johannesburg and if they contracted a chronic disease, they had to return home. On their return, they experienced hardship such as lack of medication, food and money and soon faced serious illness and even death because of the lack of support structures.

Temba had put in place initiatives such as Circles of Support and Home-Based Care programmes to address these problems of unemployment, poverty and illness. The community health care workers visited homes in the area to find women, men and children who were malnourished, abused, and chronically/terminally ill and they were incorporated into the care system (Temba Annual report 2012).

There was a shortage of skilled professional health workers, proper facilities and medication. These problems placed a burden on Community Health Care Workers (CHCWs) to deliver a service under very difficult circumstances. The CHCWs encountered obstacles in terms of transport and payment for their services. The roads in the rural and informal settlements were often in a poor condition and the CHCWs had to walk long distances to reach the people they needed to visit (O. R. Tambo District Municipality Annual Report, 2011/12). The CHCWs encountered economic hardship when they had to wait for months to get a stipend from donors or government (Temba Annual Report, 2012).

The government had tried to raise awareness amongst the South African public by using extensive media campaigns through the channels of print, radio and television, with the aim of curtailing the spread of the disease and making people aware of the dangers of HIV/AIDS. The effectiveness of these campaigns were limited because of gender-based violence and unequal power in relationships, because many victims were unable to protect themselves and thus forced into sexual encounters resulting in them becoming infected (UNAIDS, 2011).

In this section on the background to the research, the researcher indicated that HIV/AIDS was still a growing problem and that the CHCWs who were trying to reduce the negative impact on communities also had to deal with the above-mentioned obstacles in their own lives.

The CHCWs at Temba had to perform their duties in an environment where poverty, unemployment, stressful working conditions were serious obstacles to content with and it was important to explore how all these factors impacted on their wellbeing. Temba CHCWs were experiencing the same hardships and socio-economic problems as the people whom they attempted to help, because they were part of the community.

It was against this background that the researcher investigated what role spirituality played in the wellbeing of CHCWs, having to deal with vulnerable people who were HIV positive, poor and malnourished, victims of sexual and emotional abuse, orphans, neglected children and the frail elderly.

1.3 PROBLEM STATEMENT AND MOTIVATION FOR THE RESEARCH

Figures released by the HSRC at the 6th South African AIDS Conference in Durban during July 2013 indicated that the HIV infection rate was still rising. In 2008, the number of infected people were 5 400 000 and it had now increased to 6 400 000 (HSRC, 2013).

The HIV/AIDS problem coupled with the other socio-economic problems of unemployment, poor education and poverty had a negative effect in many areas relating to Industrial Psychology, especially pertaining to Organisational and Employee Wellness. Unemployed people who were experiencing poverty and illness experienced life as being hopeless, deprived of meaningfulness and purpose. Their ability to contribute to society, their community and immediate family were reduced when they saw themselves as a burden to others (Kretzschmar, 2012).

The researcher had observed this feeling of hopelessness in many contact sessions with people in similar situations, while doing pastoral counselling. The ability to work and to have employment is normally an uplifting factor in a person's life. However, poverty, illness and unemployment had a negative effect on the person and those around him/her, especially when they had little chance of finding employment and obtaining means of providing for themselves and their family (Kretzschmar, 2012).

CHCWs had to deal with people whose lives had become dysfunctional as a result of chronic illness, poverty and violence or sexual abuse. Traditional humanistic and behaviourist approaches lacked the penetration into the core spirituality of every human being, especially when the patients were faced with a life threatening disease such as HIV/AIDS which could cause the patient to be ostracised from society (Moremi, 2012). In Biblical times, the people suffering from leprosy were cast out of society and healthy people avoided contact with them at all cost. Jesus used a kind and caring approach whereby He physically touched them and showed compassionate love so that they could be healed (Matthew 8: 1-3, New International Version).

Van Rooyen, Williams and Ricks (2009) report one central theme and five sub-themes in their research relating to the experiences of caregivers working with terminally ill AIDS patients. The central theme was the challenges experienced by caregivers as a result of the death of their patients. The sub-themes that emerged showed that caregivers experienced emotional challenges in caring for dying patients. The two sub-themes which was of interest to this researcher was the experience of caregivers that their faith in God gave them strength to cope with death and how they found their job of caring for patients as fulfilling and meaningful despite the sadness of death and dying. These concepts motivated the researcher to explore these concepts in this research study.

Lakey (2007) contends that spirituality in the workplace could contribute to the wellbeing of the organisation and its people, but remarked that management in many organisations were driven by the profit motive, with little consideration for the wellbeing of employees. The organisation that was investigated in this study, was a faith-based non-government organization (NGO). Although there was no profit generation, it was funded by donors and all financial books were audited by a professional firm of auditors. This means that work done at this NGO could be contextualised in the same context as that of a profit-driven business, because the expectations would be that the workers performed at an optimal level.

Spirituality had a positive role to play in the workplace. Lakey (2007) argues that spirituality should be encouraged in South African enterprises, because it could help with the transformation of the society into a productive and economically powerful society.

Snyman (2006) observed that people at different levels of society experienced the impact of AIDS, such as the personal cost to families left without breadwinners, the growing number of child-headed households and AIDS orphans. The high prevalence of HIV/AIDS infections and deaths has a negative impact on the economy due to the high cost of absenteeism, medication and lost production. South Africa is struggling with high unemployment, poverty and low economic growth, so the problem was worth addressing, thereby highlighting the need for finding solutions to the socio-economic problems.

Cascio and Aquinis (2011) describe Industrial and Organisational Psychology as an applied and specialist area of general psychology, which entailed studying the behaviour of people at work. They also stated that the factors affecting the production of goods or the delivery of services, namely; capital, equipment, technology and information, were available to every player in the global economy, except the factor of a nation's workforce. It is the nation's workforce that determines its ability to compete and win in world markets. In South Africa, we needed to turn the situation around and get to a place where we had a healthy, skilled, educated and motivated workforce to compete in the global economy.

Luthans (2011) quotes renowned author Peter Drucker as saying; "The organisation is, above all, social. It is people." In South Africa, an estimated 6.4 million people out of a population of about 50 million is infected with the HIV virus. Therefore, it is absolutely imperative that research in this area was done so that this threat to the wellbeing to our country's economy and workforce could be addressed.

The literature relating to spirituality and wellbeing was explored more comprehensively in the literature review in section 1. 6.

Was the problem solvable? Yes it was. The government had implemented strategies and programmes to address the most serious issues such as mother to child transmission so that infection rates could decrease (Global Aids Response Progress Report, 2012). International and national literature on the topic of HIV/AIDS were freely available and highlighted the seriousness and impact of the disease locally and globally. Examples of such studies were the one conducted locally by George and Quinlan (2008) of the Health Economics and HIV/AIDS

Research Division of the University of Kwa-Zulu-Natal into health management in the private sector which showed a gradual increase in numbers of employees on treatment, but at the same time reported an increasing number of defaulters. Beyrer (2007) delivered a paper at the 16th International AIDS Conference Epidemiology Plenary highlighting the statistic that in 2005 38.6 million people worldwide were living with HIV, an increase of 4.1 million new infections. He remarked that researchers were still limited by their ability to assess attributable risks at community and population levels and in the third decade of the pandemic, people were still not doing enough to control the spread of HIV infections. The gap in literature existed where a few studies on the variables of spirituality and wellbeing relating to HIV/AIDS were available from the databases. The aim of the current study was to explore, identify and describe aspects of spirituality and wellbeing relating to CHCWs to reduce the gap of existing literature at the national level.

Research Question: What role did spirituality play in the wellbeing of CHCWs at Temba Community Development Services?

1.4 AIMS OR RESEARCH OBJECTIVES

1.4.1 General aim

The general aim of this qualitative investigative research was to explore, identify and describe how spirituality assisted in improving the internal wellbeing of CHCWs.

1.4.2 Specific aims

The specific literature aims were:

- to articulate and describe the components of spirituality as reflected in the literature.
- to identify and conceptualise the construct of wellbeing.
- to describe the role and experiences of CHCWs in caregiving.

The specific empirical aims were:

- to explore and describe the lived experiences of CHCWs and the role of spirituality in their wellbeing having listened to and recorded the information they shared so that it could be analysed for emerging themes.

- to discover and describe the components of spirituality that emerged from the participants' stories compared with existing literature. This could inform further research in the field of Employee and Organisational Wellness that pertains to spirituality in the workplace. The dependent variable in the study was wellbeing and the independent variable was spirituality.

1.5 THE PARADIGM PERSPECTIVE

1.5.1 The psychological/behavioural paradigm (Theoretical paradigm)

The study was conducted within the discipline of Industrial and Organisational Psychology and specifically within the sub-field of Employee and Organisational Wellness.

Terre Blanche, Durrheim, and Painter (2006, p.562) describe a research paradigm as; "an all-encompassing system of practice and thinking, which defined for researchers the nature of their enquiry; that is, those things that were taken for granted about the social world they studied and the correct ways of going about studying it."

Bergh and Theron (2009) identified Industrial and Organisational Psychology as a branch of psychology that utilised psychological knowledge in the work context to assess, utilise, develop and influence individual employees and organisational processes. May, in Bergh and Geldenhuys (2013), identified employee and organisational wellbeing as the main aim in the applied fields of Industrial and Organisational Psychology to ensure optimal work performance and successful business outcomes, because optimal performance created improved wellbeing in the workplace and decreased possible problems.

Researchers utilised the foundational knowledge from Industrial and Organisational knowledge to do research and found practical solutions for work related problems, promoted optimal work performance and ensured employee wellness (May, in Bergh & Geldenhuys, 2013). This researcher consulted literature and research findings of other researchers to guide this research project.

1.5.2 The field within I/O Psychology

Employee and Organisational Wellness is an applied field that had recently been re-emphasised and redefined by focusing on health policies and the implementation of health-promotion initiatives such as Employee Assistance Programmes (EPA's) (Bergh et al, 2009).

The Positive Psychology approach on the concept of employee and organisational wellness regards wellness and health as the presence of well-being and optimal performance and used factors such as an internal locus of control, positive emotions, hope, optimism, self-efficacy, personal hardiness and sense of coherence to achieve these goals (Bergh & Theron, 2009). This researcher regarded spirituality as a factor that could also make a positive contribution to wellbeing and work performance and endeavoured to collect data through this research study that could add to the existing knowledge on the topic of spirituality and wellbeing.

May, in Bergh and Theron (2009) mentioned the following constructs as factors that described well-being, namely; happiness, hope and optimism, and virtues. Virtues mentioned by May (2009) in citing Carr (2004), and Peterson and Seligman (2004) were wisdom, courage, humanity, justice, temperance, and transcendence, as well as the 24 character strengths described in the Values in Action (VIA) Classification System that were used to determine the individual's level of wellbeing.

1.5.3 Research paradigm (Empirical paradigm)

This researcher explored the meaning and purpose of spirituality in the wellbeing of the research participants by using an interpretive approach, which meant making use of a particular ontology, epistemology and methodology (Mohan & Uys, 2006). This study followed a qualitative phenomenological research strategy of a descriptive nature, using interviews as a data collection instrument.

In this study, the researcher used the assumption that the participant's subjective experiences were real and should be taken seriously (ontology) and that understanding of other's experiences was established when listening to what they told us (epistemology) (Terre Blanche & Durrheim, 1999 as cited by Mohan & Uys, 2006).

The researcher clarified the terms relating to phenomenology and explained the meanings of ontology, epistemology and axiological dimensions of phenomenology. Klenke (2008) described ontology as the factor that answered the paradigmatic question, "What is the nature of reality?" How we viewed the nature of reality affected our beliefs about the nature of knowledge and answered the question, "How do we know what we know?" Epistemology dealt with the origin, nature and limits of human knowledge which focused on the relationship between the knower and the known.

Klenke (2008) elaborated and pointed out that epistemology was intimately related to both ontology and methodology, because ontology involved the philosophy of reality, epistemology addressed how we came to know that reality, while methodology identified the particular practices used to attain knowledge of it. Klenke (2008) cited Creswell (1994) and explained that axiology referred to the role of values and ethics in research, which meant that qualitative approaches recognised the impact of the researcher's value and though reflexivity sought to actively report the values and biases of the researcher as well as the value of the gathered data.

1.6 LITERATURE REVIEW

The researcher did a preliminary literary search and review to gain insight into the variables of spirituality, wellbeing and CHCWs to address the research question. Saunders, Lewis and Thornhill (2012) suggest the use of articles in academic and professional journals, reports and books, and especially academic review articles, because they contain specific information relating to a particular topic area with pointers towards aspects where further research was recommended.

Machi and McEvoy (2012) propose a literature review model consisting of six steps and this researcher used the suggested steps to do the literature review for this research proposal.

The steps were as follows: Step 1: Select a topic. Step 2: Search the literature. Step 3: Develop the argument. Step 4: Survey the literature. Step 5: Critique the literature. Step 6: Write the review.

Saunders *et al.* (2012) divided available sources of information into three categories as represented in Figure 1. The primary literature was sometimes referred to as grey literature because it could be difficult to trace, being the first occurrence of a piece of work. Secondary literature consists mainly of books and journals and is aimed at a wider audience. In addition, secondary literature were better covered by the tertiary literature and therefore easier to locate. In the current study, the researcher found most of the information that were used to gain an understanding of the topic in books and journals located in the Unisa library after doing literature searches in databases such as SABINET, EBSCO and ProQuest, which forms part of the tertiary category.

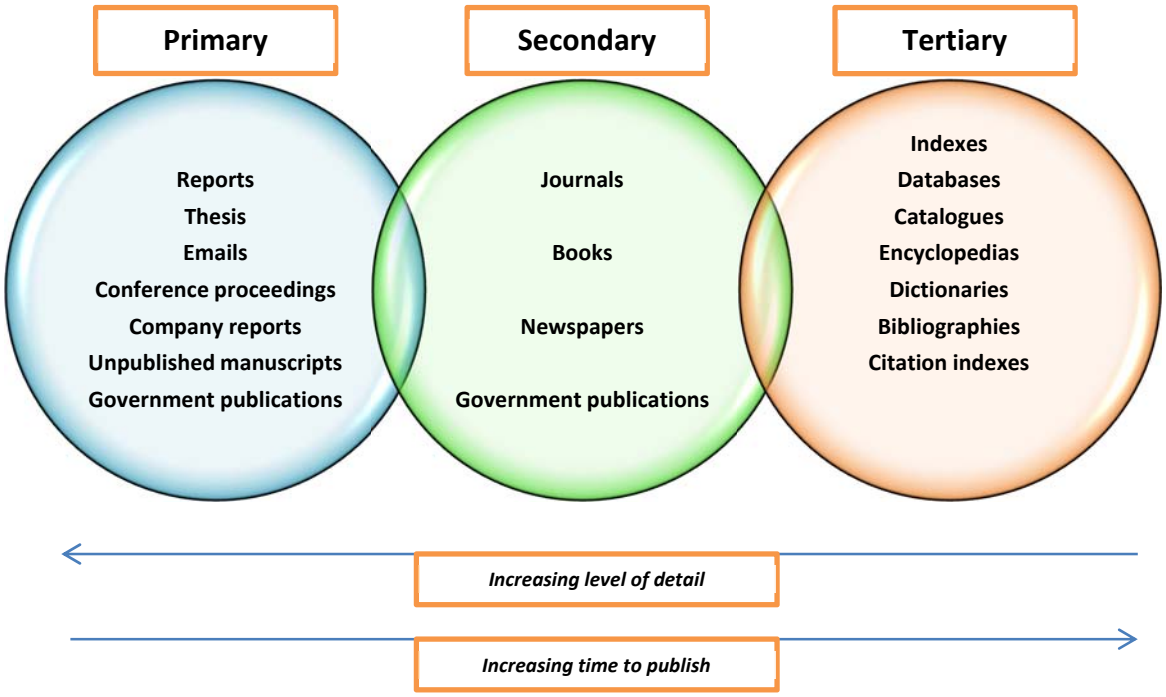


Figure 1: Literature sources

(Saunders, Lewis and Thornhill, 2012)

The two main focus areas of this study were spirituality and wellbeing in relation to CHCWs working with HIV/AIDS patients at a NGO shelter. The researcher surveyed recently published literature to gather information and gain insight into the lived experiences of CHCWs, how the work environment impacted on their wellbeing and the role of spirituality in this process. The researcher downloaded journal articles and dissertations from the Unisa Library by using the online databases and located books in the Unisa Rustenburg collection that dealt with qualitative research, research methodology, writing a thesis and data analysis to assist in completing this dissertation.

In this study, spirituality was the independent variable and wellbeing the dependant variable. By surveying the literature, the researcher gathered information about what other authors published on the concept of spirituality, wellbeing and CHCWs. A full literature review is presented in Chapter 2, but as a means of introducing the variables, a short introductory overview as of the variables was done in the following section.

1.6.1 Spirituality

Mayer, Surtee and Barnard (2015) did a qualitative study with a sample of 13 participants to gain insight into how they manage the demands made on their wellbeing in terms of the constructs of sense of coherence (SOC) and spirituality. Mayer *et al*. (2015) cited De Klerk (2005) and Mayer (2011) and stated that a strong SOC and spirituality assisted in enhancing wellbeing, stress management and the occurrence of burnout in organisations. De Klerk, Boshoff and Van Wyk (2006) investigated the role of spirituality in how a person experiences meaning in life, commitment and motivation in the workplace.

The meanings attached to spirituality by an assortment of authors were pointed out by Mayer *et al*. (2015). These included the definition by Krishnakumar and Neck (2002, cited by Mayer *et al.*, 2015) who saw it as a subjective experience of being connected with oneself, others and the whole universe, while Duignan and Bhindi (1997, cited by Mayer et al., 2015) interpreted individual interest in spirituality reflected in an attempt to understand spirituality as a connection between work, interpersonal relationships and life beyond oneself.

Mayer *et al*. (2015) found the following four themes that emerged relating to spirituality, namely; life-orientation in terms of SOC, meaningfulness, spirituality and spirituality in the workplace. The themes that were of interest to this researcher were spirituality and spirituality in the workplace together with their sub-themes, which were as follows:

- Spirituality reflected in inner-connectedness which was the personal inner connection in terms of identity and self-awareness;
- Spirituality as reflected in trans-personality which were described as being in connection with the highest self, close to God and part of the creation;
- Spirituality as a coping mechanism was identified by participants as a survival tool and a means of coping with challenges; and
- Spirituality in the workplace was conducted on an individual level by meditating during quiet time and acknowledging the importance of gratitude, self-awareness and self-reflection.

Mayer *et al*. (2015) found that the central theme of meaningfulness provided a link between psychological and spiritual perspectives and wellbeing and coping. These were themes that the researcher in the current study also investigated while doing the data analysis.

1.6.2 Wellbeing

The researcher did a preliminary literature review on the variable of wellbeing in order to gain an understanding of the construct so that the findings of this empirical study can be compared to the existing literature. Henning and Cilliers (2012) conducted a qualitative study of both the literature and empirical research to refine the systems psychodynamic model to gain a better understanding of psychological wellness at the individual, group and organisational levels.

Henning and Cilliers (2012) used a Listening Post (LP) that consisted of experienced subject experts and this enabled the researchers to identify 39 themes, which was categorised into three different levels of the model. The three central themes that emerged were identity, hope and love. These aspects are investigated in more detail in the literature review in Chapter 2.

1.7 RESEARCH DESIGN

1.7.1 Qualitative research approach

A phenomenological qualitative research approach was used to investigate the lived experiences of the CHCWs in their natural environment and to interpret the collected data to provide invaluable practical information (Christensen, 2001, as cited in Unisa 2011).

According to Terre Blanche *et al*. (2006), the traditional approaches in qualitative research were the interpretive- and social constructionist approach, with a third option available, namely; participatory action research. In this research project, the interpretative approach was used to discover underlying meanings and patterns of relationships. The researcher had chosen this approach because it best fits in with the two key points identified by Terre Blanche *et al*. (2006), namely; that it involved understanding in context and that the researcher becomes the primary 'instrument' in data collection and analysis.

The purpose of the study was to highlight the importance of spirituality in the wellbeing of HIV/AIDS caregivers, interpret the meanings the participants attached to these constructs and establish if patterns of relationships emerged. Terre Blanche *et al*. (2006) describe qualitative research as a multi-method approach. This is because there were various methods available to

collect data and the researcher needed to make a choice on which sampling method to use, taking into consideration issues such as the type of sample, where the sample would be obtained and the sample size. The researcher used this information to choose the options that would best fit the requirements of this research project and elaborated on these aspects in the following sections.

Braun and Clarke (2013) identified two approaches that could be used in qualitative research. Firstly, experiential qualitative research, which validates the meanings, views, perspectives and experiences expressed in the data. When using this approach, participants' interpretations were prioritised, accepted and focused on, and it was not used as a basis for analysing other issues. This approach was used to guide research in this project, because this researcher considered the participants as the "experts" in this field and their input needed to contribute a 'thick' or 'rich' detailed description of the object of study, in which the complexity of participants' life stories were captured in the data (Geertz, 1973, as cited in Braun and Clarke, 2013).

Two factors were taken into consideration when the researcher decided on a research approach, namely; epistemology, which referred to theory of the grounds of knowledge, that is, how things could be known. The second was ontology which refers to the theory of the essence of things, the philosophical understanding of what aspects of human existence were available to be studied. In this study, the researcher wanted to find out about the participants' spirituality and wellbeing (what is real for them) and the researcher listened carefully what the participants told him (epistemology) (Terre Blanche *et al*., 2006; Braun *et al*., 2013).

1.7.2 Research strategy

The researcher considered the four major types of qualitative research approaches before deciding on phenomenology. Phenomenology literally means the study of phenomena and described events, situations, experiences or concepts as part of the world in which we live. It acknowledged a gap in our understanding of a phenomenon and sought to provide clarification of the phenomenon. It might not provide explanations, but raised awareness and increased insight (Terre Blanche *et al*., 2006).

In this study, the role of spirituality in the wellbeing of caregivers were explored and the researcher interpreted spirituality as trust and belief in God that He will maintain a loving, caring relationship with every individual who sought to have a relationship with God.

The research population in this study was HIV/AIDS caregivers at a HIV/AIDS Shelter located in Mthata in the Eastern Cape. This researcher was guided by what Terre Blanche *et al*. (2006) said about the practical situation of presenting a research proposal to get approval to do the research. The researcher had to be specific and mentioned how many cases were investigated. Terre Blanche suggested that six to eight sampling units will suffice for a homogeneous sample.

The researcher decided on a total sample of eight cases.

1.7.3 Research methodology

The research methodology was discussed under the following fourth-level headings.

1.7.3.1 Research setting

The research setting was a NGO Shelter, Temba Community Development Services, situated in Mthata in the Eastern Cape. Temba was established in 1999 as a faith-based organisation involved in poverty alleviation programmes. However, the HIV/AIDS pandemic caused such an overwhelming need for intervention, that Temba started to prioritise HIV/AIDS awareness-raising and education programmes. The interaction with the community through conducting workshops made the directors and board aware that many people were critically ill at home, unable to get help from the government health services or even family and community members.

This necessitated the start of a new phase where volunteers were trained to provide home based care and a three bedroom house with space for 15 beds was rented to take in the critically ill. In 2008, the current shelter which could house 30 patients was built with financial aid from the Diocese of Huron, Anglican Church of Canada (Canadian Foodgrains Bank Progress Report, 2013).

1.7.3.2 Entreé and establishing researcher roles

The researcher has been associated with Temba since 2001 as a volunteer, board member and pastoral helper. The research idea was discussed with the Director Ms Lulu Boxoza since at least 2008 because as devout Christians, both of us felt the need to have the story and lived experiences of the volunteer caregivers at Temba shared with the broad South African community. The motivation for the research was that people could be made aware that in even

a dark and desperate period of their lives, hope could be found in serving those in need and holding onto one's faith, hoping for a better future.

The Director (gatekeeper) obtained permission from the board to have the research conducted on site at Temba (Annexure C). The researcher provided the director with given specifics regarding the criteria that the cases had to comply with and permission was granted for the research to take place during the July school holiday in 2014. The researcher obtained signed letters of consent from the prospective participants, so that ethical clearance could be obtained from the Unisa Ethics Committee to proceed with the research.

1.7.3.3 Sampling

Several sampling strategies were available to do qualitative research. The researcher had to choose between convenient sampling, snowballing, stratification, theoretical- and purposive criterion sampling.

The researcher had to consider which data cases would provide information rich data and decided on purposive sampling, because the researcher wanted to generate insight and in-depth understanding of the research topic (Patton, 2002; as cited in Braun *et al*., 2013).

To ensure that the research project had a proper organised plan, the researcher provided the director with criteria by which to recruit the participants. This was done to get clarity about future processes because the researcher resided in Rustenburg and the director (gatekeeper) in Mthata where the research site is located. The researcher provided prospective participants with a participant information sheet (Annexure A) and a letter of consent (Annexure B) which was signed on acceptance of the invitation to participate in the research.

The criteria which the Director was asked to use to select the caregivers who would participate in the study were as follows:

- Had worked at Temba for more than a year;
- Had worked with patients who are HIV positive or have AIDS;
- Have a spiritual connection as a coping mechanism in the work context;
- Were representative of different gender groups; and

- Completed the Temba HIV/AIDS training programme.

The researcher drew a purposive sample from the available caregivers who met the research population criteria. The normal procedures in obtaining consent, confidentiality and all the ethical considerations were adhered to by the researcher (CEMS Research Committee, 2010).

All participants were provided with a participant information sheets (PIS) which contained written information relating to the parameters of the study, the scope of their involvement and participation, including the potential risks and benefits (Braun *et al*., 2013). The researcher submitted the "Application for ethics review and clearance of research involving humans" (Form 1-2013) supported by the information sheet, completed and signed letters of consent, permission letter from Temba and information on research instruments to Unisa together with the research proposal, so that permission to proceed with the research could be granted.

1.7.3.4 Data collection and recording methods

Data were collected by means of unstructured interviews by asking open-ended questions to start the interview, followed by the central question, namely: 'Can you tell me about the role played by your spiritual beliefs in your wellbeing in working with patients with HIV/AIDS?' As themes and topics emerged, the researcher used the information to guide the participants to continue to provide rich in-depth descriptions of their lived experiences. The researcher aimed to be flexible and responsive to the participants during the interview (Braun *et al*., 2013; Terre Blanche *et al*., 2006).

The researcher arranged for the interviews to be conducted on a one-to-one basis in a room which was used for counselling purposes. Interviews were audio-taped and transcribed verbatim. The researcher obtained consent to record the interview, because this allowed the researcher to keep a full record of the interview without being distracted by detailed note-taking (Terre Blanche *et al*., 2006).

The researcher had familiarised himself the requirements of a good interviewer as described by Seidman (1991, as cited in Terre Blanche *et al*., 2006) regarding the need to: listen more, talk less; explore, do not probe; avoid leading questions; keep participants focused and ask for concrete details. In addition, field notes were made of each interview. Interviews continued until data saturation was reached, which occurred at the repetition of themes. The researcher listened carefully to the participants' narrative and when he noticed that they appeared to have

exhausted their story or were repeating themselves, he steered the interview towards its conclusion by asking if the participant had any concluding remarks to make.

After the data collection process was completed, the data were prepared for analysis by transcribing it. Braun *et al.* (2013) recommended the orthographic or verbatim style of transcription, recording what was said in words and sounds.

1.7.3.5 Data analysis

Terre Blanche *et al*. (2006) state that in qualitative research there was no clear point at which data collection stops and analysis begins and described the two basic patterns for doing qualitative data analysis, namely; interpretative and social constructionism analysis.

Harding, (2013) in citing Dawson (2009) suggests four options of date analysis which would be helpful to the beginner researcher:

- Thematic analysis which was used to identify themes that emerged from the data.
- Comparative analysis, where the researcher compared and contrasted data collected from different respondents until no more new themes arose.
- Content analysis, where the researcher worked systematically through the transcripts, coding the factors that arose.
- Discourse analysis where the focus was on patterns of speech and the way that language was used to convey meaning.

Braun *et al*. (2013) discussed four basic qualitative methods which were Thematic Analysis (TA), Interpretative Phenomenological Analysis (IPA), Grounded Theory (GT) and Pattern-based Discourse Analysis (DA).

Each of these methods had several varieties which contained elements that overlapped and this researcher had chosen to use Thematic Analysis as the preferred method, as it was the first research project he engaged in and Thematic Analysis seemed to suit the purpose of this specific study insofar that the research identified emerging themes arising from the data.

Braun *et al*. (2013) provide seven stages of coding and analysis for Thematic Analysis. The stages were as follows:

- Transcription;
- Reading and familiarisation; taking note of items of potential interest;
- Coding-complete; across entire dataset;
- Searching for themes;
- Reviewing themes (producing a map of the provisional themes and subthemes, and relationships between them-the 'thematic map");
- Defining and naming themes; and
- Writing – finalising analysis.

1.7.3.6 Ethical issues

The researcher had familiarised himself with the requirements of the Unisa Policy on Research Ethics (2007) and in particular, the section dealing with research on human participants so that all the requirements were met when applying for ethical clearance for the research.

The researcher was in possession of the application for ethical clearance which had to be submitted with the final draft of the research proposal. The researcher undertook to ensure that the requirements contained in the Ethics Policy were followed. The moral principles contained in the policy were:

- Autonomy (research should respect the autonomy, rights and dignity of research participants).
- Beneficence (research should make a positive contribution towards the welfare of people).
- Non-maleficence (research should not cause harm to the research participant(s) in particular or to people in general).
- Justice (the benefits and risks of research should be fairly distributed among people).

These principles were described in the "Belmont Report" to ensure the safety of human participants (Ogungbure, 2011).

Van Rooyen *et al*. (2009) gave guidelines on how to ensure validity of the research. Lincoln and Guba's model provided strategies to ensure trustworthiness. The strategies were credibility, transferability, dependability and confirmability. The researcher ensured credibility by using his experience in having done volunteer fieldwork to gather relevant data. Transferability was ensured by doing a purposive sample in selecting participants that could provide rich and thick data. A detailed description of the research methodology ensured dependability and confirmability by the use of field notes. The researcher ensured that the research was kept safe and protected when using recording devices and when doing the transcripts. The information of his laptop was password protected to ensure confidentiality.

1.7.3.7 Reporting

The research was reported according to the requirements as set out by the Department of Industrial and Organisational Psychology for submitting a completed Masters dissertation.

1.8 FINDINGS-QUALITATIVE RESEARCH

The researcher used the Thematic Analysis method of data analysis so that a contribution was made to the existing knowledge about spirituality and its influence in the wellbeing of community health care workers in their work situation.

As per the requirements of the Ethics Policy of Unisa, feedback was provided to the participants and the organisation where the research took place. The researcher endeavoured to have the research and its findings published in a scientific journal.

1.9 DISCUSSION

In this part of the chapter the researcher discussed how the study succeeded in answering the research question and if the aims were addressed by using the indicated research design and methodology.

1.10 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

1.10.1 Conclusions

The researcher proceeded with this research project and explored the lived experiences of spirituality and wellbeing of community health care workers at Temba Community Development Services, an NGO's HIV/AIDS caregiving facility. This proposal described the

motivation and background for the research, as well as the aim of the study. The appropriate paradigm, research model, research design and research method were also discussed.

The research study was published with the researcher's interpretation and conclusions of the data in the format of a research article and published as a Masters dissertation. The conclusions of the study were made based on the study's findings so that it contributed to the body of existing knowledge.

1.10.2 Limitations

The researcher was situated 1 000 km from the research site and travelling was expensive, so the interviews were scheduled for a one week period during the July 2014 school holidays. The sample size in qualitative research was too small to generalise the research findings.

1.10.3 Recommendations

Recommendations were formulated to address the problem statement based on the study's results and conclusions. Recommendations for the NGO sector dealing with HIV/AIDS, the individuals, as well as future research was discussed.

1.11 CHAPTER LAYOUT

Chapter 1 Scientific orientation to the research

Chapter 2 The literature review

Chapter 3 Research design

Chapter 4 The findings and discussion - Qualitative research

Chapter 5 Conclusions, limitations and recommendations

Chapter 1 introduced a general framework of what the researcher wanted to achieve in the study and in Chapter 2 the researcher proceeds to gather data in the form of a literature review on the variables of spirituality and wellness and the role and functions of CHCWs.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Biggam (2011) states that a review of literature is carried out to find out who said what about the topic you were interested in, specifically the research objectives. It is meant to show the reader that you had read widely and in depth and that you had the necessary skills to interpret and evaluate the literature.

In this literature review, the aim was to articulate and describe the components of spirituality, identify and conceptualise the construct of wellbeing and describe the role and experiences of CHCWs in caregiving. This researcher endeavoured to investigate the interconnected links between caregivers, spirituality and wellbeing as described in the literature in the field of HIV/AIDS caregiving, in the research setting of a HIV/AIDS community project.

By examining what impact spirituality had on the wellbeing of community health care workers, it was hoped that a critical understanding on these key issues emerged. In addition, researcher was better informed and had a clear focus and justification for empirical research in the field of spirituality in the workplace.

2.2 SPIRITUALITY

Dolamo (2003) provides insight in articulating what spirituality is when he reviewed the work of the General Assembly of the Ecumenical Association of Third World Theologians (EATWOT). He describes spirituality as a two dimensional faith, namely; the love for God and the love for our neighbour. Faith in action is expressed in the freedom of religion, conscience and expression as enshrined in the Constitution of South Africa by showing compassion for the poor, the "least" among Jesus' friends. Spirituality implies working against exploitation of the poor, abuse of women and children, neglect of young people and destroying the environment. Spirituality guided us to subscribe to the humanisation and liberation projects as taught by Jesus and made manifest in Him when He proclaimed God's Kingdom on earth.

Koerie (2006) discusses the renewed interest in the transmission of spiritual wisdom and mentioned that spirituality helped to effect justice and peace at all levels in the new South Africa. Koerie's contention was that "right-heartedness" was essential so that human existence

acquired greater depth and meaning, which helped to bring about a more united, peaceful world community.

Researchers address various aspects of spirituality in the workplace or in the lives of individuals. Some of them are of the opinion that there had been an increase in the research conducted in this field due to the pressurised, high-paced work environment impacting negatively on the well-being of workers and the need for workers to connect with their spiritual dimension to develop coping mechanisms to overcome obstacles that hinder optimal work performance (Lloyd, Roodt, & Odendaal, 2011; Els & De La Rey, 2006; Temane, 2006).

2.2.1 Definition of spirituality

Giacalone and Jurkiewicz (2010) mention the existence of several diverse definitions of spirituality in the literature and scholars of the topic are further challenged by the fact that several authors approached the topic from different angles and perspectives. These aspects posed a significant conceptual obstacle to formulate a clear understanding of workplace spirituality.

The definitions compiled by Giacalone and Jurkiewicz. (2010) included elements of transcendence, ultimacy or divinity. Some authors treated it as behaviour, a subjective experience, an objective reality or a search for personal significance. This was illustrated in the list of definitions in Table 1.1 (p 7) in the "Handbook of Workplace Spirituality and Organizational performance."

Emmons in Giacalone and Jurkiewicz (2010) describes spirituality as the personal expression of ultimate concern. In contrast, Armstrong (1995) called it the presence of a relationship with a higher power that affected the way in which one operated in the world. Giacalone and Jurkiewicz (2010) point out the growing interest in the role of spirituality on a global front due to value shifts and people looked for coping mechanisms in a chaotic world, both in a personal and professional sphere.

Larsen (2012) reports that the literature regarding spirituality reflected conceptual confusion due to a lack of a clear, coherent and comprehensive definition of spirituality. This had hindered the comparison of research findings and the advancement of conceptual knowledge regarding the concept of spirituality. Larsen (2012) views spirituality as belief or faith in a benevolent,

transcendent force commonly termed God or a Higher Power, expressed in the attributes of experience, transcendence, connection and relationship.

This researcher used a narrow definition of spirituality in the context of this study and defined spirituality as a trust and belief in God to the extent that the believer had a loving, caring relationship with God and trusted Him to take care of their daily material and spiritual needs. The person who "surrendered" their life to God had to listen to His voice giving direction in their lives.

2.2.2 Spirituality in positive psychology

Hefferon and Boniwell (2011) describe positive psychology as the science of wellbeing and optimal functioning, which was part of the empirical research of this study, namely; how spirituality influenced wellbeing of caregivers and their work performance. Hefferon and Boniwell (2011) cite Diener and Biswas-Diener (2008) who found that people who reported themselves as being spiritual also indicated slightly higher levels of wellbeing and they proposed that the elements needed for religion/spirituality to enhance wellbeing were as follows:

- Comforting beliefs in the after-life;
- Social support in the community;
- A connection to a power that can give comfort, meaning and a sense of identity;
- Growing up religiously with a clear set of values and morals; and
- Experience of rituals that brings excitement to the congregation.

In the data supplied by the participants of the present study, they testified to the fact that their connection to God gave them comfort, meaning in life and a sense of identity, increasing their levels of wellbeing.

2.2.3 Spirituality in the workplace

In this study, the researcher explored the spirituality of participants in the workplace and Karakas (2010) identified three different perspectives on how spirituality benefited employees and supported organisational performance. These perspectives were that spirituality in the

workplace enhanced employee wellbeing and quality of life, provided employees with a sense of purpose and meaning at work and it provided employees with a sense of interconnectedness and community.

Karakas (2010) suggests that organisations approached the implementation of spirituality into the workplace with sensitivity and caution by paying attention to accommodation of spiritual requests, respect for diversity, openness and freedom of expression and an acknowledgement of employees as whole persons.

The workplace acted as a framework wherein a person experienced meaningfulness through factors such as values, culture, leadership, management style and spirituality (Steenkamp & Basson, 2013).

Steenkamp and Basson (2013) identified workplace spirituality as one of the factors that played a role in bringing meaning and balance in the life of an individual. Workplace spirituality was linked with the following elements:

- A sense of meaning at work;
- Being part of a workplace community;
- Alignment with workplace values;
- Intrinsic job satisfaction and involvement;
- Workers show organisation commitment; and
- Organisation based self-esteem.

In Chapter 4, the researcher compared the findings of the empirical research and the literature review to establish if there was a link between the findings relating to spirituality in the workplace and how it impacted on the wellbeing of CHCWs.

Spirituality played a role in giving people who were faced with adverse living conditions a coping mechanism and this was seen in the resilience exhibited by the people facing adversity. Pienaar, Swanepoel, Van Rensburg and Heunis (2011) conducted a study to explore the resilience in AIDS orphans living in a residential care facility. They found that spirituality was

a key factor in fostering resilience in the participants, because it encompassed inner strengths, as well as interpersonal and problem-solving skills, such as hope and morality.

The participants in Van Rensburg *et al.*'s (2011) study experienced trauma and emotional disturbance, but displayed a belief in their own competence and skills that things changed for the better, that the future was hopeful and that they controlled the direction of their own lives.

Van Tonder and Ramdass (2009) investigated employee perspectives on the meaning of workplace spirituality and compared several definitions of spirituality with workplace spirituality. They highlight several concerns emerging from the literature regarding workplace spirituality. Furthermore, Van Tonder and Ramdass (2009) found that a number of qualitative studies showed a positive link between workplace spirituality and employee work attitudes, such as organisational commitment, intrinsic work satisfaction and job involvement (citing Milliman, Czaplewski & Ferguson, 2003) and inversely related to organisational frustration (citing Kolodinksky, Giacolone & Jurkiewicz, 2008). However, several studies show that the operationalization of workplace spirituality precluded meaningful conclusions.

The diversity evident in the multitude of definitions of spirituality added to the state of confusion and prevented the rigorous comparison of research results. The obstacle in arriving at a satisfactory definition of spirituality arose from the subjective nature of the construct and the inability to categorise it (MacDonald, 2000; Mohamed, Wisnieski, Askar & Syed, 2004; Neal, 1997 as cited by Van Tonder and Ramdass, 2009).

Van Tonder and Ramdass (2009) felt that the generally optimistic view concerning the value and benefits of workplace spirituality was diminished by the paucity of empirical research on the subject. They further contend that it was through the absence of adequate empirical research that uncritical perspectives on the phenomenon surfaced. Negative perspectives such as the exploitation or manipulation of employees through the unobtrusive system of control created by the introduction of workplace spirituality were ignored (citing Biberman & Coetzee, 2005; Goodier & Eisenberg, 2006).

Van Tonder and Ramdass (2009) present several observations sourced from literature showing the growing interest and development related to workplace spirituality, namely; that interest in the construct of workplace spirituality was gaining momentum (citing Johnson, 2007; King, 2007; McConkie,2008). Although the reasons for this growing interest were unclear, there seemed to be a general agreement that workplace spirituality offered more benefits than

disadvantages on the individual and organisational level. The benefits arose from the introduction of spiritual values and beliefs, resulting in transforming the individual, which led to a transformation of workplace and organisational practices (Dehler & Welsh, 1994; Kinjersky & Skrypnek, 2004; McCormick 1994; Neck & Milliman, 1994 cited by Van Tonder & Ramdass, 2009).

Van Tonder and Ramdass (2009) summarised their findings in table form and made a meaningful comparison with the outcomes of the studies of four other authors on the construct of workplace spirituality as illustrated in table 1.

The common elements that emerged from the various studies in table 1 were the presence and working of a higher power/force/God, who had a relationship with people and He played a significant role in their lives. This relationship impacted in the area of wellbeing, self-esteem and interpersonal relationships with other people. It gave the believer the ability to perform optimally, deal with and cope effectively with obstacles and made a positive contribution in the workplace. The above-mentioned studies showed the presence of spirituality in a positive light related to the enabling and enhancing of the psychosocial and cognitive behaviour of employees in the workplace. The comparison of the studies also showed that the construct of authenticity plays an important role in the spiritual realm, because it brought honesty, meaning and purpose into the work setting where the employee strived to present his/her true self as a part of the organisation.

Table 1: Comparison of elements describing spirituality

FAIRHOLM (1996, P. 12)	MITROFF AND DENTON (1999A, P. 89)	KINJERSKI AND SKRYPNEK (2004)	MOHAN AND UYS (2006)	THE CURRENT STUDY
Survey, respondents not stated	Interviews with 88+ executives	Surveys and interviews with 14 spirituality professionals	Interviews with 10 middle to senior management professionals	Survey involving 31 employees (managerial and non managerial)
Characteristics of spirituality • An inner conviction of a higher, more intelligent force • The essence of self that separates humans from animals • What humans rely on for comfort, strength and happiness • The part of us searching for meaning, values, life purposes • A personal belief system • An emotional level, a feeling • The acting out in thought and deed of the experience of the transcendent in human life • A personal relationship with God	**Key elements of spirituality** • Not formal, structured or organised • Nondenominational, above and beyond denominations • Broadly inclusive, embracing everyone • The ultimate source and provider of meaning and purpose in life • The awe we feel in the presence of the transcendent[a] • The sacredness of everything, the ordinariness of everyday life • The deep feeling of the interconnectedness of everything • Inner peace and calm • An inexhaustible source of faith and willpower • The ultimate end in itself	**Themes/dimensions of spirit at work** • Physical experience: Physiological arousal and energy • Affective experience: Positive affect characterised by well-being and joy • Cognitive experience: Authenticity, alignment and making a contribution • Authenticity: Expressing oneself completely at work • Alignment: Congruity between one's values and beliefs and one's work • Making a difference: A belief in work as a higher purpose • Interpersonal experience: Sense of connection to others and common purpose • Spiritual presence: Awareness of connection to something larger than self • Mystical experience: A sense of perfection and transcendence	**Emergent themes** • Relationship with higher beings • Making sense of life • Acknowledging and nourishing the inner world • Living authentically • Finding meaning and purpose through work • Our relationship with other people • Living a balanced life • Organisations as spiritual entities • Our role in creating the future	**Emergent themes on workplace spirituality** • WS shapes the inner world of the employee o Enhances self-insight and awareness in respect of self and others o Provides meaning and a sense of purpose o Engages the employee more holistically and completely; Embraces the employee's beliefs in the divine and cultivates a commitment to humanistic values o Creates a positive state of mind and induces positive affect in the employee • WS is about enacting the employee's inner world o Is about enacting the inner world and belief systems without hesitation o Is about contributing o Reflects a heightened social awareness and orientation in employees and manifests in employee interaction that is markedly appreciative and accommodating of others o Instils a sense of connectedness and relatedness o Instils a sense of community • WS is perceived to impact on the employee and the workplace o Enhances employee coping and wellbeing o Contributes to employee functioning and performance o Influences and directs workplace interaction and conduct o Shapes the culture and atmosphere of the workplace

2.2.3.1 Positive view of spirituality in the workplace

Calvert (2010) explored the association between Christians' relationship with God and their emotional wellbeing. The potential negative effects of spirituality on the mental health of people were found to be feelings of guilt, loss of faith, feeling spiritually lost, understanding 'evil, suffering and death' and fear of God's judgement after death (Johnson & Hayes, 2003; Bryant & Astin, 2008; as cited by Calvert, 2010).

Calvert (2010) reports that although research has revealed potentially negative effects of spirituality, there seem to be a greater frequency of positive reports. The positive aspects of spirituality were described by people as being a resource for coping with a wide range of difficult and painful situations or events, such as sexual assault, widowhood, heart surgery, cancer and raising children with a disability (Tepper, Rogers, Coleman, & Maloney, 2001; Ai, Dunkle, Peterson, & Bolling, 1998; as cited by Calvert, 2010).

Nasurdin, Nejati and Mei (2013) suggest that spirituality in the workplace contributed positively to organisational citizen behaviour by enhanced creativity, increased honesty and trust within the organisation, higher organisational trust, increased sense of personal fulfilment and greater organisational performance (citing Freshman, 1999; Wagner-Marsh & Conley, 1999; Burack, 1999; Leigh, 1997; Garcia-Zamor, 2003).

2.2.3.2 Negative view of spirituality in the workplace

Karakas (2010, citing Mitroff & Denton, 1999; Mirvis, 1997; Krishnakumar & Neck, 2002) cautions against four factors when spirituality is incorporated into the workplace. The first danger was the risk of attempting to convert other people from diverse religions, which led to conflict as a result of people feeling isolated, alienated and threatened.

The issue of compatibility also posed problems because some employees felt that their spirituality was a personal issue and must be kept separate from work. An organisation could also have a long history of a materialistic and positivist philosophy, which made it difficult to incorporate spirituality issues into the workplace (Karakas, 2010, citing Mirvis, 1997; Cavanagh, 1997).

There was a risk that the true value of spirituality might be undermined when management saw it as a short-term solution and management tool to increase productivity or as a marketing device (Karakas, 2010, citing Fernando, 2005; Gibbons, 2000). Lastly, there could be a problem

of legitimacy in terms of theory, research and practice, because there was still ambiguity and confusion about the concept, definition, meaning and measurement of spirituality (Giacalone & Jurkiewicz, 2003a; Hicks, 2003 as cited by Karakas 2010). Dent, Higgins and Wharff (2005, as cited by Karakas, 2010) suggest that researchers avoided a "conceptual fog" by being rigorous in defining spirituality.

2.2.3.3 Forms of expression of workplace spirituality

Research conducted by Nasurdin *et al*. (2013) into workplace spirituality and organisational citizenship behaviour (OCB) indicated that workers expressed their spirituality through the way they conducted themselves in the workplace and in interpersonal relationships.

Nasurdin *et al.* (2013) view spirituality at work as the process whereby employees' souls were nourished at work, because they understood themselves as spiritual beings. This nourishment took place when workplace spirituality (meaningful work, sense of community and alignment of values) impacted positively on OCB (altruism, courtesy, sportsmanship, conscientiousness and civic virtue).

Prayer, which is communion with God, has been identified as a way of expressing spirituality in the workplace. The caregivers interviewed in the study by Van Tonder and Ramdass (2009) spoke of prayer as being the one thing that got them through the day. Prayer was considered a powerful force in asking for and welcoming God's help in coping with the daily tasks and struggles faced by CHCWs. God was present and could be called upon to support those in need in their time of illness, crisis or need (Van Tonder & Ramdass, 2009, citing Rauch 2000).

Belief in the power of prayer, along with faith and the strength received from God through prayer were of immeasurable help and comfort to the caregivers who were working with dying adults and children.

2.2.4 Spirituality as coping mechanism

Van Rooyen, Williams and Ricks (2009) conducted research into how caregivers used spirituality to cope with stressful situations. They found that faith in God was the coping mechanism used by the caregivers. Faith in God was cited by caregivers as enabling them to cope with the difficulties of dealing with death and dying. This, indeed, was in keeping with the literature, which pointed out that healthy spirituality had been identified as being associated

with a long, healthy life, while the opposite was equally true (Van Rooyen *et al*., 2009, citing Cochinov & Cann, 2005).

Temane and Wissing (2006) conducted a quantitative study with a sample of 514 participants and remarked that the beneficial nature of spirituality in psychological wellbeing was recognised by several authors (Chatters, 2000; Koenig, 2004; Ryan, Rigby, & King, 1993; Seybold & Hill, 2001). Temane and Wissing (2006) came to the same conclusion in their study, namely; that spirituality was a mediator for psychological wellbeing, because it enabled people to cope with obstacles and stressors experienced as a result of social injustices. Spirituality was a tool that could be used to establish a sense of community and provided a mechanism and intervention to grow and enhance psychological wellbeing.

2.2.5 Spirituality and HIV/AIDS

Van Dyk (2008) declares that spirituality could be understood on a broader front than religion and was a feeling of connectedness and belonging in the universe, a belief in some kind of higher power and believe that life had purpose and meaning. Many people suffering from HIV/AIDS practiced a form of spirituality which combined Christianity and traditional African beliefs relating to ancestors and witchcraft. They might have subscribed their condition to originating from negative forces. The counsellor or caregiver who had a different worldview, must not force his/her view on the patient, but rather refer the patient to a caregiver who shares the patient's spiritual orientation (Van Dyk, 2008). The role of religious communities was important in dealing with the HIV/AIDS question because of the view that the pandemic was a punishment for sin. Van Dyk cited Shantall (2002) who described Frankl's viewpoint that human suffering was an opportunity to grow spiritually and people remained free to live a worthwhile life with dignity, even in suffering. Van Dyk (2008) views the role of the caregiver as someone who brought hope to the HIV/AIDS patient who often endured abandonment and stigmatisation. Even when the patient neared death, the hope of life in the hereafter could be shared by the caregiver.

2.3 WELLBEING

In this study, wellbeing was the dependent variable and the researcher explored several journal articles to gain insight on what other authors published on this construct. Kirsten, Van der Walt and Viljoen (2009) describe wellbeing from an eco-systemic perspective. This meant that the various elements that form part of a person's health, wellness and wellbeing be seen holistically.

This approach was described by Carpa (1982, as cited by Kirsten *et al*., 2009) who suggested that the economic and social environment based on the western worldview was a threat to people's health.

According to Kirsten *et al*. (2009), the different domains of wellbeing focused on the whole person and would therefore include the physical body, the mind, spirit, meaning, behaviour, social relationships, as well as an inherent interconnectedness between the individual and the environment (Schafer 1996; Greenburg & Dintiman 1997, as cited by Kirsten 2009). Hefferon and Boniwell (2011) identified five essential elements for wellbeing based on the research from the Gallup organisation and Rath and Harter (2010). The five elements affect five areas in the individual's life:

- Career wellbeing: the amount of time spent at work has in influence on this construct.
- Social wellbeing: it is reflected in how the person experience love and built relationships.
- Financial wellbeing: how well the person manages their finances.
- Physical wellbeing: it is influenced by the person's state of health and energy.
- Community wellbeing: this is determined by the person's role and participation in the community they live in.

Hefferon and Boniwell (2011) identified two types of wellbeing, namely subjective wellbeing (SWB), which is the level of satisfaction experienced by a person with their life. The second one is psychological wellbeing (PWB) which has six components consisting of: self-acceptance, personal growth, positive interrelations, and purpose in life, environmental mastery and autonomy (Hefferon & Boniwell, 2011, citing Ryff & Keyes, 1999; Ryff & Singer, 2006). The current study on the role of spirituality in the wellbeing of CHCWs investigated the participants' lived experiences in the empirical study and was discussed under the findings in Chapter 4.

2.3.1 Definition of wellbeing

Watson (2007) defines wellbeing as a striving beyond stress reduction for optimal human functioning within the physical, psychological and spiritual dimensions of human health.

Jackson and Bergeman (2011) point out the positive correlation between religiousness and spirituality (R/S) and wellbeing, but were concerned that the mechanisms regarding this association remained largely unknown.

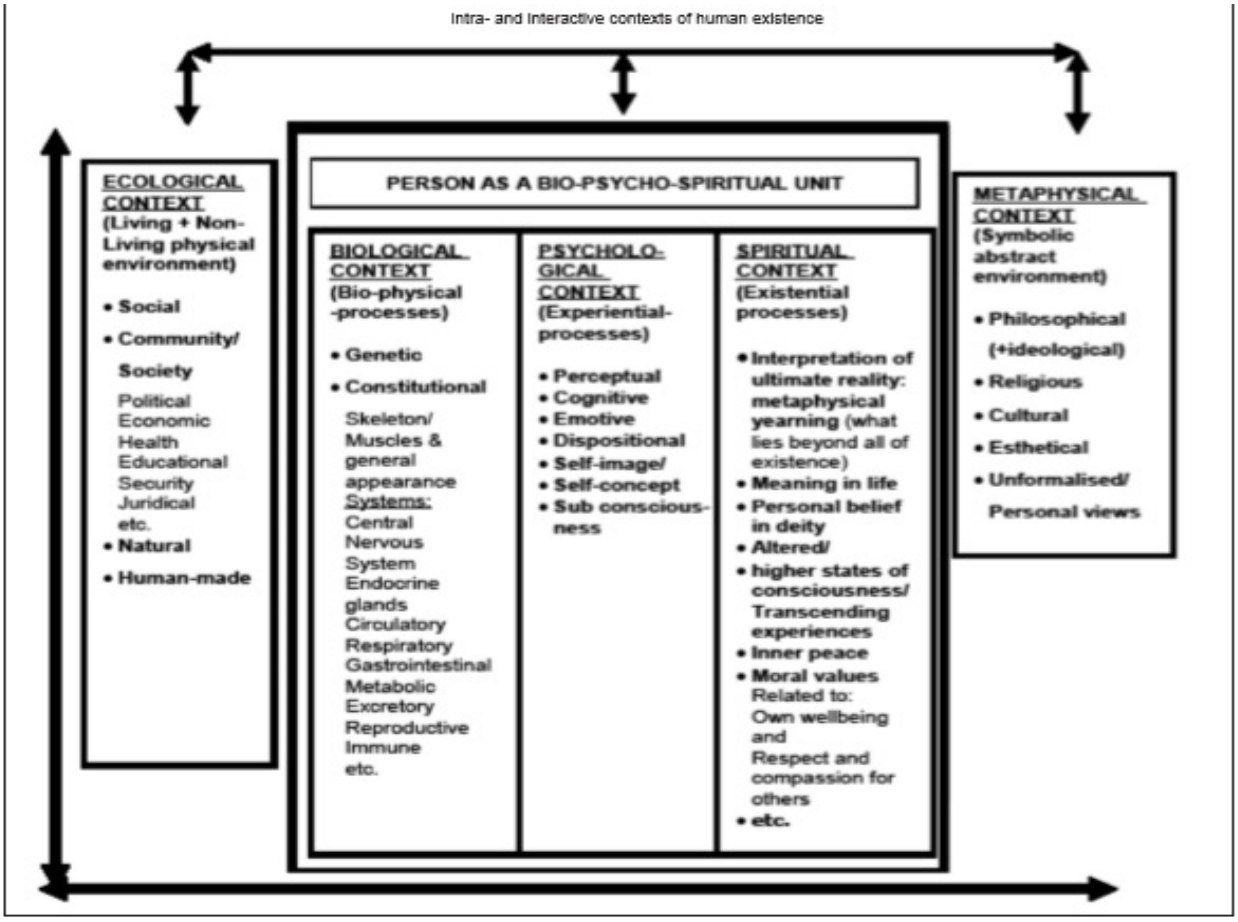


Figure 2: Intra- and interactive contexts of human existence

A holistic eco-systemic view of the health, well-being and wellness of the human being (Model developed by Jordaan & Jordaan, 1990; 1998 and further developed by Kirsten, 1994; 2001; 2004)

Figure 2 shows that the wellbeing of a person is interconnected to all the different contexts, constitutive elements or domains of human existence. This meant that in the study, the researcher undertook, the participant's bio-psycho-spiritual health was influenced by the state of health of their physical or symbolic environment, which in this case is linked to an HIV/AIDS-ridden community.

Kirsten *et al*. (2009) found that the term 'wellbeing' refers to the functioning of the different domains or contexts of a person's life and at an optimally functioning level, promotes the

health/wellness of a person. Jackson and Bergeman (2011) cited Ellison and Fan (2008) and Patrick and Kinney (2003) who found that people who were spiritually aware were happier, healthier and had more coping resources than less spiritual people.

2.3.2 Psychological wellbeing

May (2013) describes employee and organisational wellbeing as the main aim in the applied fields of I-O Psychology to ensure the best work performance and business outcomes. Job satisfaction and employee wellbeing were influenced by life satisfaction and personal wellbeing and employee wellbeing influenced the broader experience of subjective wellbeing.

May (2013) cites Els and De La Rey (2006) in presenting the Holistic Employee Wellness Model which consists of 16 wellbeing factors and three contextual factors and aimed to provide a more accurate assessment of employees' levels of work wellbeing. In the Holistic Employee Wellness Model, one of the factors which impacted on an employee's wellness was spirituality, one of the variables that form part of this study.

Strümpfer (2003, cited by May, 2013) identified happiness as one of the constructs that described wellbeing and defined it as a subjective experience that referred to the presence of pleasure and absence of pain. Happiness on a higher level was called *Eudaimonia,* which described the individual as having experienced optimal functioning in all spheres of life, such as having intrinsic motivation and close interpersonal relationships.

The second construct that described wellbeing was hope and optimism, which refers to a person's outlook on the future and a positive feeling that his/her endeavours would be successful (Peterson & Seligman, 2003, as cited by May, 2013).

The third construct was the six virtues and 24 character strengths as portrayed in the Values in Action (VIA) Classification System (May, 2013, citing Carr, 2004; Peterson & Seligman, 2004).

Table 2: Strengths that are related to various virtues

Virtues	**Associated strengths**
Wisdom	Creativity, curiosity, judgement/critical thinking, love of learning, perspective
Courage	Bravery, perseverance, authenticity, zest
Love	Intimacy, kindness, social intelligence
Justice	Citizenship/teamwork, fairness, leadership
Temperance	Forgiveness/mercy, modesty/humanity, prudence, self-control/self-regulation
Transcendence	Awe/appreciation of beauty and excellence, gratitude, hope, playfulness, spirituality

Source: Adapted from Peterson and Park, 2004

In Table 2 and Figure 3, it was illustrated that spirituality was recognised as a strength and element of wellbeing and therefore had a positive link in how a person experiences their happiness and satisfaction with life.

In Table 2, spirituality was listed together with gratitude and hope as the strength associated with virtue of transcendence and these were strengths which the researcher wanted to investigate to establish if they would form part of the lived experiences of CHCWs.

Figure 3: The Holistic Employee Wellness Model

Source: Els and De La Rey (2006)

2.3.3 Individual wellbeing

2.3.3.1 Factors linked positively to wellbeing

Ferreira (2012) cites Emberland and Rundmo (2010) and Maddi and Koshaba (2005) when discussing employee wellbeing and noted that it had been identified as a predictor of risk behaviour, which in turn affected the individual's sense of job security and career behaviour. Feelings of job insecurity caused anxiety and stress within the individual, which influenced the employee's ability to control and deal with challenging situations within the organisation. Research indicated that developing individuals' hardiness (that is, their ability to deal resourcefully with challenging and demanding circumstances) led to higher levels of performance, a higher ability to deal proactively with stress, and helped employees to be more resilient. The hardiness and resilience needed to cope with the demanding work of CHCWs were investigated in this research project and the role of spirituality in acquiring these factors to ensure the workers' wellbeing was explored.

2.3.3.2 Factors impacting negatively on wellbeing

Maphula and Mudhovozi (2012) conducted a study on the experiences of caregivers taking care of chronically ill people and found that several factors in the work situation had a negative impact on the wellbeing of home-based caregivers, such as the fear of being infected, being blamed by family members, rejection by the community, emotional burdens, lack of resources and professional support.

2.3.4 Wellbeing as positive contributor to work performance

In a study on the challenges faced by caregivers, Kangéthe (2010) found that they were given inadequate counselling to overcome their stressful work environment. Their psychological wellbeing had a direct link with the caregivers' productivity. Positive wellbeing assisted to reduce stress. Some caregivers broke down in tears while explaining the psychosocial environments they were exposed to, pointing to a lack of counselling to give them a coping mechanism.

Strümpher (1990; 2003) as cited by May (2013) declares that researchers indicated that there was a strong link between people who had a strong sense of coherence (SOC) and they experienced higher job satisfaction. A strong SOC enabled workers to do the following tasks:

- Made cognitive sense of the workplace;
- Had a feeling that the challenges at work were bearable and they could cope; and
- Saw emotional and motivational demands of work as challenges.

Antonovsky proposed the Salutogenic Model and identified three core components of SOC as comprehensibility, manageability and meaningfulness. Coetzee (2006) cited by May (2013) pointed out that employees with a high SOC possessed the following strengths:

- They were confident of outcomes and they possessed the resources to cope;
- They had to ability to solve problems by asking relevant questions;
- They showed a readiness and willingness to use the resources available;
- They coped successfully under adverse conditions;
- The quality of social relations did not impact negatively on their wellbeing; and
- They experienced job satisfaction.

In the current study, the researcher compared these strengths with the information that emerged from the data to discover if the participants' wellbeing was affected by any of these components. These findings were discussed in Chapter 4.

2.3.5 Wellbeing and spirituality

An article by Van der Merwe, Van Eeden and Van Deventer (2010) attempted to answer the question about how a belief in God contributed to an individual's wellbeing. The article described an African worldview of God where God created two interrelating spheres of reality, namely; the visible and invisible (Van der Merwe *et al*., 2010, citing Kalilombe 1999; 1994). God then departed and spiritual beings (ancestors) guided what happened in people's everyday lives. The African spirituality was expressed in community, and relied on cooperation, such as the sharing and redistribution of resources (Van der Merwe *et al*., 2010, citing Kasambala, 2005; Kalilombe 1999).

Van der Merwe *et al.* (2010) found that the Christian worldview saw God as the creator who was intimately involved in peoples' lives. The sin of Adam and Eve brought sin upon the whole

human race and redemption through Christ had to take place to restore the relationship with God (Nűrnberger, 2007 as cited by van der Merwe *et al*., 2010). The findings were that a theistic concept and the image of God as a caring parent gave the participants a sense of purpose, enhanced self-esteem, hope and motivation (Geyer & Baumeister, 2005; Argyle, 2000 as cited by Van der Merwe *et al*., 2010).

Suffering and obstacles provided the participants with strength to pursue their life goals and be joyful while serving others and these factors led to the participants gaining a sense of self-efficacy. The involvement in prayer, church attendance and sharing amongst one another increased their human strength, optimism and hope which promoted the participants' wellbeing (Van der Merwe *et al*., 2010, citing Baumgardner & Crothers 2009; Tennen & Affleck 2002).

Van der Merwe *et al*. (2010, citing Van Eeden, Wissing, Dreyer, Park & Paterson, 2008) concluded that the God-belief of participants gave them a sense of psychological wellbeing which they expressed as:

- virtues of humanity expressed in love and social intelligence.
- temperance expressed by practicing forgiveness and mercy.
- transcendence expressed in gratitude and creating meaning through religiousness and spirituality.

Lun and Bond (2013 citing Krause 2010) and Levin and Chatters 1998) state that empirical research has repeatedly demonstrated that religion and spirituality contributed to a person's self-perceived psychological and physical wellbeing. Lun and Bond (2013) had noted from literature that one should not take these findings at face value, because a variation caused by the cultural context in which the relationship was explored (citing Diener, Tay, & Meyers, 2011) as well as by the measures used to measure religion and spirituality and subjective wellbeing was not verified.

2.3.6 Wellbeing and HIV/AIDS

In their study on the factors contributing to the health related quality of life of people living with HIV, Thomas (2006, as cited by Igumbor, Steward & Holzemer 2012), state that people who managed to deal effectively with stigma in the house and community managed to have a positive wellbeing, as well as health-related quality of life and survival.

The qualitative study revealed that the participants identified physical, mental and external factors as having an impact on their wellbeing. The physical factors that had an impact on the wellbeing of patients were pain, fatigue and diarrhoea. Conversely, the mental factors were insomnia, fear and disclosure of HIV status and the external factors were anger, stigma, attitude of health workers and social support structures.

Uren and Graham (2012) conducted a similar phenomenological study involving formal carers in a palliative care centre and noticed that the negative environment caused by the factors experienced by the patients impacted negatively on the wellbeing of the caregivers. Caregivers reported that they reached a point where the barriers they encountered in providing care made them feel like failures and emotionally vulnerable, unable to meet the stressful work requirements. The result of these feelings caused the caregivers to experience negative feelings regarding their wellbeing.

Naidu, Sliep and Dageid (2012) conducted a qualitative study that investigated the identity of caregivers and how the work with HIV patients influenced their lives. They found that previous studies focused on the various dimensions of the burdens faced by caregivers, citing Akintola, (2010b). The recent trend was that authors focused more on the needs, fears and motivation of HBCVs and how human rights issues, poverty, food insecurity and rewards affected the wellbeing of volunteer caregivers (Kangéthe, 2010; Akintola, 2010b; Maes, Shifferaw, Hadley & Tesfaye, 2010; as cited by Naidu *et al*.). Naidu *et al*. (2012) found that the volunteers found meaning in their lives through volunteerism, thus making a positive contribution in their communities by giving care to HIV/AIDS patients.

2.4 COMMUNITY HEALTH CARE WORKERS

The third area of interest in this literature review was to gather information on what was written about community health care workers, either as volunteers, or people who receive a basic stipend.

Naidu *et al*. (2012) describe volunteerism as acts that were done freely and of one's own accord. There had been an increase of people volunteering in response to the call for help from governments and communities. The effects of the AIDS pandemic became so problematic that governments in Africa, realising that they did not have the human resources to deal with the challenge, engaged with affected communities to recruit people from the community to help as

caregivers. The shortage of infrastructure, doctors and nurses in poor underdeveloped areas meant that volunteer care and support services had to be developed to combat the problem.

Bejane, Havenga and Van Aswegen (2013, citing Parry, 2008; Thomas, Nyamathi & Swamithan, 2009) proposed the need for more caregiver-focused research to explore the experiences, challenges, mental wellbeing and coping strategies in performing their daily work. The findings of such research enabled the development of social policies to give assistance and support to caregivers. Van Dyk (2008) pointed out the role of CHCWs in the integrated home-based care model where they are actively involved in peer support, home care and community care, reducing the burden on the tertiary, secondary and primary healthcare sections by providing the basic counselling, awareness and care programmes.

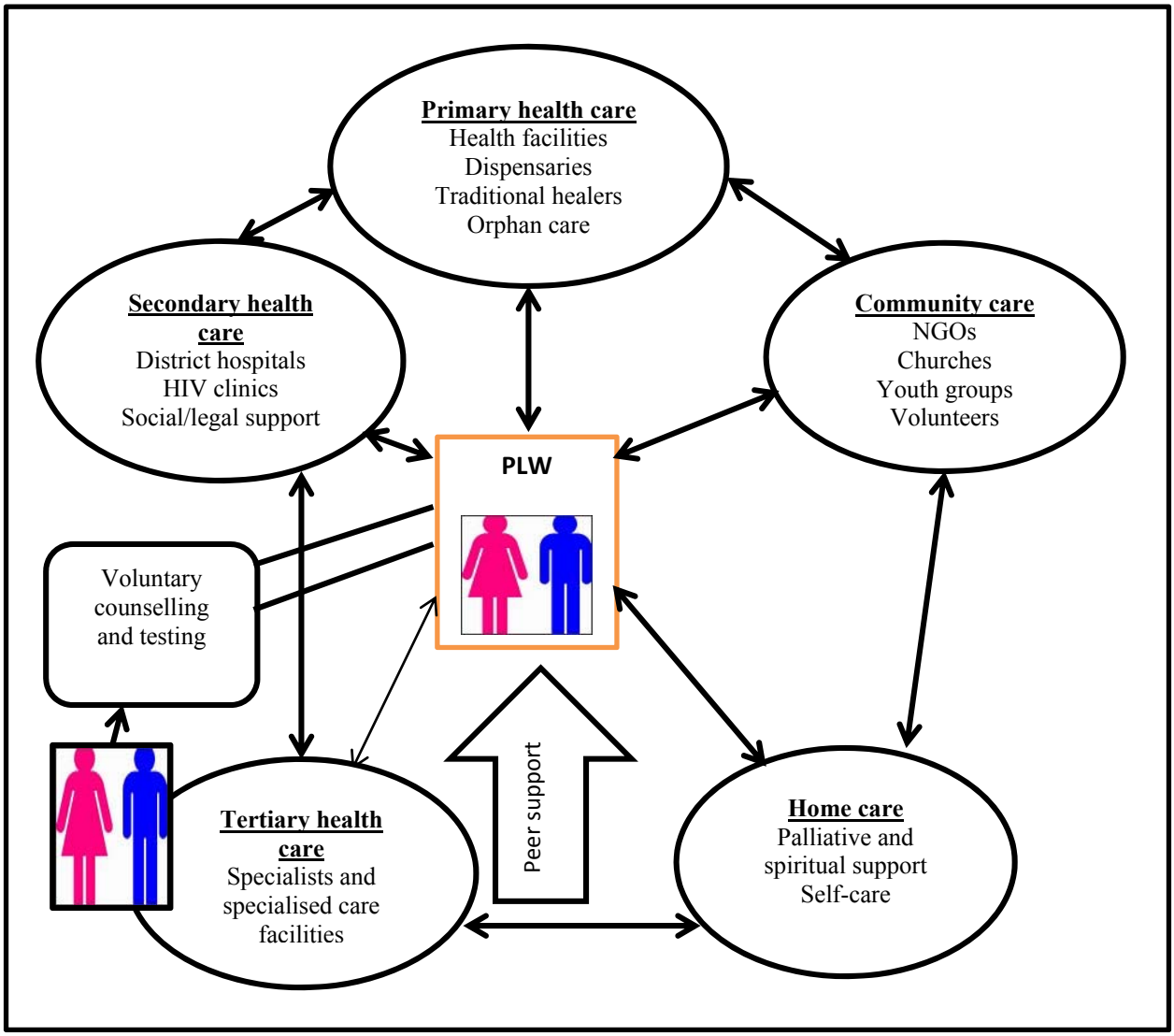


Figure 4 : An integrated home-based care model

(Source: UNAIDS, 2002: p 155, in Van Dyk, 2008)

2.4.1 Community health care workers' role in the health sector

Maphula and Mudhovosi (2012) conducted semi-structured interviews with six participants to gain an in-depth understanding of the experiences of home-based caregivers of terminally ill patients.

Uys and Cameron (cited by Maphula & Mudhovosi, 2012) describe how the HIV epidemic brought about challenges in caring for people diagnosed with HIV. The growing numbers of infected people could not be accommodated by hospitals and the public health sector, which brought about the introduction of the home-based care initiative, where informal caregivers (mostly women) were recruited from the household, family or neighbours to care for the terminally ill.

Maphula and Mudhovosi (2012, citing Cameron, Coetzee & Ngidi, 2009) describe the difficult circumstances in which home-based caregivers had to work, because stigma and discrimination were directed at both the patient and caregiver. The caregivers were often expected to supply financial, emotional and material support to the distressed relatives, which placed an additional burden on the caregivers to supply support which was outside the scope of their job description.

The caregivers experienced high stress levels due to the multiple roles they had to fulfil and as a result of work overload. Caregivers were expected to provide care to the patient's dependents, attend funerals, collect medication and monitor adherence (Maphula & Mudhovosi 2012 citing Horning, 2007; Pallangyo & Mayers, 2009).

2.4.2 Community health care workers' role in the community

Sempane and Masango (2013) assert that CHCWs started as a result of the concept of "Ubuntu". In a community where people were afflicted by HIV, community members assisted ill neighbours with chores, listened to their problems and prayed with them. This assistance was physically and emotionally draining and when the wellbeing of one individual suffered, so did the wellbeing of the community. The tradition of "Ubuntu" provides the individual with an opportunity to count themselves as a valuable part of the community and making a positive contribution.

Sempane and Masango (2013) remarked that in the New Testament (Phillipians 2: 1-4) a life committed to Christ, was a compassionate life, lived as part of a community. This compassion was the motivating force that moved community members to offer care and support to the sick

and those in need of care. In their study conducted in Malawi, Makandawire and Muula (2005) found that community care givers had a desire to help others who had a greater need than theirs. They saw their work as assisting God in caring for the underprivileged, and they believed they would receive their reward in heaven. Makandawire and Muula (2013) describe the basic home-based care as visiting the sick at hospital and at home, assisting with household chores, such as sweeping the house and bathing patients and cooking meals. Volunteers also offered psycho-spiritual support through HIV counselling, prayer and companionship. The study showed that the volunteers were motivated by intrinsic factors, such as feelings of empathy, altruism and religious beliefs rather than external factors such as monetary incentives.

CHCWs fulfilled an important role in assisting the governments' initiatives in combating the increase of AIDS-related deaths. Uren and Graham (2012) investigated the factors that affected formal caregivers' experience of caregiving in a community-based environment. They describe caregiving as the process of providing care to individuals suffering from an illness, terminal disease or psychological disorder and "taking care" was conceptualised as providing medical, physical, emotional and psychological assistance that promoted nurturance and healing (citing Latimer & Dawson, 1993; Leita, 1994; Davies, 1995).

Uren and Graham (2012) remarked that most of the research relating to caregiving was conducted in the context of family caregivers, quantifying the negative emotional consequences of caregiving and conducted in high-income countries (citing Butcher & Buckwater, 2002; Herbert, Arnoldt & Schultz, 2007). Therefore, there was a need for research to consider the role of broader social and contextual influences relating to community based caregivers operating in the environment where the live and work. CHCWs played a dual role where they had to deal with others' social stressors in the work situation, as well as the social stressors they encountered in their family and home environment (Uren & Graham, 2012).

2.4.3 The challenges experienced by community health care workers

Naidu *et al*. (2012) also found that even though they worked in the context of discrimination, poverty and oppression, the home-based community volunteers managed to bring comfort, hope and support to others in the community. Bejane *et al*. (2013) mention the types of problems experienced by caregivers as they went about their tasks. They had to deal with a lack of knowledge, anxiety, depression, and stress, feelings of inferiority, hopelessness, and lack of money, stigma and discrimination. Van Aswegen (2009) describes the obstacles faced by

CHCWs and the impact it had on their wellbeing. These obstacles were: (1) experiencing feelings of helplessness in dealing with such a huge problem, but lacking resources; (2) stress caused by concerns for clients' and communities' wellbeing and being the keepers of confidential information; (3) lack of professional training, mentoring and debriefing and the infrequent payment of stipend; and (4) the lack of recognition from authorities all have a negative impact on the wellbeing of CHCWs.

Altruistic values were normally the basis for volunteerism, but the South African situation is unique, because in addition to the high prevalence with HIV/AIDS, many communities also had to content with high levels of unemployment and poverty. Volunteers were attracted by the prospect of receiving a stipend, even though it is minimal, and were attracted by the prospect of employment and training in basic health care (Uren & Graham, 2012 citing Swart, Seedat & Sader, 2004).

Maphula and Mudhovosi (2012) report on several factors highlighted by the participants on the challenges the caregivers had to overcome in doing their daily tasks. The caregivers hoped that their work would alleviate their poverty situation, even if the remuneration was small, that they would get adequate equipment and supplies, as well as professional training and supervision. The inadequate referral system and lack of financial, social and emotional support were pointed out as obstacles which hindered them in the effective performance of their duties.

2.4.4 Coping mechanisms employed by community health care workers

Steenkamp (2005) describes the negative and positive aspects impacting on caregivers' sense of coherence, and identified the positives as: (1) spirituality; (2) insight into interpersonal situations; (3) utilisation of social support systems; and (4) multi-disciplinary cooperation. It seemed that volunteer caregivers possessed general resistance resources which made them persevere with their tasks in spite of the stressors they encountered.

2.4.5 Community health care workers and spirituality

Chemorion, (2009) describes the problems that existed at the Plateau Mission Hospital in terms of spiritual care, because caregivers and nurses focused more on the medical aspects. Moreover, people living with AIDS did not get a holistic treatment programme because of a lack of spiritual support; thus leaving many of them struggling with emotional and relationship issues due to anger and unforgiveness.

Naidu *et al*. (2012) found that volunteers were motivated by their religious commitment and beliefs to care for others. The volunteers believed that if one cared for others one would be rewarded. The belief that strong faith provided support through difficult times was strongly rooted in Christian religious doctrine. A positive association between religious commitment, faith-based organisations and volunteerism seems to exist, because faith-based volunteerism represented one of the dominant motivations to volunteer in AIDS care work in the Kwa Zulu-Natal region (Akintola 2010a, as cited by Naidu *et al*., 2012).

Van Aswegen (2009) pointed out that in spite of the difficulties experienced by the CHCWs, the participants reported the following positive aspects: (1) life satisfaction and psychological wellbeing through their character strengths and overcoming stress through their spiritual strengths and community involvement; and (2) they experienced personal growth, feelings of self-worth and empowerment, because they made a positive contribution in their communities.

Van Rooyen *et al*. (2009 cited Koenig 2002) who contends that little research had been conducted in relation to the educational and training interventions that assisted caregivers to enhance their spirituality in a way that enabled them to adequately meet the needs of dying patients.

The study by Van Rooyen *et al.* (2009) identified "faith in God" as one of the sub-themes and this faith gave caregivers the strength to cope with death and dying. The participants declared that the only way they could get through a working day and survive the work environment was due to faith in God. Van Rooyen *et al*. (2009 cites Hoare & Nashman 1994) who point out that spiritual beliefs increased job satisfaction and decreased stress levels, especially when working with AIDS patients.

Van Rooyen *et al*. (2009) found that church attendance and religious leaders played a role in establishing the belief that God provided hope and faith and also provided the support systems which dealt with stress-coping mechanisms, social support and the strengthening of personal values. Caregivers experienced prayer as the one thing that got them through the day and Van Rooyen *et al.* (2009) came to the conclusion that the power of prayer, coupled with faith and the strength received from God (through prayer) were a help and comfort to the caregivers working with dying AIDS patients.

2.4.6 The wellbeing of community health care workers

The mental health of caregivers needed to be fostered so that they provided effective and efficient care to the HIV/AIDS patients, without compromising their own wellbeing (Bejane *et al*., 2013, citing Hejoake, 2009; Medez-Luck, Kennedy & Wallace, 2009). Bejane *et al*. (2013) suggest that to ensure the wellbeing of caregivers, there should be effective management of the social grant system and a comprehensive holistic service to HIV patients.

2.4.7 Community health care workers and HIV/AIDS

Personal development in the work of CHCWs is important and More (2002) points out the need for training of CHCWs in coping and counselling skills, because an HIV/AIDS patient required counselling and support to come to terms with the realisation of having the disease. Counsellors provided support, acceptance and education regarding the process of the disease and the resources required for coping.

Maloon, Crous and Crafford (2004) conducted a study on work related concerns of South Africans living with HIV and AIDS. In this study, four of the HIV positive participants were working in the HIV field and they reported finding a sense of purpose and passion by working in the area of HIV, doing home-based care, starting support groups and doing counselling (Maloon *et al*., 2004).

Shantall (as cited in Maloon *et al*., 2004) stresses the importance of work in achieving a sense of wellbeing, which was reflected in the need for goal achievement and living a purposeful live. Wellbeing was achieved when people experienced life as meaningful through work engagement or having a mission in life, because work brought a purpose and dignity in peoples' lives (Maloon *et al*., 2004 citing Hunt, Jaques, Niles & Wierzalis, 2003; Lucas, 1997). The person seeking to continue in a career after being diagnosed HIV positive had to content with the knowledge that many areas of their lives, such as the medical, psychological, social, spiritual and economic areas were affected (Van Dyk, 2001 as cited by Maloon *et al*., 2004).

2.5 SUMMARY

The literature on the concept of wellbeing showed that it had a holistic influence on the person in all areas of his/her life, including the area of a relationship with God. It was these factors that the researcher aimed to investigate to show as being relevant in this study. The literature indicated that CHCWs/caregivers/volunteers had to content with many obstacles in the

communities where they work and that in spite of no or little monetary reward, they took the burden of serving people in need upon themselves. The coping strategy employed by some CHCWs was their spirituality, the topic of research in this study. In Chapter 3, the researcher proceeded with the empirical research which was conducted according to the research framework and strategy as outlined in Chapter 1. The data gathered were analysed and in Chapter 4 the discussion connected the elements of the literature review in Chapter 2 with the reported experiences of the participants will be presented.

CHAPTER 3

RESEARCH DESIGN

3.1 INTRODUCTION

Qualitative research design is described as the carefully thought through narrative of initial decisions that put together and guides the researcher's fieldwork (Saldana, 2011). The research design process was set in motion by deciding whether to use a quantitative or qualitative approach. Terre Blanche (2006) indicated that the researcher had to consider several implications and consequences to make an informed decision about whether to use the quantitative or qualitative approach or not. The decision would be influenced by considering the purpose of the research and what type of data had to be collected to achieve the purpose of the research and answer the research question.

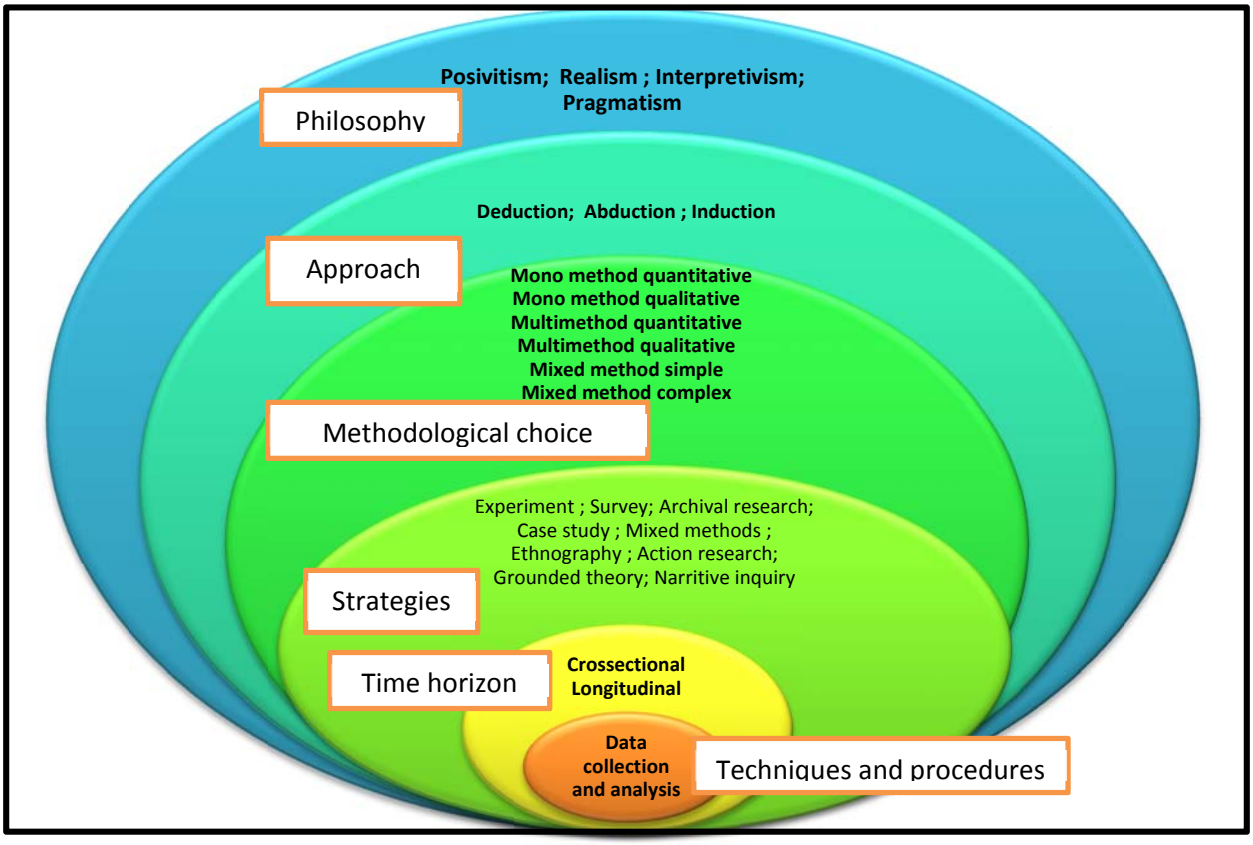


Figure 5: The research 'onion'

(Source: Mark Saunders, Phillip Lewis and Adrian Thornhill 2012)

The research ‘onion’ illustrates the research process in the way the researcher followed the research design path from philosophy to techniques and procedures to arrive at an informed decision on the research process. The researcher completed the research project having considered which research philosophy would answer the research question. The aim was to research spirituality and wellbeing in a natural setting, investigating the subjective and socially constructed meanings of these phenomena. As a result, the suitable design was interpretive philosophy since it is associated with qualitative research (Saunders *et al*., 2012, citing Denzin & Lincoln, 2005). The researcher then considered the approach and decided on the inductive approach which meant that the researcher worked back and forth between the themes and datasets to establish a comprehensive set of themes. This was done by building the patterns, categories, and themes from the “bottom up”, by organising the data inductively into abstract groups of information (Cresswell, 2013).

In this chapter, the researcher provided details and discussed the choice of research approach, the research strategy and related how the research method was planned and implemented. The aim of the study was explained in the section dealing with the qualitative research approach, followed by an overview of the research strategy. The research methodology dealt with several sub-sections on gaining permission to do the research at the site, how the participants were recruited and the criteria used for their selection.

The researcher then dealt with the choice of research instruments used in the data collection process. The discussion then explored the data analysis techniques and provided reasons for the choice of Thematic Analysis by the researcher. The ethical issues of research concerning human participants were dealt with, referring to informed consent, confidentiality and that no harm should come to the participants.

3.2 QUALITATIVE RESEARCH APPROACH

The researcher had to consider the outcome that he was looking for in answering the research question when he made the decision on which approach to follow. Biggam (2011) explains quantitative research as research that is concerned with quantities and measurements, dealt with quantifiable data and attempted to answer the *how* questions. This approach is also described as having a positivist view, meaning a researcher sees reality as objective and independent of the observer and could therefore be measured and predicted (Biggam, 2011, citing Orlikowski & Baroudi, 1991).

In the present study, the researcher wanted to do an in-depth exploratory study to determine the role of spirituality in the wellbeing of community home-based caregivers. This approach was referred to as qualitative or interpretative/phenomenological, meaning that the researcher believed that there were many equally valid interpretations of reality (Biggam, 2011).

Biggam (2011, citing Denzin & Lincoln 1994) explains qualitative research as the study of things in their natural settings, where the researcher attempted to make sense of and interpreted phenomena in terms of the meanings people brought to them. Terre Blanche (2006) shares the same view as Biggam (2011) as he described qualitative research as naturalistic, holistic and inductive and it could be used to study phenomena as they appeared in real-world situations, without manipulation, as interrelated wholes, using an inductive qualitative approach.

Harding (2013) highlights the issues of deductive research and research questions compared to inductive research and research objectives. He explains that the deductive approach moved from the general to the particular, which meant that the researcher undertook a thorough literature search of a broad range of material before deciding on a topic. The opposite was true of the inductive approach which began with the particular and moved to the general, which meant that the researcher would start with data collection and analysis and only later visited the literature after concluding the findings based on the data.

The general aim of this qualitative investigative research was to explore, identify and describe how spirituality assisted in improving the internal wellbeing of CHCWs. The researcher was guided by the above-mentioned reasons to make a decision to do a phenomenological investigative study, gathering "rich" data from the participants to describe their lived experiences in the work situation.

Creswell (2013) combined information sourced from three authors and summarised the characteristics of qualitative research as in table 3 (Creswell, 2013 citing LeCompte & Schensul, 1999; Hatch, 2002; Marshall & Rossman, 2010).

According to Cresswell (2013), the emphasis in qualitative research over the past 10 years have shifted from a general viewpoint to a more specific outlook which now involved closer attention to the interpretive nature of inquiry. This places the study within the political, social and cultural sphere of the researcher, as well as the reflexivity or "presence" of the researcher in the findings he presents.

Table 3: Characteristics of Qualitative Research

Characteristics	***LeCompte & Schensul (1999)***	***Hatch (2002)***	***Marshall & Rossman (2010)***
Is conducted in a natural setting (the field) a source of data for close interaction	Yes	Yes	Yes
Relies on the researcher as key instrument in data collection		Yes	
Involves in using multiple methods	Yes		Yes
Involves complex reasoning going between inductive and deductive	Yes	Yes	Yes
Focus on participants' perspectives, their meanings, their multiple subjective views	Yes	Yes	
Is situated within the context or setting of participants/sites (social/political/historical)	Yes		Yes
Involves an emergent and evolving design rather than tightly prefigured design		Yes	Yes
Is reflective and interpretive (i.e., sensitive to researcher's biographies/social identities)			Yes
Presents a holistic, complex picture.		Yes	Yes

Saunders *et al*., (2012) elaborated on exploratory-, descriptive- and explanatory studies as follows:

- Exploratory studies asked open questions to gain insight into a topic of interest. These studies were conducted in several ways such as literature searches, individual- and focus group interviews. The advantage of this type of study was that it is flexible and adaptable to change if new data emerges;

- A descriptive study aimed to provide a clear picture of the phenomenon and to gain an accurate profile of events, persons or situations on which the researcher planned to collect data; and

- Explanatory studies can be used to explain the influence of the independent variable on the dependant variable; for example, the role of spirituality in the wellbeing of caregivers.

The researcher used elements of these three studies in this research project, because open-ended questions were used to conduct in-depth individual interviews (exploratory) and gain insight into the lived experiences of the participants. The current study also incorporated elements of a descriptive study when the researcher did a literature review and empirical fieldwork to collect data and describe the phenomena spirituality and wellbeing which was researched. Lastly, the researcher sought to discover role spirituality played in the wellbeing of caregivers of HIV/AIDS patients at Temba Community Development Services (explanatory). These three types of studies also informed and guided the researcher in answering the following two specific empirical research aims.

The specific empirical research aims explored the lived experience of community health care workers and the role of spirituality in their wellbeing. The researcher listened to and recorded the information shared by the participants and analysed the data for emerging themes.

The specific empirical research aims also discovered and described the components of spirituality that emerged from the participants stories compared with existing theories. This could inform further research in the field of Employee and Organisational Wellness that pertains to spirituality in the workplace.

3.3 RESEARCH STRATEGY

Once the researcher had made an informed choice of an applicable research approach, as in the present study's case, a phenomenological qualitative study, the researcher needed to develop a research strategy. Gravetter and Forzano (2012) define a research strategy as a general approach to research determined by the kind of question that the research study hopes to answer. The five strategies recommended by Gravetter and Forzano (2012) are experimental, non-experimental, correlational, quasi-experimental, and descriptive. This researcher was interested in using the descriptive strategy, because it assessed the variables in a study as they existed naturally.

Saunders *et al*. (2012) explained a research strategy as a plan of action to achieve a goal, meaning how the researcher would go about answering the research question. Some of the research strategies identified by Saunders *et al*. (2012) were:

- experiment linked to quantitative research design.
- survey linked to quantitative research design.

- archival research linked to quantitative-, qualitative- or mixed research design.
- case study linked to quantitative-, qualitative- or mixed research design.
- ethnography linked to qualitative research design.
- action research linked to qualitative research design.
- grounded theory linked to qualitative research design.
- narrative inquiry linked to qualitative research design.

Saunders *et al*. (2012) suggest that if the researcher was using an interpretive and qualitative approach to answer the research question and objectives, then the narrative inquiry would be a good choice as a research strategy. Therefore, the researchers put different issues to the fore as a research strategy (Saunders *et al*., 2012; Gravetter & Forzano, 2012). This study followed a qualitative phenomenological research strategy of a descriptive nature, using interviews as a data collection instrument.

3.4 RESEARCH METHODOLOGY

In this section, the researcher describes the process that was followed to get entry to the research site and how the data were collected, by focusing on the sampling and data collection process.

3.4.1 Research setting

The empirical research was conducted at Temba Community Development Services, a NGO situated in Mthata in the Eastern Cape. The organisation started operating in Mthata in 1999, initially focusing on poverty alleviation, but soon the great need in the area of HIV/AIDS awareness programme presentation, followed by HIV/AIDS caregiving became its main activity (http://www.temba-community.org.za). The organisation started operating in a three-bedroomed house rented from the municipality, but soon experienced problems because of lack of space and the overwhelming demand from patients for a place to receive care. The Director and the Management Board had a vision to build a specialised care centre which would be able to cope with the demand for service delivery to HIV/AIDS patients.

In an answer to prayer, God provided the necessary funding through overseas donors. The new building was completed in September 2008 after a donation of 167,000 Canadian dollars was

received from Trevitt Memorial Church in Canada. The centre offered care to 30 HIV/AIDS patients at the centre and 250 community health care workers went out every day to provide home-based care to patients at their homes. The centre also started aftercare programmes for vulnerable children, providing educational and nutritional aid.

3.4.2 Entreé and establishing researcher roles

3.4.2.1 The gatekeeper and gaining entreé

Saldana (2011) asserts that the research question and topic would suggest the site of the fieldwork. If the research took place at a public organisation such as a school, hospital or government department, a requirement would be that permission to conduct the research had to be obtained from the administrative gatekeeper. Remenyi (2013) describes a gatekeeper as someone or an organisation who/which could either obstruct or facilitate a researcher in the attempt to find suitable and knowledgeable participants.

Webster, Lewis and Brown (2014) describe the role and importance of the gatekeeper, the individuals through whom potential participants were contacted. The researcher had to monitor that the gatekeeper did not put undue influence on people to participate. But at the same time, the gatekeeper was valuable in the sense that in studies involving vulnerable people their closer relationship and knowledge of the participants enabled them to recommend suitable participants.

In the present study, the founder and Director of Temba was the gatekeeper who was approached to negotiate entry to the research site as well as assisting with finding suitable knowledgeable participants based on her proximity to the site and intimate knowledge of the participants who would fit the participant criteria for selection. The researcher provided the Director with a written request (Annexure C) for permission to conduct the research, explaining the topic and format of the research and the ethical guidelines the researcher would follow to prevent harm coming to the participants.

The researcher provided the gatekeeper with the following important information to assist the organisation in making a decision:

- The site was chosen because the researcher was familiar with the organisation and the activities taking place, namely; caregiving, which was the topic researched to answer the research question;

- The researcher conducted face-to-face interviews over the period of a week; each interview did not last longer than one hour with minimum disruption to the participants' work schedule;
- The researcher submitted a research article to a scientific journal for publication; and
- The organisation benefitted by their work receiving positive exposure (Creswell, 2013, citing Bogdan & Bilken, 1992).

The researcher in the present study obtained permission from the Director and Board of Trustees of Temba Community Development Services to conduct the research on site and adhered to the ethical requirements of research as contained in the Unisa Policy on research ethics involving human participants. The application for ethical clearance documentation was completed, signed and submitted to the CEMS/IOP Research Ethics Review Committee at Unisa and permission was granted to proceed with the fieldwork.

3.4.2.2 The role of the researcher

In quantitative research, the researcher becomes involved as a key instrument, because he/she were responsible for collecting the data through reading documents, observing behaviour and conducting interviews. Interview questions were usually designed by the researcher (Creswell, 2013). Harding (2013) remarked that it was a highly skilled task to get people to open up and share their feelings and thoughts and that the success of the interview depended largely on the nature of the relationship between the researcher and the participant (citing Oppenheim, 1992; Steinke, 2004).

Harding (2013 also cited Bryman 2008) who listed several important skills that the researcher had to possess to be a good interviewer:

- The interview has structure, a clear start and end;
- Maintains balance by not dominating the interview, but also not maintaining silence;
- Has clarity by asking uncomplicated questions;
- Is gentle and gave the respondent time to talk and think; and
- Interpreted and clarified what is said without changing the meaning.

Terre Blanche *et al.* (2006) remarked that it seemed as if interpretive research was an easy option, but that he felt that the researcher needed to develop special skills in particular ways to become a competent researcher. The researcher becomes the primary instrument for collecting and analysing the data in interpretive research. In the present study, the researchers had to use four basic skills, namely; listen, look, question and interpret to do the face-to-face interviews and analyse the data.

This researcher had to observe the participants and made field notes on the emotions and body language they displayed, and had to converse in a gentle manner which would put the participants at ease as they had to share their lived experiences. The questions were asked in a clear manner and the answers reaffirmed, but in a way that would not influence or guide the participants. The researcher had been doing volunteer work in the area of HIV/AIDS and had to guard against his own knowledge and experiences not causing bias in interpreting the data shared by the participants. (Terre Blanche *et al*., 2006). The researcher also had to use his subjective capabilities and empathic understanding to understand and make sense of the data collected on the phenomena being studied (Terre Blance *et al*., 2006).

Marshall and Rossman (2011) addressed the problem of bias by stating that the researcher had to bracket his personal experiences and had to separate his personal insight from the collection of data and cited Moustakas (1994) saying that the researcher had to perceive the phenomenon as if was the first time he encountered the data. This researcher followed this guideline throughout the sampling, data collection, data analysis and report writing processes reminding himself that although he was part of the process, he had to remain unbiased as not to taint the study with his own reflections.

3.4.3 Sampling

Gravetter and Forzano (2012) stress- that one of the most critical issues in planning research is the selection of research participants, because incorrect sampling can have a negative influence on the outcome of the study. The large group of interest in a study would be the population and the smaller group selected to represent the population was the sample. The study could be completed by gathering data from the sample and then generalising it to the population as illustrated in Figure 6.

The population in the current study consisted of 250 CHCWs at Temba Community Development Services. The researcher, in consultation with the Director who acted as the

gatekeeper, asked her to suggest a sample of eight participants who could be approached to participate in the study. This was done because the researcher was resident in Rustenburg, North West Province and the research site was situated a 1000 kilometres away in Mthata in the Eastern Cape.

The researcher had to complete several administrative processes at the time of applying for ethical clearance such as having letters of consent completed and signed and submitted for clearance. The researcher therefore had to make decisions beforehand about the sample size so that the planning process could be completed timeously. Henning, Hutter and Bailey (2011) explained that although the number of participants is determined by data saturation, the reality was that had to be identified at the time when the research proposal was developed. This researcher was guided by the literature which suggested a sample of eight as sufficient in a qualitative study (Terre Blanche *et al,* 2006)

The researcher followed a process as illustrated in Figure 6 to complete the sampling process.

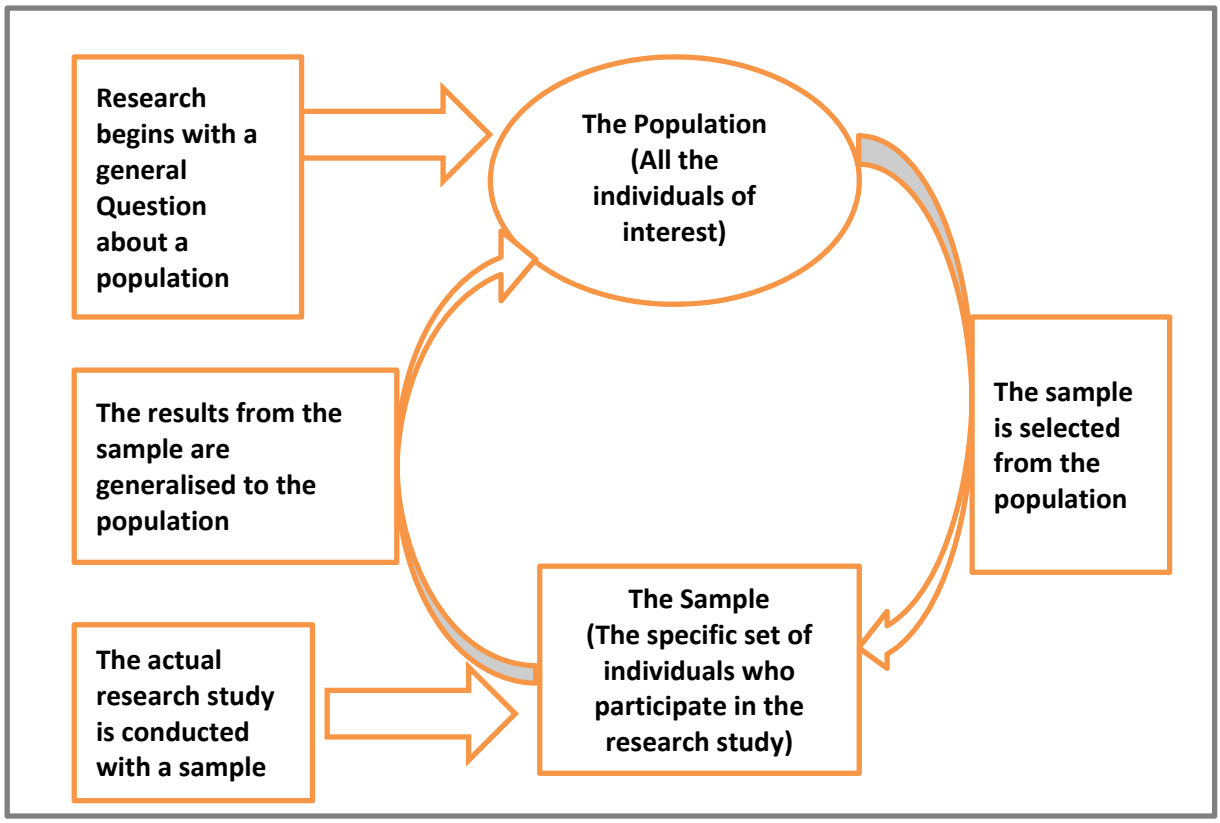


Figure 6: The Relationship between a Population and a Sample

Source: Gravetter and Forzano (2012)

3.4.3.1 Participants: Description of sample

Gravetter and Forzano (2013) indicate that researchers have developed a variety of different sampling methods or techniques which fell into two basic categories, namely; probability and non-probability sampling. In probability sampling, the researcher has extensive knowledge of the population and each individual in the population had a specifiable probability of selection, whereas in non-probability sampling the population was not completely known and individual probabilities were unknown.

Creswell (2013) avers that it is helpful if the participants are located at a single site in a phenomenological study. It was important for the study that the participants must have all experienced the phenomenon being studied and they were able to articulate their experiences. The participants were identified by pseudonyms to protect their identity and maintain confidentiality. The participants who were selected fitted these requirements, because they were located at Temba, the research site, were church members working at a faith-based NGO, were devoted to God and professed a relationship with Him. The demographics of the selected participants who were interviewed were as follows:

- Eight participants were Xhosa and spoke Xhosa as their home language and English as an additional language;
- The gender split was six female and two male;
- The participant's ages varied from 33 to 65 years. Four between 30 and 40; two between 40 and 50 and two between 50 and 65;
- Academic qualifications: four had standard 10; three had standard 9 and one with standard 7;
- Four participants were married, two single and two divorced; and
- Three participants had more than 10 years' service, one 5 years and four had 4 years' service.

Table 4: Demographics of selected participants

DEMOGRAPHICS OF SELECTED PARTICIPANTS (as at July 2014)							
PARTICIPANT (Pseudonyms)	*Years of Service*	*Academic qualifications*	*Home Language*	*Race*	*Age*	*Marital status*	*Gender*
1.Mandisa	11	Standard 9	Xhosa	Xhosa	44	divorced	Female
2.Nobanzi	5	Standard 9	Xhosa	Xhosa	44	single	Female
3.Thandiwe	4	Standard 10; Certificate Computer course	Xhosa	Xhosa	38	married	Female
4.Andile	16	Standard 10; Dip in Project Man.	Xhosa	Xhosa	65	married	Male
5.Babalwa	4	Standard 7	Xhosa	Xhosa	32	married	Female
6.Fundiswa	4	Standard 9	Xhosa	Xhosa	38	married	Female
7.Dumisani	4	Standard 10	Xhosa	Xhosa	33	single	Male
8.Khetiwe	16	Standard 10	Xhosa	Xhosa	58	divorced	Female

3.4.3.2 Sampling techniques

Harding (2013) explains that in qualitative research, the researcher was less concerned with generalisation and tended to use different techniques, such as theoretical sampling (grounded theory), judgemental sampling (ethnography) and purposive sampling (phenomenology). Creswell (2013) said that there were three considerations to take into account when using the purposeful sampling approach in qualitative research, namely; the specific type of sampling strategy, whom to select as participants and the size of the sample. The researcher had to make use of a narrow range of sampling strategy, because in a phenomenological study, it was essential that all the participants had experience of the phenomenon being studied. Therefore, the choice was to use criterion sampling (purposive) because it would enable the researcher to select people who have experienced the phenomenon.

3.4.4 Data collection and recording methods

After the sampling process was completed, the researcher moved onto the data collection stage which involved making a decision on the method by which data would be collected (Harding, 2013). The methods used in qualitative research consisted of document analysis, observation, interviews and focus groups.

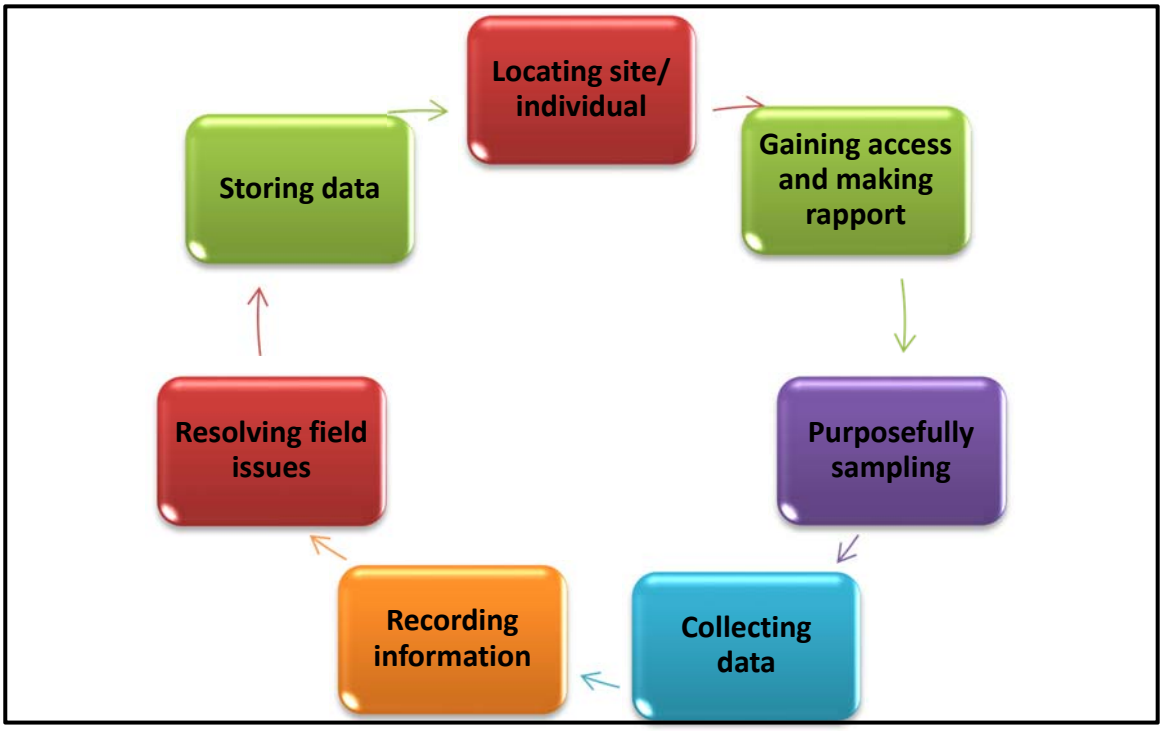


Figure 7: Data collection activities

Source: Creswell (2013)

The choice of a qualitative interview was considered suitable to gather data due to its flexibility and adaptability and because it gave the researcher a chance to listen to the views and experiences of a participant and also to ask probing questions (Harding, 2013, citing Robson, 2011). Creswell (2013) views data collection as a series of interrelated activities designed to gather data that would answer the research question. The data collection circle illustrates this process in Figure 7. Webster *et al*. (2014) presented a summary of the interview process in tabular form which provided guidance to a researcher on the ethical interaction between the researcher and participant before, during and after the interview.

Table 5: A Participant map of research ethics

A participant map of research ethics		
Before the interview	**During the interview**	**After the interview**
• Unpressured decision-making about taking part • Research is independent and legitimate • Knowing why they were selected to be approached • Clear and worthwhile objective, purpose and intended purpose • Knowing what to expect and being able to prepare, especially in terms of covering and questioning • Openness, honesty and being able to correct misunderstandings	• Being able to exercise the right not to answer a question or to say more than they want • An unpressurised pace, time to think • Feeling comfortable and at ease, valued and respected, not intimidated or judged • Opportunity for self-expression and for own views to be recorded • Questions are relevant, not repetitive, clear • Left without negative feelings about participation	• Right to privacy and anonymity respected in storage, access and reporting of the research • Unbiased and accurate reporting • Opportunities for feedback on findings and use • Use is actually made of the research for social benefit
(Webster *et al*. citing Graham, Grewal & Lewis, 2007a)		

The researcher read several chapters from various authors to become well acquainted with the finer details of how to conduct a face-to-face interview. Remenyi (2013) remarked on the topic of effective academic interviews that it was often assumed that it was easy to do and little to be learnt. This misconception most likely stemmed from the interviews which people saw on TV. In addition, Remenyi (2013) asserts that the reality was that the researcher needed to develop an interview protocol to use during the interview. The researcher had to appear formal, but also empathic to ensure a positive experience for both the interviewer and interviewee, resulting in insightful data which would be converted into an interview transcript suitable for data analysis. The interview was a formal technique used by the researcher to extract verbal evidence from a knowledge person.

3.4.4.1 Types of interview

Saunders *et al*. (2012) identified three types of interviews that the qualitative researcher could use to gather data in qualitative research, namely:

- Structured interviews. The researcher used interviewer-administered questionnaires, read out each question and recorded the response on a standardised schedule. These interviews were known as 'quantitative research interviews'.

- Semi-structured interviews. The researcher had a list of themes and key questions, but had the liberty in which order to ask the questions or may even omit or change the context of the question, depending on what information the participants divulged.

- Unstructured or in-depth interviews. The researcher used these interviews to do an in-depth exploration into an area of interest. The researcher would not have a predetermined set of questions, but would give the interviewee an opportunity to elaborate freely about events, behaviours and beliefs about the topic under investigation.

Saldana (2011) adds his perspective on the matter by saying that the researcher needed to include their cognitive and affective processes, such as inferring, intuiting, empathising and evaluating, because what they thought, felt and did during the collection process would also be data. He noticed that interviewing was an effective way of obtaining and documenting the participant's perspectives, feelings, opinions values attitude and beliefs about their personal experiences. The interviews were highly structured with a set of specific, prepared questions or unstructured, where the researcher used a general list of topics to be explored (Saldana, 2011).

3.4.4.2 The link between types of interview and research purpose and strategy

Saunders *et al*. (2012) explains that there was a link to the purpose of research and research strategy and the different types of interview. This was illustrated in table 6. In addition, Saunders *et al*. (2012) then indicate that in an exploratory study the use of in-depth interviews would assist in finding out what was happening and to understand the context. If the researcher wanted to do a descriptive study, he would make use of structured interviews and a research design with a deductive approach to test a theory. Conversely, a researcher who wanted to do an exploratory study would use semi-structured interviews to understand the relationships between variables, but structured interviews could also be used to get statistical data. When the

researcher wanted to explain why relationships existed, he could use both deductive and inductive approaches.

Table 6: The use of different types of interview

	Exploratory	**Descriptive**	**Explanatory**
Structured		√√	√
Semi-structured	√		√√
Unstructured	√√		
√√=more frequent; √=less frequent			

3.4.4.3 When to use semi-structured or in-depth interviews

According to Saunders *et al*. (2012), certain situations determined whether the researcher would use semi-structured or in-depth research interviews. These situations could be found in the following categories:

- The research purpose;
- Establishing personal contact;
- The data collection questions; and
- The time required to complete the project.

Saunders *et al*. (2013) explain how the purpose of the research influenced whether semi-structured or in-depth interviews would be used. They also argue that a study with an exploratory element allowed for 'probing' questions where the researchers wanted the interviewees to build on or explain their responses.

3.4.4.4 The self as instrument

The researcher became a part of the data collecting instruments because Terre Blanche (2006) states that in interpretive research the researcher was the primary instrument for collecting and analysing the data. The researcher had to develop the mind-set of doing listening, looking,

questioning and interpreting on a higher level than in everyday activities. This researcher also had to use his subjective capacities and empathic understanding of the phenomenon being researched, namely; spirituality and its role in the wellbeing of CHCWs (Terre Blanche, 2006).

3.4.4.5 Collecting data in context

This researcher was studying the role of spirituality and wellbeing in its natural setting as it took place in the research site at Temba. The researcher attempted to make sense of the feelings, experiences and social situations of the CHCWs as it occurred in the real world. The researcher strived to make sure that the data were collected in the context where it occurred by entering the research setting and dealt with the participants in an open and empathic manner (Terre Blanche, 2006).

3.4.4.6 Setting up the interview

The researcher wanted to do interviews as it was a more natural way of interacting, than the participants filling in questionnaires. The researcher managed to acquaint himself with the various techniques and principles described by various authors on how to do a face-to-face in-depth unstructured interview (Creswell, 2013; Saunders *et al*., 2012; Remenyi, 2013). Therefore, the researcher had to build a relationship of openness and trust with the participants to be able to get their honest response of how they experienced their lived experience of spirituality and its role in their wellbeing. The researcher had to achieve this trusting relationship by making sure that the participants were well informed on the structure and format of the interviews.

The participants were reminded of the particulars contained in the letter of consent that they had previously completed and signed and informed that they could still withdrew if they so wished. The participants were informed that the interviews would take between 30 to 60 minutes in the privacy of the counselling room. They were also informed that the interviews would be audio-recorded to make it easier for the researcher to pay full attention to the interview process, instead of being distracted by note-taking (Terre Blanche, 2006).

3.4.4.7 Conducting the interview

The researcher travelled from Rustenburg in the North West Province during July 2014 to Mthata in the Eastern Cape where the research site was located. The researcher prepared for the interviews by making sure on the previous evening that all the equipment, such as the video

recorder and laptop were charged and in working order and that all the necessary stationary such as pens and a note book for taking field notes was packed in the briefcase.

The previously signed permission letter and letters of consent were scanned electronically and stored on a password protected laptop (Biggam, 2011; Terre Blanche, 2006).

The researcher knew that in order to create an atmosphere conducive to an open, authentic exchange where the participants felt at ease, he had to set the tone by not starting with sensitive or difficult questions at the beginning of the interview. The interviewee had to feel as if they were co-enquirers, rather than research subjects, which contributed in setting a high standard for the interview process (Terre Blanche, 2006).

The researcher took cognisance of what Seidman (1991, cited by Terre Blanche, 2006) said about the things the researcher should keep in mind while conducting the interview. He focused on the following:

- He listened rather than spoke;
- Followed up on what the participant said;
- Asked the interviewee to clarify unclear issues;
- Explored without probing;
- Avoided leading questions;
- Kept participants focused; and
- Allowed silence and thoughtful contemplation by the interviewee.

During the interviews, the researcher also made notes on the participant's mood, body language and general interaction, recording these observations so that it could add value to the interpretation and findings at a later stage.

3.4.4.8 Ending the interview

When the researcher observed that the participant were at a point where they could not verbalise new information, the interview was steered to an end by asking the participant if there was anything else they wanted to add in conclusion. The researcher then thanked the participants

for their time and input and saved the recorded interview in a file under the name of the pseudonym allocated to each individual participant (Creswell 2013). The researcher discussed the problems and obstacles encountered during the interview in the section on recommendations and limitations of the study.

3.4.4.9 Transcribing the interview and data storage

Bloomberg and Volpe (2012) made some suggestions regarding the transcription and storage of data, which this researcher implemented. The researcher had to know the data intimately and having transcribed the data personally, became immersed and familiar with the data. The researcher transcribed the data verbatim as suggested by Bloomberg and Volpe (2012) because the recording of the exact words as well as non-verbal communication such as laughter or pauses gave a complete picture of what the participant wanted to communicate. The researcher made a master copy of the data and stored it in the safe at home and labelled the material clearly as field notes, memos and transcriptions.

Terre Blanche (2006) suggests that it would be easier to move about the data on paper than on an audio-recording. The researcher transcribed the data verbatim because one could not leave out parts of the conversation that seemed unimportant. The researcher checked the reliability of the transcription by replaying it while reading through the transcription. It was also of value to ensure that non-linguistic expressions such as sighs, laughs and silences were included in the transcription because the non-linguistic data could add context to the conversation.

Creswell (2013) was surprised that the literature did not stress the importance of data storage, and this researcher undertook to safely protect the audio-recorded material on the laptop because it would be password protected and stored in folders. The researcher also had a backup stored on a hard-drive stored in a locked storage facility. The paperwork would be kept at the researcher's residence and in a locked drawer if not in use. The participants' identity would be kept confidential through the use of pseudonyms.

3.4.5 Data analyses

The researcher consulted several sources to gain a clear understanding of how to conduct data analysis. One of the sources consulted was Bloomberg and Volpe (2012) who presented a stepwise procedure to prepare and analyse the data. The first step was to review and explore the data, and then develop categories, followed by developing descriptors for each category. The

second step was to reread and code the data which meant that the researcher had to dissect and classify the data into categories. Bloomberg et al. (2012) explained that coding meant attaching names or identifiers to chunks or segments of data. Some researchers also coded their data by using highlighters to identify single words, phrases or sentences as categories. Coding could also be done by making notes in the margins.

The researcher chose Thematic Analysis as the method for this study and attempted to achieve the following three aims as identified by Gibson and Brown (2009 as cited by Harding 2013):

- Examining commonality, which meant the researcher, had to pool together all the material across a dataset that had something in common. These commonalities which were emerged were then further analysed to discover subdivisions;

- Examining differences, where the researcher identified differences across the dataset and examined their relevance to the themes that have emerged; and

- Examining relationships, where the researcher examined how different parts of the analysis fitted together and contributed to an understanding of the different issues and themes that emerged.

A commonality would be any feature that two or more cases had in common, including a characteristic, experience or opinion. The researcher was further guided by the process and steps which could be followed in Thematic Analysis as explained by Terre Blanche (2006). Geertz (1973, as cited by Terre Blanche, 2006) argues that the purpose of interpretive analysis was to produce ‘thick description’ of the characteristics, processes, and context of the phenomenon being studied, as well as the researcher’s account of how he constructed the description. Therefore, Terre Blanche (2006) summed up the data analysis process as reading through the data repeatedly, and breaking the data down thematising and categorising) and then building it up again (elaborating and interpreting). This researcher decided to use the steps in Thematic Analysis as suggested by Terre Blanche, because it follows a logical sequence and as a novice researcher did not want to engage with a complicated data analysis process which could have prevented the study to reach a satisfactory conclusion.

3.4.5.1 Familiarisation and immersion

The researcher found that having reached the stage of data analysis in the research methodology, he had already developed a preliminary understanding of the meaning of the data through doing the interviews and then having transcribed the audio-recordings. When conducting the interviews, the researcher dealt with the lived reality of the CHCWs in terms of their spirituality and wellbeing, but the focus now moved to engaging the texts, namely; field notes and transcripts, to discover themes and categories in the shared experiences.

Terre Blanche (2006) emphasises that the researcher had to read through the text many times over so that it would be clear what meanings were contained in the text and where it could be found. The researcher realised that once he started reading and re-reading the data sets, the pieces of the puzzle started falling into place and as he became more familiar with the text, it became easier to discern themes in the various participants' stories. The identification of the emerging themes led to the next step where the researcher interpreted the data and saw the links between the existing literature and the empirical study. The researcher also saw the connection of the emerging themes, the aims and purpose of the study and the research question starting to find each other in the process where the researcher immersed himself and getting close to the data.

3.4.5.2 Inducing themes

According to Terre Blanche (2006), themes ideally arose naturally from the data, although they should have a bearing on the research question. The researcher had to infer general themes and categories from the collected data. This was referred to as the bottom-up approach, moving from the general to the specific, where the researcher was allowed the freedom to determine and select the themes and organisation of the raw data.

Terre Blanche (2006) suggests five strategies that a researcher could use in inducing themes which were adopted in this study. The first one was to use the language as expressed by the interviewees to label themes and categories and not to translate their expressions into some fancy academic abstract theoretical language. The second strategy was to address the data in terms of processes, functions, tensions and contradictions and not to merely summarise the data. The researcher sought to find commonalities, differences and relationships hidden in the meanings of the stories told, in other words, to delve deeper to discover the richness of the text.

The third strategy was to find an optimal level of complexity, because if the researcher only presented two or three themes, there was not much that could be done with the data. The researcher identified 12 themes that were arranged into a smaller number of sub-themes and categories. The fourth idea was that the researcher had to experiment with several systems and not just settle for the first theme that emerged, enabling him to come up with the best possible option. Lastly, do not stray from the focus of the study; for instance, this study was about spirituality relating to wellbeing; so it would be unwise to wander into the area of a religious discussion. The themes and sub-themes identified by the researcher are discussed in the next chapter under the heading of 'findings'.

3.4.5.3 Coding

Terre Blanche (2006) describes coding as the activity of breaking up the data in analytically relevant ways. The researcher coded the data after completing the identification and lifting out themes from the data sets. The procedure followed by the researcher was to use different coloured highlighters to mark the different sections relevant to a certain theme. The highlighted section could be a phrase, a sentence or a paragraph, where a discrete idea, explanation or event linked it to one or more of the identified themes.

Terre Blanche (2006) pointed out that a researcher could use 'cut-and-paste' on a computer to group data that belonged together or print out the data and cut the paper and fit pieces together. There were also software programs available that aided in qualitative analysis. The researcher chose the highlighting method and made notes in the margins, because it was found to be a workable and efficient way of getting the data sorted into categories and themes to make the data manageable for interpretation. The researcher found that the themes and sub-themes were not cast in stone, but as the data were being perused and organised, changes emerged that provided more clarity about what the data intended to say.

3.4.5.4 Elaboration

During the data collection process, the researcher experienced the interaction with the participants in a linear chronological way. When the researcher got involved in the immersion process, the same thing happened because the researcher viewed the data in a linear chronological order. The coding process served to break up the datasets and re-arrange the chunks of data into the categories that belong together. The linear sequence were re-arranged to bring data that were far from one another closer together under the theme where it belongs.

The researcher compared different sections of text with a fresh view because the extracts were grouped together and exploring themes more closely in this manner was termed ‘elaboration’.

The researcher had the opportunity to refine the initial coding when doing elaboration by scrutinising the data for the finer nuances of meaning. Terre Blanche (2006) indicates that a thorough analysis involved more coding, elaborating and recording until a point of saturation was reached and no further new significant insights appeared to emerge.

3.4.5.5 Interpretation and checking

After having completed these four steps, the researcher had to start interpreting the data and this was accomplished by putting together a written report about the study involving the role of spirituality in the wellbeing of CHCWs. The researcher used the thematic categories from the data analysis as sub-headings in the written report.

The researcher did a detailed check of the report to see if there were any weak points that needed fixing, such as contradictions or pieces that were mere summaries. Silverman (2011) emphasises that the credibility of scientific research had to be addressed through reliability and validity. Silverman (2011) cited Altheide and Johnson (1994) when describing reliability as the stability of findings and validity as the truthfulness of findings. On completion of the written report, the researcher had to pay attention to the elements of validity and reliability.

3.4.5.6 Validity

The researcher ensured the validity of the data analysis by paying attention to the definition of Jupp (2006, as cited by Harding, 2013), namely; that the extent to which conclusions drawn from research provided an accurate description of what happened or a correct explanation of what happened and why. Validity was enhanced by considering the concept of reflexivity and associating it with validity. Heaton (2004, as cited by Jubb, 2006) describes reflexivity as the self-examination of how research findings were produced and, particularly, the role of the researcher(s) in their construction. These considerations were followed by the researcher when doing the data analysis and writing up the findings.

3.4.5.7 Reliability

According to Silverman (2011), reliability refers to the degree of consistency whereby data were assigned to the same category by the same researcher on different occasions (citing

Hammersley, 1992a). Silverman suggests that the interviews were audio-recorded and carefully transcribed verbatim so that the meaning is not lost in the interpretation of the researcher. The research process had to be transparent through the detailed description of the research strategy and data analysis.

3.4.6 Ethical issues

The researcher drew up a participant information sheet (Appendix A) providing all the necessary information for the prospective participants so that they could make an informed decision if they wanted to be part of the study. The prospective participants were invited to take part in the study and the information passed on to them contained the name and purpose of the study, namely; "The role of spirituality in the wellbeing of CHCWs at Temba Community Development Services" and the purpose was to explore and describe the lived experiences of the CHCWs in their roles as caregivers and how their spirituality (faith and belief in God) impacted on their wellbeing. The invited participants were provided with the following information:

- Criteria for selection;
- Face to face interviews would be conducted in a room that was private and used for counselling purposes;
- The unstructured interviews would be audio-taped and transcribed verbatim;
- Participation was voluntary and there was no penalty or loss of benefit for non-participation;
- Participants were under no obligation to consent to participation;
- Participants would sign a written consent form;
- Participants were free to withdraw at any time and without giving a reason;
- Participants would not be expected to share any information that would cause them inconvenience or discomfort;
- Confidentiality of information would be maintained by not recording anybody's name anywhere and no one would be able to connect anyone to the answers anybody gave;

- The answers were recorded under a pseudonym and participants were referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings; and

- No payment or reward was offered, financial or otherwise.

3.4.7 Reporting

The researcher used the steps as outlined above, starting from step 3.4.5 to identify the themes, sub-themes and categories that emerged from the data that would answer the research question. The empirical research questions that the themes answered were as follows:

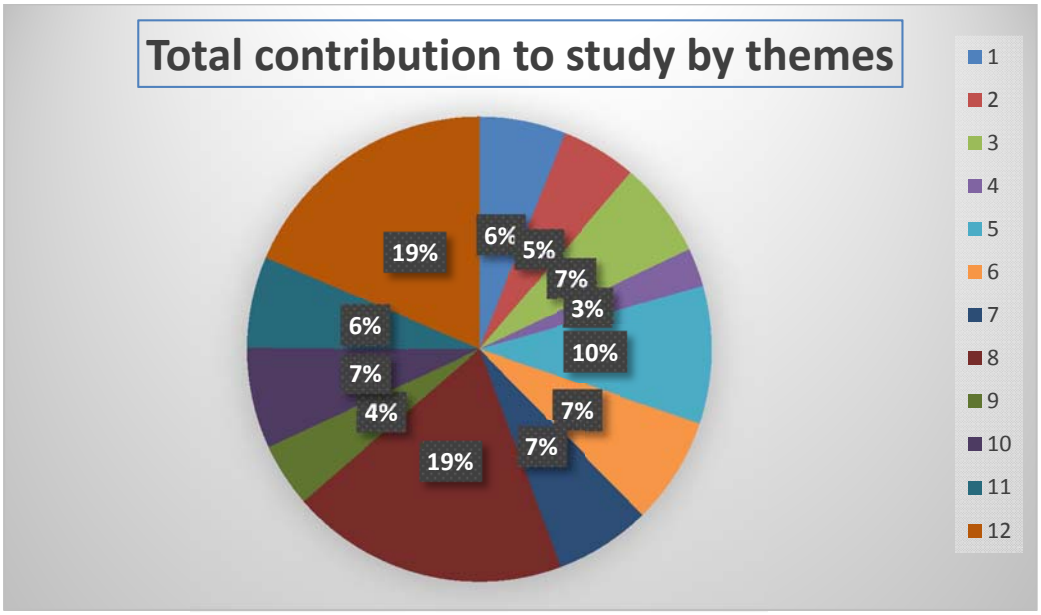
- How spirituality assisted in improving the internal wellbeing of CHCWs;

- The lived experience of CHCWs and the role of spirituality in their wellbeing; and

- The components of spirituality that emerged from the participants.

The themes, sub-themes and categories that emerged were listed in Table 9, along with an indication which participants contributed to the various themes, sub-themes and categories.

Table 7: Total contribution to study by themes



The researcher noted that some themes produced more data than others indicating that the participants had different areas which were important to them as they proceeded to share their lived experiences. The themes were ranked in descending order in Table 12 in Chapter 5.

Table 8: Themes, sub-themes and categories in tabular form

No	Theme	Sub-theme	Category	Participants' contribution
1	Spirituality expressed as a calling	Used by God		P1;3;4;5;7;8
		Meaning in life		P1;2;3;4
		Adversity/suffering	Family issues	P1x4;8
			Financial issues	P2;4
			Life events	P7;8x2
		Service to community and vulnerable people		P1x2;2x2;3x2;4x2;5x3;6;7x3;8x3
2	Spirituality expressed in prayer and support	Prayer for self (Own circumstances)		P1x2;2x3;6;7;8
		Prayer for self (Work and patients)		P2x3;3;4;5x2;6;8x3
		Prayer and support for patients	Sickness and healing	P2x3;5x2;6
			Death	P1x2;8
			Forgiveness	P1
		Prayer and support for patient's family	Death and comfort	P1;8x3
3	Spirituality expressed in faith	Trust in God		P1x2;2;4x6;5;6;7x2;8
		Belief in good outcomes		P1;3x2;4x6;8x3
		God will supply in personal needs		P1x2;8x2
		God will provide in organisational needs		P2x2;4x4;8

		God will provide guidance		P1;2;4;8x2
4	Spirituality expressed in gratitude	Grateful to God's favour to self		P1x5;4x2;5;8x2
		God's favour to patients and families		P3;4
		God's protection and provision to Temba		P2;4x3;8
5	Sense of fulfilment (wellbeing) found in volunteerism	Meaning in life (work)		P1x3;2x2;3;4x5;5x3;6;7;8x3
		Meaning in life (personal)		P1x3;2;3;4x3;7;8x6
		Being a volunteer		P1x4;2x2;3x2;4x2;5x2;8
		Sacrificing your time		P1;3x2;4;5;7;8x2
		Reward in blessing		P1;4x3;5;8
6	Sense of fulfilment (wellbeing) expressed in service	Service to God		P1x2;2;3;4x2;5;6;8
		Service to patients and their families		P1x4;2x2;4x5;5x2;6;8x2
		Service to community		P1;3x7;4;5;6;7x3;8x4
		Service to co-workers		P3;8
7	Dependence on God	A source of strength		P1x3;2;4;5;7;8x6
		Answer prayers		P2x5;3;4;6;7;8
		Offer salvation		P6;7x3
		Give purpose and meaning to life		P2;4x4;5;6;7;8x4

8	The role of CHCWs	Know yourself		P1x2;4;7x4;8x7
		Give of yourself		P1;2x2;3;5x2;7;8x2
		Depend on prayer		P2x3;3;5x2;6;7;8x3
		Deal with negative situations		P1x2;2;8
		Training and development		P1x2;4x3;8x3
		Ministry of help	Caring for the sick	P1x2;2;4x3;5;6x2;8x2
			Prepare patient for death or survival	P1x4;2;8
			Comfort family in death	P1;2x2;8
		Holistic ministry: Body, soul and spirit	Creating awareness	P1;3;4x2;7x2;8x3
			Giving comfort	P1x2;2;5;8x2
			Having compassion	P1;2;3x3;4x2;5x3;8x3
			Showing empathy	P1;2;5;8
			Preach salvation	P1x3;7x2
			Present hope	P1;4;6;7;8x2
			Share faith	P1x2;2;5;6;7x2;8
			Offer prayer	P1;2;6
			Initiate forgiveness	P1

9	Support structures of CHCWs	God		P1;2x2;4x2;5
		Church congregation		P1;4;7;8x2
		Pastor/priest		P1
		Family/friends		P1;2x2;7x2;8x3
		Management/supervisors		P1;3;7
		Community		P4x2
		Family of patients		P1;8
		Prayer groups		P8
10	Obstacles faced by CHCWs	Lack of resources		P2x4;3;4x3;8x6
		Financial rewards		P1;2x2;4;6;8x2
		Stress and burnout		P8x10
		Working with death and sickness		P1x3;2x3;5;8x4
		Little prospects for progress		P2x2
11	Motivation of CHCWs	Work is a calling		P1x2;2x2;4;5x2
		Received a vision		P4x2;7x2;8
		Driven by compassion		P2;3x2;4x4;5x3;6;8x2
		Spirit of volunteerism		P1x2;2x2;3;4x4;5x4;6;7x2;8

12	Experiences of CHCWs	Miracles		P4x4
		Sadness		P1;2x2;8
		Hope		P2;4x3;7x3;8x2
		Guilt		P8
		Confidence		P1;2;4;7
		Satisfaction		P1x2;2;4x3;5;7;8
		Happiness		P1x3;3;6
		Gratitude		P1x2;4;6;8
		Doing good		P1x2;2x2;3x3;4x6;5x6;7x3;8x4
		Stress and burnout		P8x6
		Suffering		P1x2;2x3;6;8x8
		Meaning in life		P1x2;2x6;3x2;4x5;5x3;6;7x5;8x6

Table 9: Participants' contribution per theme

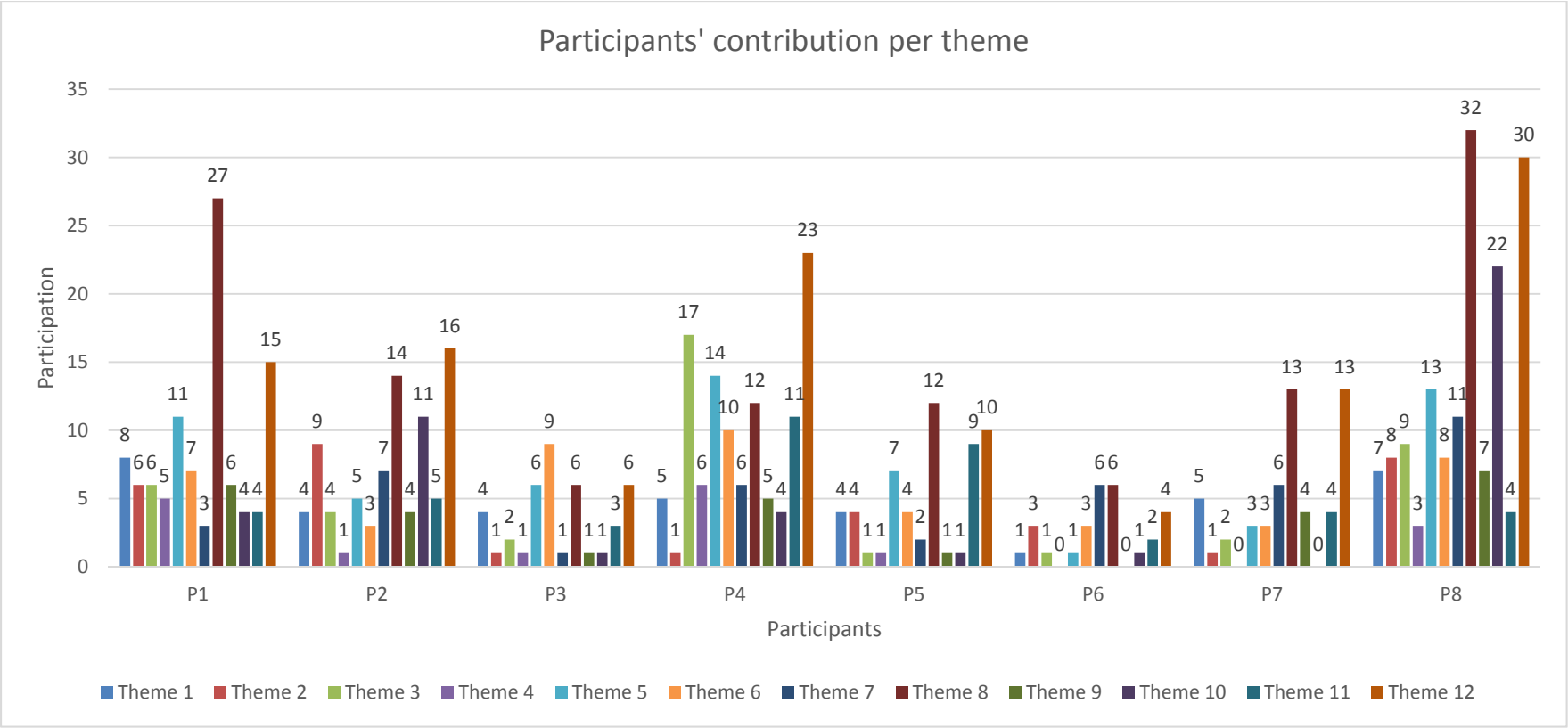
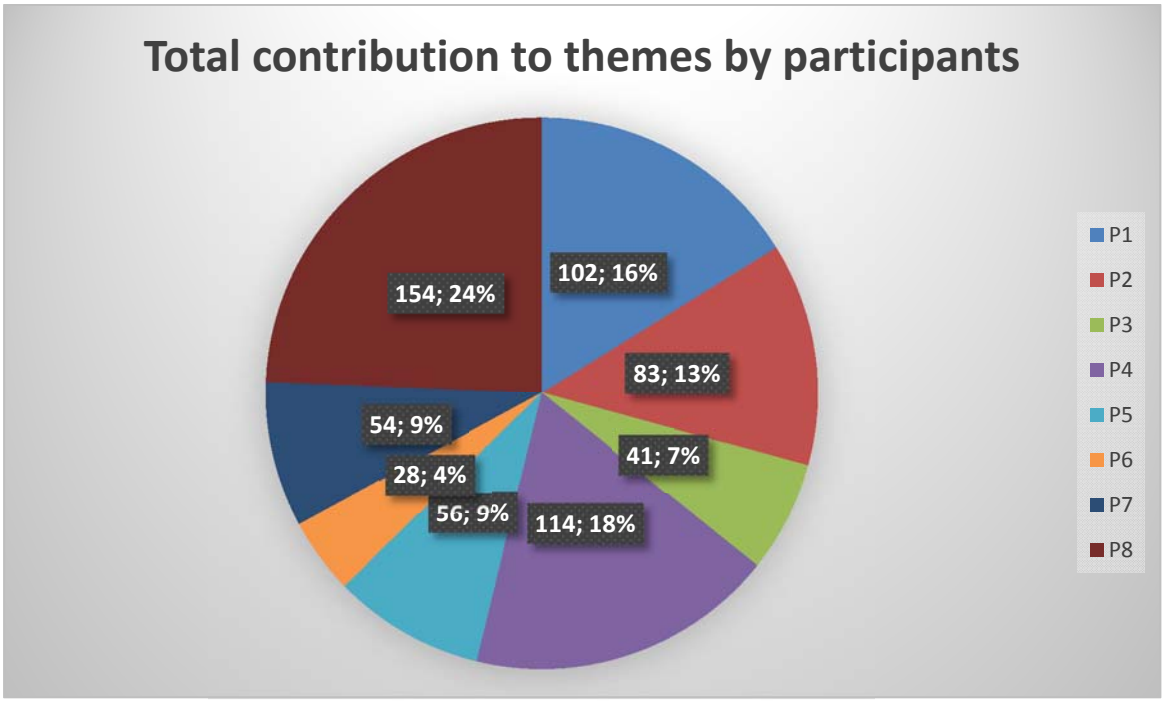

Participants' contribution per theme
Participation
Participants
P1
P2
P3
P4
P5
P6
P7
P8
Theme 1
Theme 2
Theme 3
Theme 4
Theme 5
Theme 6
Theme 7
Theme 8
Theme 9
Theme 10
Theme 11
Theme 12

Table 10: Total contribution to themes by participants



The participants' contribution to the themes was ranked in Table 13 in Chapter 5 and the researcher made some observations about why some participants contributed more than others.

3.5 SUMMARY

In Chapter 3, the researcher fully described the research design and provided reasons for and motivated the choices made of the methodologies used to sample participants, gather and analyse data. The researcher consulted textbooks to gather information from experts on how to conduct the research in a scientific sound and trustworthy manner. The researcher tabulated the themes, sub-themes and categories in Table 9 and populated the various themes with the participants who contributed and presented the data in a bar chart as Table 10.

In the next chapter the researcher described, analysed and synthesised the data and arrived at findings relating to the general and specific research aims stated in chapter 1.

CHAPTER 4

THE FINDINGS AND DISCUSSION – QUALITATIVE RESEARCH

4.1 INTRODUCTION

In this chapter, the researcher used a process of description, analysis and synthesis to present the findings that emerged from the data analysis. The names of the participants and people mentioned in the interviews were substituted by pseudonyms. The transcription was done verbatim and the researcher presented the data, without correcting the grammar, under the various themes. The evaluation was done in Chapter 5 and this process was illustrated in Figure 8 (Biggam, 2011).

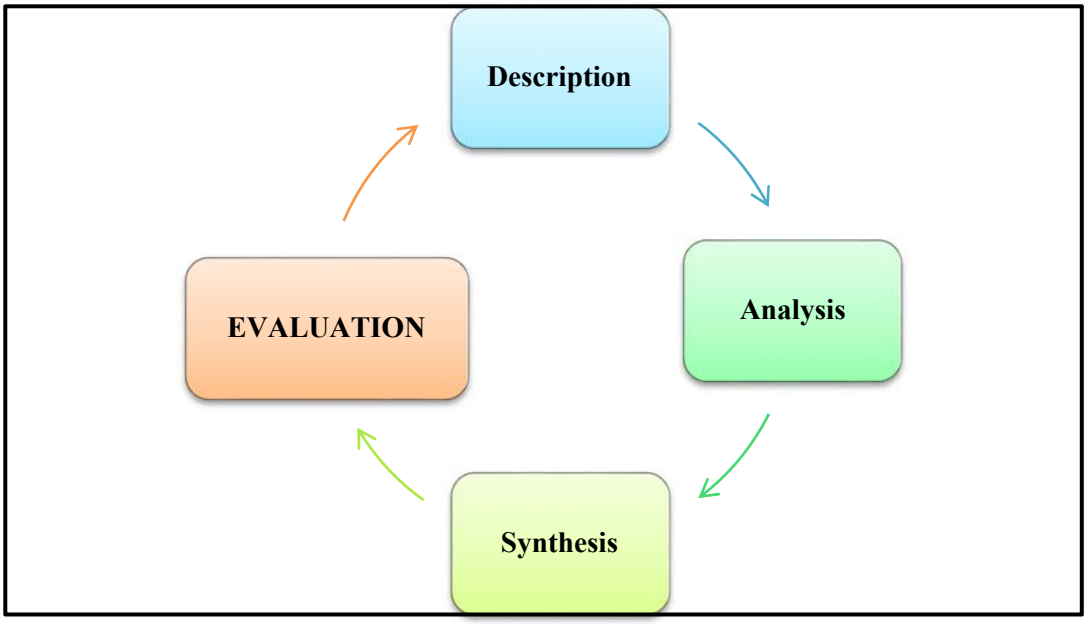


Figure 8: Process of description, analysis and synthesis leading to evaluation (Source Biggam, 2011)

An analysis of the data produced 12 main themes relating to the variables under investigation, namely; spirituality and wellbeing and how these variables were experienced by CHCWs. The researcher had to find data relating to the role played by spirituality in the wellbeing of CHCWs and how it assisted in improving the internal wellbeing of CHCWs. The specific empirical aims were to explore and describe the lived experiences of CHCWs and to discover and describe the components of spirituality as emerging from the participants' stories.

The researcher considered every theme separately, and synthesised the empirical data with the literature review data to establish if the findings of the current study was supported by previous research described in the literature review. The researcher found that the data in the literature review addressed spirituality and wellbeing on a theoretical level compared to the empirical data which, as related by the CHCWs were of a practical nature as it took place in the workplace. An evaluation of the themes and the research question were done in Chapter 5 as a conclusion to the dissertation, followed by a discussion of the limitations and recommendations made by the researcher.

4.2 THEME 1: SPIRITUALITY EXPRESSED AS A CALLING

The participants did not all name spirituality as a "calling" directly, but the researcher deducted from the data that what they experienced was a sense of being "called" to duty by God in serving their community, by becoming CHCWs, taking care of the sick and dying. In addition, the participants described it as a feeling or urge to do something of value by assisting needy and vulnerable people in the community. The participants also saw it as their Christian duty to do something for God by being an instrument in His service.

The language in which the CHCWs expressed their experiences was different from how the authors in the literature review described the concepts of spirituality and wellbeing. In literature, spirituality is described in abstract and scientific language, compared to the practical everyday expressions used by the CHCWs. The researcher compared the data with literature reviewed in Chapter 2 and found evidence of previous research which linked the themes of the current study with the existing knowledge on the concepts of spirituality and wellbeing of CHCWs. Themes one to four dealt with the various components of spirituality as experienced by the CHCWs and the researcher synthesised the empirical with the literature data. Research conducted by Mayer *et al*. (2015) found that spirituality had to do with a personal inner connection, a close relationship with God, a coping mechanism to deal with challenges and was practiced by meditating and acknowledging gratitude, self-awareness and self-reflection (section 1.6.1).

Hefferon and Boniwell (2011) describe how spirituality influences the wellbeing of CHCWs by being a connection to a power that provides comfort, meaning and a sense of identity (Section 2.2.2). Karakas (2010) concludes that spirituality enhanced wellbeing, quality of life, provided employees with a sense of purpose, interconnectedness and community (Section 2.2.3).

Spirituality was found to bring meaning and balance in the lives of individuals by giving workers a sense of meaning, job satisfaction and organisational commitment (Steenkamp & Basson, 2013 in section 2.2.3).

The comparison made by Van Tonder and Ramdass (2009) of the research conducted by several authors on workplace spirituality highlighted the following elements, namely; the presence and working of a higher power who had a significant relationship with people and impacted on their wellbeing and self-esteem. Spirituality was cast in a positive light because it gave the person an ability to perform optimally, overcome obstacles and make a positive contribution.

Participants in the current research shared the following elements relating to their experience of spirituality.

4.2.1 Used by God

The first component of spirituality that emerged from the data was what could be described as a "calling" and four sub-themes followed, such as the desire to be used by God to be of service as expressed by participants one, three, four, five, seven and eight.

> "I think: Hey, it's my calling, this one. That's why I stuck at Temba …" **(P.1)**

> "I do home-based care at Ndabedlane and a soup kitchen ... I was coming here in Temba because of I'm loving the people." **(P.3)**

> "If you want to serve God, you have to serve people ..." **(P.4)**

> "It is God's will for me to be here and help people, if it wasn't for Him..." **(P.5)**

> "Something was burning to me and I had a vision, but to my vision, I needed ..." **(P.7)**

> "Bring hope to the people who had lost hope. So for me it was bringing hope …" **(P.8)**

4.2.2 Looking for meaning in life

Participants one, two, three and four indicated how the desire to be used by God led to a search for meaning in life and job satisfaction.

> "It's at the town hall and it's free. I decided to go. I went to the workshop and know this is what I wanted."**(P.1)**

"This thing we that I make at Temba we feel in my hearts that's why we work." **(P.2)**

"I heard about Temba in the Unitra Community Radio. As a person I've got a passion to help other people..." **(P.3)**

"I worked for the government, but inside of me there was no job satisfaction …" **(P.4)**

4.2.3 Initiated by adversity/suffering

An analysis of the data indicated that participants experienced difficult times relating to sickness and death or financial trouble in their own family circle and this was often the trigger to move them to consider helping others in need (Participants one, two four, seven and eight).

4.2.3.1 Family issues

"The nurses called us; they tell us 'Hey, this morning your mother is passed away.' "(**P.1)**

"When he was there I leave him there at the hospital, he said: 'When you look a job, you must look this type of job to take care of sick people, because I feel you …' "**(P.1)**

"I was looking for my mother. My mother was critically ill, He was 1930, but I stayed with my mother …. It was critical, I wash them, and I feed them." **(P.1)**

"My mother was not happy, she said: I'm going to leave … to meet with God."**(P.1)**

"My aunt Vuyo was just back from exile and I called her and asked her: 'Who can help me?' My father had just passed away and my mother was not well." **(P.8)**

4.2.3.2 Financial issues

"At my home we have a child, my child they go to school and the teachers they want the fees jabo. But this thing…we work at Temba." **(P.2)**

"They keep on staying even though there is no compensation which can be sustainable to keep them going, but I think … that every day they come and work here, they are doing something good to someone who are in need." **(P.4)**

4.2.3.3 Life events

"Things were not going right; not going well… world was turning against me now." **(P.7)**

"I remember it was that time of Nkosi Johnson when this kid used to speak on TV, asking for help. So I decided let me face my fears, let me go to hospital. " **(P.8)**

"I actually think that is for me, that is the role of spirituality in me. I would even also say Brother John at that time, maybe it's where I was spiritually, because my Dad had just passed, I had to retrench staff where I was working and be retrenched in a way and my marriage was falling apart at that time." **(P.8)**

4.2.4 Service to community and vulnerable people

All the participants indicated that they experienced living out their spirituality when providing service to people in need, especially the sick and those suffering from HIV. They felt they answered Gods call by doing good to others.

"I go there and I look after this sick people, I wash them, now I'm feeling happy… " **(P.1)**

"I said to the pastor, 'I want to talk about HIV… the awareness campaigns.' " (**P.1)**

"I saw the people who are HIV, some with TB and they are weak. I prayed for those people to get back to health. Every day I take food… " **(P.2)**

"She came at Temba, we train Nozaza how to eat … people we must first pray." **(P.2)**

"I do home-based care at Ndabedlane and a soup kitchen… I'm doing Kids Club." **(P.3)**

"We go to Spar and Boxer and ask for bread and other stuff to make some soup… lived in shacks and did not have healthy food." **(P.3)**

"We decided to form Temba, because there was a need for people to be assisted in projects where they could uplift themselves." **(P.4)**

"We have heard you know something about HIV/AIDS, but we have got people who have been discharged from hospital who might face death, because we don't know anything about it. Therefore it would be wise if you open a shelter.' " **(P.4)**

"I've wanted to help positive people, disabled and old people … to care for them." **(P.5)**

"I help people … in their marriage problems and abused kids and in initiation. I'm the type of person who helps people." **(P.5)**

"Even though I don't get a salary, I don't have money, but I take my belongings and give them to my patients… some of my groceries." **(P.5)**

"I decided to be a volunteer to help sick people and I had family members; I want to take care of both family and community. I am helping and cleaning for the sick people…" **(P.6)**

"And I pictured myself (eh) educating especially the youth my concern was basically the youth … but the concern was about HIV." **(P.7)**

"I had that passion to speak out especially the awareness campaign to preach to warn the children about all these things that was happening outside." **(P.7)**

"I need to sow back; I need to plant back to my community; I owe my community; I owe my peers; I owe … I need to educate them." **(P.7)**

"Bring hope to the people who had lost hope. So for me it was bringing hope and I remember, I always believe things happen for a reason." **(P.8)**

"And that's when I started together with my colleagues Boet Andile and Rose at that time started to visit homes… it's to train and mobilize communities to assist each other." **(P.8)**

"We realised that there are children that are looking after their parents, which actually pushed us and drove us to put into place the Temba shelter." **(P.8)**

"They requested us to do awareness raising in the bank. We used to talk to the workers, because within the workers are some that was HIV+ who needed the care, who need support and even serve clients who are HIV+." **(P.8)**

4.3 THEME 2: SPIRITUALITY EXPRESSED IN PRAYER AND SUPPORT

The second component of spirituality that emerged from the data was the need for CHCWS to engage in prayer, thereby communicating with God, to ask Him for help in dealing with the daily tasks and obstacles the CHCWs had to overcome. Research carried out by Van Tonder and Ramdass (2009) collaborated the experiences of CHCWs in this study where it was established that God was present and could be called upon to support those in need in their time of sickness, crises or need.

The importance of prayer was indicated by participants in the following sub-themes.

4.3.1 Prayer for self (Help in dealing with own circumstances)

Participants one, two, six, seven and eight felt the need to ask God for help and strength to deal with the difficult situations they were facing in their personal lives.

"When he was admitted there, he said we must pray, he said: 'Phumla, I'm ...' "(**P.1)**

"I said: 'I must pray, maybe there is a bad news I'm going to hear.' I was going ..." **(P.1)**

"This job is so difficult, but we ask God we are make so easy." **(P.2)**

"Pastor, help with God to face this situation. We say that God help us, because it is difficult. I pray all the time and God help us." **(P.2)**

"My God help us to be a professional nurse, to keep us a volunteer, to be a professional nurse. That is what I want. I pray for that." **(P.2)**

"God is able. I ask Him to protect my children. He has done a lot for me. He provides food and everything." **(P.6)**

"So prayer it is my strength I believe in prayer, that's where I get strength." **(P.7)**

"Lord help us, Lord help us, because even if someone does not really believe in God, but when someone passes, the only being you think about is God." **(P.8)**

4.3.2 Prayer for self. (Help in dealing with work and patients)

The caregivers had to find ways of coping with the stressful and traumatic work of dealing with the sick and dying and resorted to prayer to assist them to cope (Participants two, three, four, five, six and eight).

"When we come to those people we must first … pray God He must help them." **(P.2)**

"When we are coming at Temba, in your home you must pray. Pray because, pray God I'm going now. Now I'm going to take the difficult patient, some of them they are mental disturbed... Please God help me to care those people." **(P.2)**

"We pray, we always pray God to help those patients. Then sometimes a car come with donations … oh God help us." **(P.2)**

"No funding at all, but I'm carrying on. I go to the shops and ask for food for the people. I am a Christian and I ask God to help me … and God help me." **(P.3)**

"I am able to say we have started something and made an achievement through the help of God. My prayer is that some younger people actually take over and take the baton forward … organisations should not just close." **(P.4)**

"God helps me; God helps me in mysterious ways, because I know how to take care of people and their wounds without getting infected … I always pray to God to help me. Because it is not my strengths, it is God's will." **(P.5)**

"I ask God for strength, so I could wash and take care of the person when he dies..." (**P.5)**

"I first pray to God to help me take care and love people, to provide everything for I cannot do this job without God. If I pray, people must stand up and become well …" **(P.6)**

"So it is just to say: 'Lord help us.' And then … I would sort of making sure that the person is passed." **(P.8)**

"And also I also believe that once we believe as carers is to pray before you even go and assist those people. That is what most of us believe in. We believe for even divine intervention, because we don't believe that we are doing this on our own." **(P.8)**

"And when you do not know what to do, the only thing that we do is to pray. The HIV caregiving job involves the family as well; we talk of the infected and affected." **(P.8)**

4.3.3 Prayer and support for patients

An analysis of the data revealed that the CHCWs live out their spirituality by not only providing physical care, but also offering prayer and spiritual support to patients for healing, or to deal with sickness and death (Participants one, two, five, six and eight).

4.3.3.1 Sickness and healing

"I saw the people who are HIV, some of them with TB and they are weak. I prayed for those people to get back to health." **(P.2)**

"Now we train Nozaza how to eat properly. When we come to those people we must first pray. When we come and when we go we must pray God He must help them." **(P.2)**

"We pray, we always pray God to help those patients." **(P.2)**

"I know how to teach a person how to pray and that God is going to help you." **(P.5)**

"When a person is brought in I ask God for strength, so I could wash and …" **(P.5)**

"If I pray, people must stand up and become well … who ask me to pray for them." **(P.6)**

4.3.3.2 Death

"With prayer, he must not pretend; he must do this thing with prayer, because this man or woman is going to another place." **(P.1)**

"After a while the woman came closer to God and when she died, I went to her funeral to pray there at her funeral." **(P.1)**

"We even assist the family when the person has passed … 'People let us pray'." **(P.8)**

4.3.3.3 Forgiveness

"Yes, you must have forgiveness. Then when I'm doing that thing I'm feeling, Yeah, I'm happy because I change this conflict between these families." (**P.1)**

4.3.4 Prayer and support for patient's family

Participants one and eight revealed how their spirituality expressed in prayer involved praying for the families who had to deal with the death of patients, as well as assisting at the funerals.

4.3.4.1 Death and comfort

"Then he is passed away, even in the mortuary, even in the funeral, they calls me. If I said I'm not going to be there in the funeral, they said there is no-one who is going to talk on behalf of you." **(P.1)**

"So for me was also to focus on assisting these people to the point of accepting when a person is passing. And I don't want to lie to you and say: 'I knew what I was doing.' It's not that I knew, I learnt on the job." **(P.8)**

"Assist the family because there was nothing we could do; it is just sort of put a blanket or sheet on the person and assist the family." **(P.8)**

"The HIV caregiving job involves the family as well; … the infected and affected." **(P.8)**

4.4 THEME 3: SPIRITUALITY EXPRESSED IN FAITH

The third component of spirituality that emerged from the data was the concept of faith. The Bible describes faith as: "Now faith is being sure of what we hope for and certain of what we do not see (Hebrews 11:1). All the participants indicated their faith in God by declaring their trust in Him and believing in His provision of needs, guidance and good outcomes.

Similar ideas emerged from the research of authors listed in Table 11 under theme 3 as those expressed by the participants in this study.

The literature review revealed the following:

- Spirituality was identified as a belief or faith in a benevolent, transcendent force commonly termed God or a Higher Power;
- Faith in God was the coping mechanism used by CHCWs when dealing with sick and dying patients;
- The belief that strong faith provided support through difficult times was strongly rooted in Christian religious doctrine;
- A positive association between religious commitment, faith based organisations and volunteerism seemed to exist, because faith based volunteerism was a motivator to do AIDS care work; and
- CHCWs declared that faith in God enabled them to get through the working day and survive the work environment.

The following sub-themed emerged from the data gathered from the participants in this study and it was in accordance what previous research revealed.

4.4.1 Trust in God

The participants (one, two, four, five, six, seven and eight) declared a close relationship with God, and trusting in His assistance which helped them in doing their daily activities.

"I'm looking that Themba must expand … accept God as their Saviour and if you put all things in God, He is never leave you alone. He is going to help you all the time." **(P.1)**

"But it is God, who gives me the strength, but it is not easy, it's not easy really in my health. There's just (*makes hand movements).*" **(P.1)**

"When you read the Bible, there is a place in Psalms where David says: 'I look to the mountain; my help is from the mountain.' So my help is from Jesus." **(P.2)**

"So it was just God's will that they should live. Some of them fortunately lived up to the time … when the government finally agreed to give the treatment to people." **(P.4)**

"They are able to keep going, because of that faith that this person is in need and one day when he's recovered there is that satisfaction that the work that was done with the help of God is now bearing some fruits." **(P.4)**

"I am assisting people who belong to God and therefore the good health that I have as well as the fact that I am able to keep on going, I attribute that to the faith that God will reward us for what we are doing here." **(P.4)**

"We said: 'Only God knows how to assist us …it is not our work, it is His work.' " **(P.4)**

"Out of faith and out of God appreciates what we are doing; we got the people, this help from Canada." **(P.4)**

"Currently the activities you can see are the result of prayers … There is hope for the future; it is not doom and gloom." **(P.4)**

"It is God's will for me to be here; if it wasn't for Him, we will not be here." **(P.5)**

"The problem is they have no food, so how do you help them? So I tell them about God, without God, nothing would go right." **(P.6)**

"The word of God it gives me faith … I'm deep in God personally so that's how I motivate people to the work I'm doing." **(P.7)**

"So as far as I go deeper in knowing God in faith in belief … you can still be alive." **(P.7)**

"Temba is a faith based organisation we used always to remind them this comes with your faith, compassion comes with your faith." **(P.8)**

4.4.2 Belief in good outcomes

A firm belief that having faith in God resulted in good outcomes was a characteristic of participants one, three, four and eight as they acknowledged how their faith brought about satisfactory results in their work in spite of facing challenging situations.

"Oh, if you are a volunteer it's hard, because most of the time there is no money, but you sacrifice, but when I'm washing the patient, said: 'God bless you', I know that God is going to bless me in doubled, not only this voice." **(P1)**

"No funding at all, but I'm carrying on. I go to the shops … food for the people." **(P.3)**

"I am a Christian and I ask God to help me … I am going into and God help me." **(P.3)**

"We assisted them and got some food for them and they actually recovered. It was a miracle of God." **(P.4)**

"When they got here they recovered; they got all the love, all the food, all the protection and also by the grace of God, they managed to live." **(P.4)**

"They are able to keep going … and one day when he's recovered there is that satisfaction that the work that was done with the help of God is now bearing some fruits." **(P.4)**

"People from Canada came over the week end … and they said: 'People from Canada are looking for you.' I said: 'How can they come on a Saturday?' Then I said maybe it is the door God is opening for us." **(P.4)**

"We have been there for the past 20 years, Khetiwe and myself, so we hope by training some of the young people they will actually carry on with Temba and God will help them so that they can take it to greater heights in the future." **(P.4)**

"The activities you see are the result of prayers and lobbying from the board ... There is hope for the future; it is not doom and gloom. There is bigger hope for the future … so we're very confident that the future is still good for us." **(P.4)**

"We had to place the children at the Bethany Home for Children and place the father at Temba shelter, which was the reason we opened the shelter." **(P.8)**

"To show that caring is very overwhelming, within a month … that place was full because it is very much overwhelming to care for a sick person. So we had to look for a bigger place which now was able to take about 30 people maximum." **(P.8)**

"It strengthens my faith that while I'm doing the little bit that I'm doing, I would say the universe is responding, I'm getting non-physical help." **(P.8)**

4.4.3 God will supply personal needs

Participants one and eight related how faith in God was essential in trusting Him to provide for their personal needs, taking into account that CHCWs were volunteers and only received a stipend at times.

"There was a lady, Sister Jenny Macgregor … said she wanted to build me a shelter; so she built me a three room shelter." **(P.1)**

"These people who are helping me in hard times, they know what I am doing with another peoples in the communities. Now they know that now is my time; it is God that sends them to help me." **(P.1)**

"When I was taking three steps, the divine (God) was taking seven steps on the other side. This really strengthened my faith. Someone would ask: 'How did you leave your husband?' Because the marriage was very abusive and there was this problem; we did not have anything. I told the bank I'm looking for a place to stay" **(P.8)**

"I was offered a house. That was how I left my husband, because he did not want to stay in a house given to me by another man (the bank). I've always hoped that he would come back, but that was not meant to be." **(P.8)**

4.4.4 God will provide organisational needs (Temba)

Participants two, four and eight pointed out that CHCWs had to have faith in the work situation trusting God to provide the resources needed to take care of the patients.

"This job is so difficult, but we ask God we are make so easy." **(P.2)**

"A car come with donations, they come with flour, vegetables, oh God help us." **(P.2)**

"We had challenges around the funding of the organisation where we said: 'Only God knows how to assist us here, because it is not our work, it is His work.' " **(P.4)**

"People said: 'What's your biggest dream?' We said we don't want to stay in this small house forever. To have a shelter of our own so that the people can stay comfortable." **(P.4)**

"The activities you see are the result of prayers and lobbying from the board … we got Anglo Gold coming to the party." **(P.4)**

"Out of faith and out of God appreciates what we are doing; we got the people this help from Canada. These people were from the Anglican Church, there also came support from various churches around Umtata such as the Roman Catholic Church." **(P.4)**

"We had to place the children at the Bethany Home for Children and place the father at Temba shelter, which was the reason we opened the shelter." **(P.8)**

"We had to look for a place, … because now we realised the hospitals are overwhelmed and sent the people home and the people are also overwhelmed at home, they are not able to take care of the sick people." **(P.8)**

4.4.5 God will provide guidance

A relationship based on faith implied that the participants sought God's guidance in their daily lives to give direction in making decisions and pursuing goals, as reported by participants one, two, four and eight.

"I stuck at Temba even in hard times, I look at the cross, and I ask God, I don't know, what must I do?" **(P.1)**

"The word of God it gives me faith even if something brings doubts to me." **(P.2)**

"God will help them so that they can take it to greater heights in the future." **(P.4)**

"So this is actually (*pause*) so while we're doing (*pause*) what I realised Brother John, you take one or two three steps and God the divine take seven steps." **(P.8)**

"Things happened as if there is something which is driving them that is beyond, showing me that it is my purpose, this is what I'm supposed to be doing." **(P.8)**

4.5 THEME 4: SPIRITUALITY EXPRESSED IN GRATITUDE

The fourth component of spirituality that emerged from the data analysis was the concept of gratitude. Participants experienced a feeling of gratitude and thankfulness towards God as an acknowledgement that He bestowed His favour on them, patients and their families and the organisation.

The researcher did not find any material in the literature to match this theme.

4.5.1 Grateful for God's favour to self

The participants mentioned situations where they had to deal with personal problems, but remarked that God's favour carried them through difficult times (Participants one, four, five and eight).

"I know that God is going to bless me in doubled, not only this voice." **(P.1)**

"In my family it is me who is fighting with big problems. Even in June, my brother got cancer and then passed away. I thanked God because the pastors came and he accepted Jesus Christ as his Saviour. (*At this stage the participant became very emotional_and started crying. The researcher had to give her time to recover and compose herself*) It's hard! "(**P.1)**

"I thank God to be here, because … no-one is working, most of them drink liquor, but my sister is working in Joburg; they know Jesus Christ, they accepted Him." **(P.1)**

"Everything I am doing, I'm doing to praise God, not to praise my name, even in the caregivers I was the first one who stayed so long." (**P.1)**

"It is God who gives me the strength, but it is not easy, it's not easy really in my health. There's just." (*Makes hand movements*). **(P.1)**

"I've helped poor people. I've helped people who cannot even say: 'Thank you', so that I'll get my thank you from God in this case." **(P.4)**

"I am assisting people who belong to God and therefore the good health that I have as well as the fact that I am able to keep on going; I attribute that to the faith that God will reward us for what we are doing here." **(P.4)**

"God helps me in mysterious ways …is nothing I don't have because of Gods help." **(P.5)**

"I've been in an abusive marriage and in a way, it is in a way for me, thank God I've not been diagnosed HIV+." **(P.8)**

"So in a way I was... for me it became sort of a way of serving and thanking God and just trusting for resources to continue to be able to do what I am doing." **(P.8)**

4.5.2 Thankful for God's favour to patients and their families

The participants showed concern for the wellbeing of their patients and reported how they were grateful for God's favour upon the patients and their families.

"No funding at all, but I'm carrying on…I am a Christian and I ask God to help me all the ways I am going into, you know, and God help me." **(P.3)**

"So when they got here they recovered, they got all the love, all the food, all the protection and also by the grace of God, they managed to live. They are able to live …." **(P.4)**

4.5.3 Grateful for God's protection and provision to Temba

The Temba organisation is a faith-based organisation and dependent on donations and grants for its continued operation. The participants were aware of the divine intervention needed to accomplish that and expressed their gratefulness to God for His protection and provision (Participants two, four and eight).

"We pray; we always pray God to help those patients. Then a car come with donations, they come with flour, they come with vegetables, oh God help us." **(P.2)**

"You will see miracles happen. The fact that we are able to say that we have a place here, that is this shelter, is a miracle." **(P.4)**

"Traditional chiefs brought some beds for us, and the local municipality as well as Bethany homes assisted with bedding. It was a blessing that came from God." **(P.4)**

"We have started something and made an achievement through the help of God." **(P.4)**

"So in a way I was... for me it became sort of a way of serving and thanking God and just trusting for resources to continue to be able to do what I am doing." **(P.8)**

4.6 THEME 5: SENSE OF FULFILMENT (WELLBEING) FOUND IN VOLUNTEERISM

The researcher explained in Chapter 1 how the need for CHCWs arose due to the rising HIV infection rate and the formal health sector's inability to cope with the demand for care. The important and demanding work of a CHCW was stressful because of the lack of financial resources, both for the CHCW and the organisation, which made it crucial for CHCWs to have a personal sense of wellbeing in the workplace to effectively cope with the demands of working with HIV/AIDS patients.

All eight participants contributed their ideas concerning the theme of "fulfilment found in volunteerism" and five sub-themes emerged from the data.

The data in the literature review revealed the findings of several authors and the researcher listed them in Table 11 under Theme 5. The findings relating to Theme 5 were as follows:

- Spiritual people reported slightly higher levels of wellbeing;
- Workplace spirituality brought meaning and balance in the life of the individual;
- The employees' souls were nourished by meaningful work, sense of community and alignment of values and it impacted positively on their organisational citizenship behaviour;
- Spirituality had a beneficial nature in psychological wellbeing;
- SWB was the level of satisfaction experienced by a person in their life and PWB were found in self-acceptance, personal growth, and purpose in life;
- Wellbeing referred to a person's life functioning optimally;

- Lun and Bond (2013) mentioned that empirical research repeatedly demonstrated that spirituality contributed to a person's self-perceived psychological and physical wellbeing;
- CHCWs had a desire to help others who had a greater need than theirs; and
- Volunteer caregivers possessed general resistance resources which made them persevere with their tasks in spite of stressors.

The participants in this study revealed how they found fulfilment in being volunteers in the following sub-themes.

4.6.1 Meaning in life (work)

The participants described some form of physical or practical activity in doing their volunteer work, but linked their relationship with God as the factor that enabled them to fulfil their tasks. James 2:17 (NIV) stated that: "… faith by itself, if not accompanied by action is dead." The information supplied by the participants had evidence of faith coupled by action in the way they completed their daily tasks of caregiving and from which they derived the knowledge that their lives were meaningful.

> "Oh if you are a volunteer it's hard, because most of the time there is no money, but you sacrifice, but when I'm washing the patient, said: 'God bless you', I know that God is going to bless me in doubled, not only this voice." **(P.1)**

> "Everything I am doing, I'm doing to praise God … because I've got that voice: 'Push until something happens.' " (**P.1)**

> "All the patient, they put trust with me; they know that when sis Mandisa is here, she is going to change our lives …doing this job, but He is using me all the time. Uhm." **(P.1)**

> "The first time I came to Temba, I saw the people who are HIV, some with TB and they are weak. I prayed for those people to get back to health." **(P.2)**

> "This thing that I make at Temba we feel in my hearts that's why we work." **(P.2)**

“Being a CHCW makes me to know how God loves us, the love of God we give the others. I do love the people. God says: (I don’t know the scripture) ‘When I was hungry you gave me food.’ ” **(P.3)**

“When they got here they recovered, they got all the love, all the food, all the protection and also by the grace of God, they managed to live.” **(P.4)**

“They keep on staying … but the fact that they are able to help people gives them a satisfaction that every day they come and work here, they are doing something good to someone who are in need.” **(P.4)**

“I’ve helped poor people, I’ve helped people who cannot even say: ‘Thank you’; so that I’ll get my thank you from God in this case.” **(P.4)**

“It gives me satisfaction to say, I’m assisting people ...” **(P.4)**

“The good health that I have as well as the fact that I am able to keep on going, I attribute that to the faith that God will reward us for what we are doing here.” **(P.4)**

“I love helping a person … we were taught to help people who need help and it is what I live for. So I came here, I wasn’t looking for money, with nothing but loving God.” **(P.5)**

“I’ve wanted to help positive people, disabled and old people… to care for them.” **(P.5)**

“It is Gods will for me to be here, if it wasn’t for Him, we will not be here.” **(P.5)**

“I am happy and believe in God, He is the solution… I’m dealing with a patient.” **(P.6)**

“I am a repentant person, I need to sow … I owe those who are coming after me.” **(P.7)**

“I could not have done it without working on my own spirituality and be able to assist this person spiritually, so basically also to give dignity to this sick person.” **(P.8)**

“So it is so fulfilling to...yes grief is draining, it drains you but also it is very fulfilling to know that you were there when other people… it become part of us, because this one now we are even speaking at funerals. This one says I need help.” **(P.8)**

“Temba is a faith based organisation … compassion comes with your faith.” **(P.8)**

4.6.2 Meaning in life (personal)

The participants derived meaning and purpose from the work they did as volunteers, but the data showed that it also had an impact in their personal lives. Participants one, two, three, four, seven and eight reported a sense of fulfilment, purpose, achievement, satisfaction and spiritual growth in doing volunteer work.

"All the patient… God who is doing this job, but He is using me all the time. Uhm." **(P.1)**

"But it is God, who gives me the strength, but it is not easy, it's not easy really in my health. There's just." (*Makes hand movements).* **(P.1)**

"Even if I'm off, I've got another lady staying here … now he is a volunteer here at Temba. Because I boost him with health, we take the treatment, we do all the things. (*Participant start weeping again, researcher gives her time to compose herself*)" **(P.1)**

"No, we are volunteers, we come from... (Inaudible). Some of them...Ah you are so beautiful. Oh these things we make from the heart." **(P.2)**

"Being a community health care worker makes me to know how God loves us, the love of God we give the others. I do love the people." **(P.3)**

"If you want to serve God, you have to serve people … you job satisfaction." **(P.4)**

"I've helped people who cannot even say: 'Thank you', so that I'll get my thank you from God in this case." **(P.4)**

"So that gives me satisfaction to say, I'm assisting people." **(P.4)**

"I had that passion to speak out especially the awareness campaign to preach to warn the children…was happening outside." **(P.7)**

"For me Brother John, it was I think from the beginning, it was about the vision I had as a caregiver or CHCW, because I had to start with me, because if you can remember well, Temba came through a dream." **(P.8)**

"At the end of the day it is so fulfilling to know that I have been able to assist that person and it is not even about me; it is like healing me, healing you." **(P.8)**

"There is something which is driving them that is beyond. For me that I am showing me that it is my purpose, this is what I'm supposed to be doing." **(P.8)**

"This thing is fulfilling me and driving me towards my purpose." **(P.8)**

"We mustn't forget the fact that you are not just a caregiver for the community, people in the community, you are also a caregiver at home." **(P.8)**

"Spirituality keeps you humble and remember the mental health of the person you are assisting. So spirituality prepare you for the mental health of that person." **(P.8)**

4.6.3 Being a volunteer

The previous sub-themes dealt with the subjective element of "meaning in life", but this sub-theme dealt with the reality of being a volunteer as reported by participant one, two, three, four, five and eight, the motivation in joining and what the work entails.

"Oh if you are a volunteer it's hard, because there is no money… the patient, said "God bless you", God is going to bless me in doubled, not only this voice." **(P.1)**

"When you look a job, you must look this type of job to take care of sick people, because I feel you are doing the right thing when we are sitting together." **(P.1)**

"I call sis Khetiwe and tell her I want to be a volunteer in your work." **(P.1)**

"Sis Rose said there is no pay, they are volunteers. I said I want to be a volunteer." **(P.1)**

"Every day I take food, I help them to eat and take care of them." **(P.2)**

"This thing we feel under the heart and at Temba we are volunteers." **(P.2)**

"I do home-based care at Ndabedlane and a soup kitchen and I'm doing Kids Club." **(P.3)**

"Being a CHCW makes me to know how God loves us, the love of God we give the others. I do love the people." **(P.3)**

"They help people and it gives them a satisfaction that they come and work here, they are doing something good to someone who are in need." **(P.4)**

"It me satisfaction to say, I'm assisting people. That is my driving force behind my continued assistance of the people." **(P.4)**

"I've wanted to help positive people … to care for them." **(P.5)**

"It is God's will for me to be here and help people, if it wasn't for Him, we will …" **(P.5)**

"Assisting these sick people, assisting the families, we keep on forgetting the affected people who are watching this person, dying in front of them, are most affected." **(P.8)**

4.6.4 Sacrificing your time

A characteristic of being a volunteer was the giving of time to do work and participant one, three, four, five, seven and eight mentioned this aspect in the carrying out of their service.

"Oh if you are a volunteer it's hard, because there is no money, but you sacrifice…" **(P.1)**

"No funding at all, but I'm carrying on. I go and ask for food for the people." **(P.3)**

"I help them to know how to deal with people affected with HIV/AIDS and help them with studies. In the afternoons I help them with the home works." **(P.3)**

"Every day they come and work here, doing something good to someone in need." **(P.4)**

"Teach mothers when their kids are going to Xhosa initiation; I help people." **(P.5)**

"I went to schools educating children about all these things… want practicality." **(P.7)**

"This old mama asked me to take her to pick up her son who was very sick." **(P.8)**

"We had to go and assist and be hands on…we show people how to clean the person up and the cleaning of the person, talking to the person, counselling the person." **(P.8)**

4.6.5 Reward in blessing

The sub-themes showed that a volunteer had to sacrifice their time and work for little or no material reward and in this sub-theme it emerged that participants realised that their rewards were often of a spiritual nature, that is, God will reward them (Participants one, four, five and eight).

"I know that God is going to bless me in doubled, not only this voice." **(P.1)**

"So therefore…there is that satisfaction that the work that was done with the help of God is now bearing some fruits." **(P.4)**

"What keeps me going… that God will reward us for what we are doing here." **(P.4)**

"Out of God appreciates what we are doing; we got this help from Canada." **(P.4)**

"God helps me in mysterious ways. There is nothing I don't have… of God's help." **(P.5)**

"So but now at the end of the day, people would say: 'Thank you.' especially the affected, the family members." **(P.8)**

4.7 THEME 6: SENSE OF FULFILMENT (WELLBEING) EXPRESSED IN SERVICE

In Theme one, the participants mentioned their reason for wanting to be CHCWs as a feeling of being called by God. In Theme six it emerged that they felt their service was firstly an offering to God and then a service to the community. Three sub-themes were identified relating to service to God, to patients and their families and service to the community.

The researcher listed the contributions of authors relating to Theme 6 in Table 11 and their views were as follows:

- The introduction of spiritual values and beliefs transformed the individual led to a transformation of the workplace and organisational practice;
- Community wellbeing was determined by the person's role and participation in their community;
- Wellbeing operating at an optimally functioning level promotes the health/wellness of a person;
- CHCWs were involved in peer support, home- and community care, thereby reducing the burden on formal healthcare by providing basic counselling, awareness and care programmes;

- The tradition of Ubuntu gave individuals the opportunity to make a positive contribution in the community.

The participants in this study presented the following information relating to Theme 6.

4.7.1 Service to God

Participant one, two, three, four, five, six and eight related how their wellbeing were influenced by "service to God" by pointing out how they served people and how the love of God enabled them to serve other people. Their daily activities were guided by their relationship with God; everything they did was as if they were doing for the Lord.

"Everything I am doing, I'm doing to praise God, not to praise my name…" **(P.1)**

"All the patient, they put trust with me, they know that when sis Mandisa is here, she is going to change our lives … He is using me all the time. Uhm." **(P.1)**

"I take those who are going to walk to the big ward to pray, to pray and to sing … open the Bible and make church." **(P.2)**

"Being a CHCW makes me to know how God loves us, the love of God we give the ..." **(P.3)**

"If you want to serve God, you serve people, that gives you job satisfaction." **(P.4)**

"I am assisting people who belong to God and… God will reward us." **(P.4)**

"It is God's will for me to be here and help, if it wasn't for Him, I will not be here." **(P.5)**

"I am happy and believe in God; He is the solution … dealing with a patient." **(P.6)**

"So in a way I was... for me it became sort of a way of serving and thanking God and just trusting for resources to continue to be able to do what I am doing." **(P.8)**

4.7.2 Service to patients and their families

"I said I'm going to call another, they said: 'No we want you', because one day there's a guy come there from Matatiele; there was a patient who passed away." **(P.1)**

"Then they must have a pen and the paper to write it down all that things and when he sees he is going, he is on the way he must shake his hands, 'You must rest in peace.' Then he is passed away … there is no-one who is going to talk on behalf of you." **(P.1)**

"I go there and I look after this sick people, I wash them … I'm feeling happy." **(P.1)**

"All the patient, they put trust with me …she is going to change our lives…" **(P.1)**

"I saw the people who are HIV … I help them to eat and take care of them." **(P.2)**

"I call the family to tell them that Nomsa has died. I call the family to explain what happened to Nomsa then the family they understand." **(P.2)**

"Some, even though they were in a critical condition recovered as a result of the care that was given by Temba, even before ARV's were there." **(P.4)**

"We assisted and got food for them and they recovered. It was a miracle of God…" **(P.4)**

"They recovered, they got all the love, all the food, all the protection and by the grace of God, they managed to live." **(P.4)**

"It gives them satisfaction that they come and work, doing something good." **(P.4)**

"It gives me satisfaction to say, I'm assisting people. So that is my driving force …" **(P.4)**

"I've wanted to help positive people…" **(P.5)**

"I know how to teach a person … feed themselves and taking care of themselves." **(P.5)**

"I am helping and cleaning for the sick people and the situations are hard." **(P.6)**

"And assisting these sick people, assisting the families that is … most affected." **(P.8)**

"The family are telling us: 'Can you please be the one who is going to tell during the funeral how this person has passed ...' we thank you because you were there." **(P.8)**

4.7.3 Service to community

The information supplied by participant one, three, four, five, six, seven and eight revealed that the service to the community involved more than dealing with HIV. The participants were

assisting people with issues, such as obtaining ID's and grants, awareness campaigns, helping children with nutrition and homework, thereby addressing needs as they arose and became known.

"I know that my health and my family and my community and my kids they come first, and I am doing what I want to do." **(P.1)**

"I do home-based care at Ndabedlane and a soup kitchen and I'm doing Kids Club." **(P.3)**

"There were also a lot of vulnerable children, a lot of pregnant teenagers and a lot of unemployed people." **(P.3)**

"I've got a passion to help other people, because when I'm coming to Temba, I was ready to start my own project in Ndabedlane." **(P.3)**

"No funding at all, but I'm carrying on. I go to the shops … food for the people." **(P.3)**

"You find that the child of 10 years did not go to school. The problem was that women had many children, but they had no ID's so they could not access the child grants. They said that their ID's were burnt … We decided to help them to go to Home Affairs to sort out their problems." **(P.3)**

"They were studying there, playing and praying. Most of the children who come here are vulnerable children, children who are orphans, who are living with grannies, who are living with other child, then no food." **(P.3)**

"We say to them, "Come, at least you get a lunch no one can do a homework ... Maybe you are living with a granny, granny don't know the assignments, jebo.' So they come and ask for their assignments and their homework." **(P.3)**

"If you want to serve God, you have to serve people … gives you job satisfaction." **(P.4)**

"I help people who are in counselling … I'm the type of person who helps people." **(P.5)**

"I decided to be a volunteer to help sick people and I had family members, I want to take care of both family and community." **(P.6)**

"I had that passion to speak out … warn the children about all these things that." **(P.7)**

"Temba has a vision of a peaceful communities … by the spirit of Ubuntu." **(P.7)**

"I need to sow back, I need to plant back to my community, I owe my …" **(P.7)**

"That's where Temba started …mobilize communities to assist each other." **(P.8)**

"I was the one who was asked to speak during the World AIDS Day… because it was important to get the message out… and to mobilise communities." **(P.8)**

"There are children that are looking after their parents, which actually pushed us and drove us to put into place the Temba shelter." **(P.8)**

"Within the workers are some that was HIV+ who needed the care, who need support and even serve clients who are HIV+, and even in their own families." **(P.8)**

4.7.4 Support to co-workers

The work of CHCWs extended to more than patients, their family or the community and also included interaction and support between co-workers and various other NGOs (Participant one and eight).

"I came to Temba because I was not registered and I wanted help from Temba with my registration. They gave me a letter so that I could approach other institutions for help that is why I say I'm under Temba whereby they are giving me food parcels and they give me seeds to plant there." **(P.3)**

"So and which is what drove us as the organisation, as carers to put in place partnerships to try and support each other, because we were not getting the support from our own government which we were supposed to get." **(P.8)**

4.8 THEME 7: DEPENDENCE ON GOD

The six previous themes that emerged dealt with four components of spirituality and how CHCWs experienced spirituality in their personal and work lives. The next two themes dealt with the wellbeing of CHCWs and the elements of spirituality that impacted thereon. Theme seven emerged as the core element from which the previous six themes developed.

Participants declared how God was their source of strength and how spirituality enabled them to do the work of CHCWs.

The data from the literature review showed that people depended on God for help and the participants in this study were of the same opinion as indicated by their remarks as follows:

- Spirituality enhanced wellbeing through a connection to a higher power that gave comfort, meaning and a sense of identity (Hefferon & Boniwell, 2011);
- Prayer was a powerful force in obtaining help from God to deal with crises or cope with daily tasks (Van Tonder & Ramdass, 2009).

4.8.1 A source of strength

Participants one, two, four, five, seven and eight received their inner strength to do their daily tasks by praying and trusting God to supply the energy and wisdom they needed.

"I'm looking that Themba must expand … put all things in God; He is never leave you alone. He is going to help you all the time." **(P.1)**

"This work … must be a calling from God and you must ask wisdom from God. You are not going to do with your own flesh; it is hard to do with your own flesh." **(P.1)**

"But it is God, who gives me the strength, but it is not easy. There's just…" **(P.1)**

"When you read the Bible, there is a place in Psalms where David says I look to the mountain; my help is from the mountain. So my help is from Jesus." **(P.2)**

"The work that was done with the help of God is now bearing some fruits." **(P.4)**

"God helps me a lot, He is always with me; the time I'm with patients, I always pray to God to help me. Because it is not my strengths, it is God's will." **(P.5)**

"So prayer it is my strength I believe in prayer, that's where I get strength." **(P.7)**

"So what did I do? For me my life, my lifeline was God, then when I went to E.L. (East London) to meet this doctor, of course he said to me if you are brave enough, because he was working with the Roman Catholic Church project which was also trying to save the children and then also with TAC (Treatment Action Campaign)." **(P.8)**

"You know was still a bit warm and... and when that happens you know that a power that is I would say not yours has just taken over." **(P.8)**

"And that time the only thing that could sustain me was to say while I was doing this, Lord help us, Lord help us, because… you're the only person or the only being you think about is God you know." **(P.8)**

"It also strengthens my faith that while I'm doing the little bit that I'm doing, I would say the universe is responding, I'm getting non-physical help, you know." **(P.8)**

"When I was taking three steps, the divine (God) was taking seven steps on the other side. So this really strengthened my faith." **(P.8)**

"The first thing that you do is to be in touch with yourself… get that inner strength." **(P.8)**

4.8.2 Answer prayers

Participants had to constantly pray for God to supply in their needs and this sub-theme dealt with the aspect of trusting God to respond in answer to the prayers offered (Participant two, three, four, six, seven and eight).

"I saw the people who are HIV; some with TB and they are weak. I prayed for those people to get back to health." **(P.2)**

"When we come and when we go we must pray God He must help them." **(P.2)**

"Please God help me to care those people. We pray in my home ..." **(P.2)**

"We pray, we always pray God to help those patients. Then a car come with donations … oh God help us." **(P.2)**

"Pastor, help with God to face this situation. We say that God help us, because it is difficult. I pray all the time and God help us. **(P.2)**

"I am a Christian and I ask God to help me all the ways I am… and God help me." **(P.3)**

"The activities you can see are the result of prayers and lobbying ..." **(P.4)**

"God is able. I ask Him to protect my children. He has done a lot for me. He provides food and everything." **(P.6)**

"As the workshop proceeds, something said to me this is the place …." **(P.7)**

"How did I get my answers regarding: 'Do I take this job, don't I not take the job? ' I had to take a 12 hour fast, I was fasting from 12 midnight to 12 during the day." **(P.8)**

4.8.3 Offer salvation

Participants six and seven considered salvation of patients important and depended on God to initiate salvation.

"I tell them about God, without God, nothing would go right. I am happy ..." **(P.6)**

"I go deeper in knowing God in faith in belief I mention that to people that if I'm still alive, you can still be alive." **(P.7)**

"It's up to God to do His role, but for me it's to speak life, it's … to bring hope." **(P.7)**

"We preach human rights issues, put God in what you are saying." **(P.7)**

4.8.4 Gives purpose and meaning to life

Participants depended on God to give purpose and meaning to their lives as indicated by participant two, four, five, six, seven and eight. The successes, miracles and meaningful work achieved by the CHCWs gave them a feeling that their efforts were worthwhile and made a valuable contribution to the organisation.

"I take those who are going to walk to the big ward to pray, to pray and to sing, to open the Bible and make church." **(P.2)**

"We assisted them and got some food and they actually recovered. It was a miracle of God, because we did not know how to treat it better than that." **(P.4)**

"They are able to live and tell the stories of their lives right now." **(P.4)**

"The satisfaction that the work was done with the help of God is bearing fruit." **(P.4)**

"I attribute that to the faith that God will reward us for what we are doing here." **(P.4)**

"It is God's will to help people; if it wasn't for Him, we will not be here." **(P.5)**

"If I pray, people must stand up and become well, people ask me to pray for them." **(P.6)**

"I exalt God and that's the attitude how I speak well about God, it brings hope to me first and it encourages me once I start praising God; so it impacts a lot to my work." **(P.7)**

"To know what Jesus Christ used to do, this is what he preached, what He taught." **(P.8)**

"Because Temba is a faith-based organisation, compassion comes with your faith." **(P.8)**

"Showing me that it is my purpose; this is what I'm supposed to be doing." **(P.8)**

"Spirituality keeps you humble and remember the mental health of the person you are assisting is not that good." **(P.8)**

4.9 THEME 8: THE ROLE OF THE COMMUNITY HEALTH CARE WORKER

Theme eight to 12 dealt with the various components relating to the person of the CHCWs expressed in the various elements of their work life such as their role in the work place and community. The data revealed the existence of the physical and spiritual demands placed upon the CHCWs in the workplace. The various elements in this theme fit together like a puzzle to complete the picture of "You must know yourself before you can give of yourself and this process is supported by prayer."

The authors who made contributions to this theme are listed in Table 11 under Theme 8. The contributions are as follows:

- CHCWs were considered prayer warriors who had to continuously pray for the sick;
- CHCWs brought hope to HIV patients who were abandoned and stigmatised;
- CHCWs had to deal with rejection, emotional burdens and lack of resources;
- CHCWs had a desire to serve people and be God's assistants on earth;
- CHCWs were motivated by compassion to offer care and support to the sick; and
- CHCWs gave physical, emotional, psychological assistance that promoted nurturance and healing.

The participants in the study shared the following in how they saw their role as CHCWs and it matched the findings of the literature reviews.

4.9.1 Know yourself

Participant one, four, seven and eight mentioned that a CHCW must be in touch with their inner self and have self-confidence about in their abilities to do the job.

> "First I must know myself before I must know another people…I must put all the people in an equality manner." *(Participant is emotional and wipes away tears. Her narrative is demonstrated with many hand movements)* **(P.1)**

> "Is me who is always here all the time and another caregivers who are new, they must learn from me … in your soul. You must do all the thing freely, your supervisor must be your soul, I must live the life I must live by my own standards." **(P.1)**

> "If you want to serve God, you have to serve people… gives you job satisfaction." **(P.4)**

> "Something was burning to me and I had a vision …" **(P.7)**

> "I have this understanding concerning the work that I'm doing I believe that before going to help other person, I need help, I myself …without being preaching myself first." **(P.7)**

> "Something happens to me concerning how I believe in God and concerning how I'm deep in God personally so that's how I motivate people to the work I'm doing." **(P.7)**

> "I say my vision it's not yet accomplished. I am still at work and God is still busy about me, He is still busy with me." (**P.7)**

> "I decided to face my fears, let me go to hospital … see what is happening there." **(P.8)**

> "I don't want to lie to you and say when I started doing this in the beginning it was like I was going in there confident. I was doing what was needed to be done." **(P.8)**

> "I don't want to lie to you and say: 'I knew what I was doing.' It's not that I knew, I learnt on the job." **(P.8)**

> "When you are serving, we even as carers we forget about ourselves, we forget that even the carer needs to take care of him/herself." **(P.8)**

"So I learned something that day and you know also not to try and empower people not to be dependants, only to depend on you this is where the education side comes in, people want to be empowered." **(P.8)**

"It showed me that I just sort of was holding on to the same hope I was giving people that I will be restored." **(P.8)**

"The first thing that you do is to be in touch with yourself, to go within to get that inner strength."**(P.8)**

4.9.2 Give of yourself

Participant one, two, three, five, seven and eight revealed that a CHCW had to give their knowledge, time, energy, love and care to their patients.

(Laughs) "First of all I want to work with the people who are sick, I want to take care, I want to do the counselling with the people … people I see is in the way to death." **(P.1)**

"I prayed for those people to get back to health." **(P.2)**

"Now I take those who are going to … and make church." (**P.2)**

"I just go to the shops and ask for food for the people." **(P.3)**

"I've wanted to help positive people, disabled and old people …" **(P.5)**

"It is God's will for me to be here and help people, if it wasn't for Him, we..." **(P.5)**

"So that is what I wanted to do, reaching out to people and since I was involved ..." **(P.7)**

"That's when I started together with my colleagues of Boet Andile and Rose to visit homes … mobilize communities to assist each other." **(P.8)**

"I was the one who was asked to speak during the World AIDS Day and … we were doing all the preparations, because it was important to get the message out …" **(P.8)**

4.9.3 Depend on prayer

Prayer formed the foundation in the lives of CHCWs because they were in constant communication with God to enable them to carry out the work successfully.

"I prayed for those people to get back to health." **(P.2)**

"First of all, when we are coming at Temba, in your home you must pray. Pray because, pray God I'm going now." **(P.2)**

"I pray all the time and God help us." **(P.2)**

"I ask God to help me all the ways I am going into and God help me." **(P.3)**

"He is always with me; the time I'm with patients, I always pray to God to help me." **(P.5)**

"I ask God for strength, so I could wash and take care of the person so when he dies I would go to the funeral and talk about them because I loved him." **(P.5)**

"I first pray to God to help me take care and love people, to provide everything for I cannot do this job without God." **(P.6)**

"So prayer it is my strength, I believe in prayer, that's where I get strength." **(P.7)**

"So it is just to say: Lord help us. **(P.8)**

"So we need to be in touch with yourself, make sure that we pray for the road ahead that it must be prepared … people are able to receive you." **(P.8)**

"We believe as carers is to pray before you go and assist those people." **(P.8)**

4.9.4 Deal with negative situations

The CHCW sometimes dealt with unpleasant situations relating to death, sickness and the stigma of HIV. The researcher's field notes made during the interviews indicated that participants found these situations extremely stressful as indicated by their body language and facial expressions (Participant one, two and eight).

"This guy was here before, he was HIV+, he was fit, eating the treatment, now he was attacked by meningitis… He passed away that night. I called the family in the morning and told them the news when they arrived at Temba. I tried to explain to the family but they refuse to accept what I was saying ... The social worker spoke to the family, but they were still not alright. On the Monday after the funeral I did a follow-up. The family said they were better now." **(P.1)**

"There was a woman. I spoke to her several times. She said: 'How can I accept God as a Saviour, where was He when I get sick?' She was blaming God; so it was hard to deal with her emotions." **(P.1)**

"Now I'm going to take the difficult patient, some of them are mental disturbed..." **(P.2)**

"I would say that spirituality saved my sanity, because you know, when you see a condition like that, the first thing that kicks in is fear, fear of the unknown, fear for all this. So what I did, I personally decided that because I'm so afraid of HIV/AIDS, I'm so afraid of for the human kind." **(P.8)**

4.9.5 Training and development

CHCWs had to be equipped and trained to fulfil their role in creating awareness about HIV and doing HBC, so training and development took place on an ongoing basis.

"She said I must do another workshop in Health and Welfare Centre which was talking about palliative care …" **(P.1)**

"Is me who is always here all the time and another caregivers who are new, they must learn from me that you must not work because your boss is here." (**P.1)**

"So we thought it was going to be strictly straight forward and do workshops for the people. So when we got trained, this was done by TAC as well as the Roman Catholic Church in Cape Town, when we got this home based care stuff." **(P.4)**

"So we trained some caregivers … rehabilitate these people as far as possible." **(P.4)**

"…we hope by training the young people, they will carry on with Temba…" **(P.4)**

"After I was trained I had to go back to Mthata to train people and nurses in the clinics, those nurses who were willing to assist to prevent mother to child transmissions." **(P.8)**

"We were doing training, because that's where Temba started, it's to train and mobilize communities to assist each other." **(P.8)**

"Which is what I, also my position as sort of in also educating other carers." **(P.8)**

4.9.6 Ministry of Help

The researcher discovered that the data reflected two ways in which help was offered to patients. The first one addressed physical aspects such as washing, cleaning, feeding and giving treatment (4.9.6). The second one went further and addressed the patient's mind, body and spirit, a more holistic way of caregiving (4.9.7).

4.9.6.1 Caring for the sick

"I go there and I look after this sick people; I wash them, now I'm feeling happy." **(P.1)**

"I want to work with the people who are sick; I want to take care, and I want to do the counselling with the people, even if the people I see is in the way to death." **(P.1)**

"I saw the people who are HIV, some with TB and they are weak. Every day I take food, some of them they cannot eat; I help them to eat and take care of them." **(P.2)**

"Some, even though they were in a critical condition recovered as a result of the care that was given … ARV's were there." **(P.4)**

"They recovered, they got all the love, all the food, all the protection and also by the grace of God, they managed to live." **(P.4)**

"Every day they come and work, they are doing good to someone in need." **(P.4)**

"When a person is injured I ask God for strength … and take care of the person." **(P.5)**

"I decided to be a volunteer to help sick people …" **(P.6)**

"I am helping and cleaning for the sick people …" **(P.6)**

"Then we accompanied her home to make sure that this man is comfortable." **(P.8)**

"We already have people who are sick … so we had to do Home Based Care." **(P.8)**

4.9.6.2 Practicalities of life: prepare patient for death or survival

The CHCWs had an important role in either preparing patients to face death or a change in lifestyle so that they could live positively with HIV.

"I talk with these people then I see it that they are going to leave this. I tell them "Do you accept Jesus Christ as the Saviour of your body? If they say "No", I say "You must accept Jesus because He is going to help you in anything". When they accept Jesus Christ, we pray together." **(P.1)**

"I making the lessons that if you change the life you are living, most of the time they say my family doesn't like me because I'm HIV+." **(P.1)**

"With prayer, he must not pretend, he must do this thing with prayer, because this man or woman is going to another place." **(P.1)**

"I said: 'No, you are in a new life; you must change … Even in the case of his dying…all the time I ask the caregivers to take the messages." **(P.1)**

"When we see a person that is going to die, I take the hands and sit next to her and ask: 'What is your name?' Maybe she'll tell her name or she'll ask for a pen and write down a song. After she sing, she can ahhhh!" (*Demonstrates a person falling asleep*). **(P.2)**

"We had to go and assist and be hands on. And then being hands on whenever there is a referral, we go to the home; we show people how to clean the person up and the cleaning of the person, talking to the person, counselling the person." **(P.8)**

4.9.6.3 Comfort family in death

The role of the CHCW stretched beyond caring for a patient, because they had to comfort and council the families in the event of death.

"If I said I'm not going to be there in the funeral, they said there is no-one who is going to talk on behalf of you." **(P.1)**

"I call the family to tell them that Nomsa has died, to explain what happened to Nomsa then the family they understand." **(P.2)**

"After that we feel ooh this person she loves this song, and also she says when she comes my mother, you'll say this and this and this." **(P.2)**

"Assist the family because there was nothing we could do, it is just sort of put a blanket or sheet on the person and assist the family." **(P.8)**

4.9.7 Holistic Ministry: Body, Soul and Spirit

Temba was a faith-based NGO and the researcher found nine sub-themes in the data that reflected a move to address HIV/AIDS in a holistic manner that went beyond supplying physical care, but rather involved caring for body, soul and spirit.

4.9.7.1 Creating awareness

Participants related how their role involved creating awareness about HIV as the first step in fighting the disease (Participant one, three, four, seven and eight).

> "I want in youth to talk about HIV and AIDS, to do the awareness campaigns." **(P.1)**

> "I went to Social Development to raise these issues of what happened; then they assist us to firstly do a soup kitchen." **(P.3)**

> "We thought it was going to be strictly straight forward and do workshops for the people. When we got trained, this was done by TAC as well as the Roman Catholic Church in Cape Town, when we got this home based care stuff." **(P.4)**

> "The training ended up resulting in a shelter, because some of the people said …" **(P.4)**

> "I had that passion to speak out to warn the children ..." **(P.7)**

> "There are cultural barriers of how men see their role and the rights they have. I see myself as a messenger to bring about a change of attitude, although it can take time." **(P.7)**

> "You know and educate the ....while I was still learning, also this women how to give the treatment and all that." **P.8)**

> "It was important to get the message out, that for people there is HIV and to mobilise communities and for people to find ways to change, because HIV has come to show us that everyone change the way you've been doing things." **(P.8)**

> "Because as Temba they requested us to do awareness raising in the bank." **(P.8)**

4.9.7.2 Giving comfort

Patients who were sick or dying experienced distress and the CHCW had to provide comfort to make the situation bearable for the patient.

"'You must accept Jesus because He is going to help you in anything.' Then when they accept Jesus Christ, we pray together." **(P.1)**

"Even in the case of his dying, he is not sitting alone. I see he is on the way, all the time I ask the caregivers to take the messages." **(P.1)**

"When we see a person that is going to die, I take the hands and sit next to her and ask: 'What is your name?' She'll tell her name or ask for a pen and write down a song." **(P.2)**

"I help people who are in counselling in their marriage problems and abused kids." **(P.5)**

"We accompanied her home and we had to make sure that this man is comfortable." **(P.8)**

"Within the workers are some that was HIV+ who needed the care, who need support and even serve clients who are HIV+, and even in their own families." **(P.8)**

4.9.7.3 Having compassion

The researcher found that when the CHCWs gave comfort, they had to have compassion for the patients (Participant one, two, three, four, five and eight).

"Even in the case of his dying, he is not sitting alone. I see he is on the way, all the time I ask the caregivers to take the messages." **(P.1)**

"Every day I take food, I help them to eat and take care of them. " **(P.2)**

"We used to go to Spar and Boxer and ask for bread and other stuff to make some soup. The people … did not have healthy food." **(P.3)**

"There were also a lot of vulnerable children, a lot of pregnant teenagers and a lot of unemployed people… they assist us to firstly do a soup kitchen." **(P.3)**

"We say to them: 'Come, at least you get a lunch, no one can do a homework… '" **(P.3)**

"They recovered, they got all the love, all the food, all the protection and also by the grace of God, they managed to live." **(P.4)**

"This shelter came as a result of compassion that you cannot leave people to die." **(P.4)**

"I wash them and take out the rotten things in there, so the person is able to stand." **(P.5)**

"When a person is brought in injured I ask God for strength, so I could wash and take care of the person so when he dies I would go to the funeral and talk about them because I loved him or her." **(P.5)**

"I take my belongings and give them to my patients and give money to my church and give them some of my groceries." **(P.5)**

"Something sort of in a way kicked within me that this woman cannot do it alone, while she was saying: 'I cannot do this.'" **(P.8)**

"It was compassion, compassion for the affected and compassion for the person." **(P.8)**

"…and because Temba is a faith based organisation we used always to remind them this comes with your faith, compassion comes with your faith." **(P.8)**

4.9.7.4 Showing empathy

Participant one, two, five and eight moved from compassion to a higher level by showing empathy to the patients.

"Even in the case of his dying, he is not sitting alone." **(P.1)**

"When we see a person that is going to die, I take the hands and sit next to her, and ask: 'What is your name?' " **(P.2)**

"I've wanted to help positive people, disabled and old people who doesn't have anyone to care for them." **(P.5)**

"There were children with big stomachs, hairy faces and you know, for me it was, what can I do about this, how can I help? " **(P.8)**

4.9.7.5 Preach salvation

Participant one and seven showed concern for the salvation of people in addition to caring for patients with HIV.

"I'm looking … people they must accept God as their Saviour and if you put all things in God, He is never leave you alone." **(P.1)**

"I tell them: 'Do you accept Jesus Christ as the Saviour of your body?' If they say: 'No', I say: 'You must accept Jesus because ..." **(P.1)**

"I'm going, because if I'm going there I'm going to receive souls there, here I've already got the souls." **(P.1)**

"I felt that there was a message that I'm sent by God to preach even if it was not the word, but people would change." **(P.7)**

"So as far as I go deeper in knowing God in faith in belief I mention that to people that if I'm still alive, you can still be alive." **(P.7)**

4.9.7.6 Present hope

An important element in treating HIV was presenting hope to patients that they could still lead a normal life if they took care of their wellbeing (Participant one, four, six, seven and eight).

"I go to that family, I said: 'HIV is not killing, but it is you who is killing yourself, because if you are eating treatment, and you are doing the safe things, nothing is going to happen in your future, and even in your family.' "**(P.1)**

"They are able to live and tell the stories of their lives right now." **(P.4)**

"So I tell them about God, without God, nothing would go right." **(P.6)**

"It's up to God to do His role, for me it's to speak life, for me it's to bring hope." **(P.7)**

"Counselling, because this person has got to be assisted spiritually, emotionally, psychologically to be able to say: 'I am prepared to live, I want to live.' " **(P.8)**

"I was holding on to the same hope I was giving people that I will be restored." **(P.8)**

4.9.7.7 Share faith

Temba was a faith-based organisation and the CHCWs wanted to ensure that HIV patients become healthy again, physically as well as spiritually. They achieved this by sharing their faith with the patients.

"We must welcome this person, because most of the time, God if He put something you, He want to change you, because He want to put you in a good direction." **(P.1)**

"I told her that God was the Creator of all things and we were created in His image. He has all knowledge and knows what He is doing; maybe He wants us to move from these bad things to stop the bad things." **(P.1)**

"Now I take those who are going to walk to the big ward to pray, to pray and also to sing, to open the Bible and make church." **(P.2**)

"I know how to teach a person how to pray and that God is going to help you." **(P.5)**

"So I tell them about God, without God, nothing would go right."**(P.6)**

"I need to sow back; I need to plant back to my community; I owe my community; I owe my peers; I owe those who are coming after me." **(P.7)**

"I believe in God and concerning how I'm deep in God personally so that's how I motivate people to the work I'm doing." **(P.7)**

"I could not have done it without working on my own spirituality and be able to assist this person spiritually." **(P.8)**

4.9.7.8 Offer prayer

Participant one, two and six remarked that they offered prayer to patients as part of their daily tasks to ask God for healing.

"When we pray together I making the lessons that if you change the life you are living, most of the time they say my family doesn't like me because I'm HIV+" **(P.1)**

"I prayed for those people to get back to health." **(P.2)**

"If I pray, people must stand up and become well, people ask me to pray for them." **(P.6)**

4.9.7.9 Initiate forgiveness

"I said: 'I'm going to call your family so that you can make the apology each other that you've got all the mistake' … because I notice if you are leaving this world, you must leave it freely." **(P.1)**

4.10 THEME 9: SUPPORT STRUCTURES OF CAREGIVERS

Given the scenario that CHCWs operated under difficult circumstances relating to the nature of the work, lack of resources and finances, the need for a support system and structure was paramount. The researcher managed to locate eight sub-themes in the data that was a source of support for the CHCWs.

The literature review indicated that the God-belief of participants gave them a sense of psychological wellbeing expressed in gratitude and creating meaning through spirituality (Van der Merwe *et al*., 2010 citing Van Eeden, Wissing, Dreyer, Park & Paterson, 2008).

The data that emerged from the interviews reported the following:

4.10.1 God

Participant one, two, four and five revealed how they drew support from their relationship with God in facing their daily challenges.

> "But it is God, who gives me the strength, but it is not easy in my health." **(P.1)**
>
> "This job is so difficult, but we ask God we are make so easy." **(P.2)**
>
> "When you read the Bible, there is a place in Psalms where David says …" (**P.2)**
>
> "What keeps me going is that I am assisting people who belong to God." **(P.4)**
>
> "We have started something and made an achievement through the help of God." (**P.4)**
>
> "It is Gods will for me to help people, if it wasn't for Him, we will not be here." **(P.5)**

4.10.2 Church congregation

Various churches and their members supported the work financially, served as volunteers and board members and provided prayer and moral support to the CHCWs.

> "It was the first time when a person passed away; they saw a white woman, Beth Moore, who was so humble and who prayed so much." **(P.1)**
>
> "These people were from the Anglican Church, there also came support from various churches around Umtata such as the Roman Catholic Church." **(P.4)**

"And then I go back to church, I repented, I confessed my sins and then I changed." **(P.7)**

"My church played a huge role, also the cells where we did the debriefing, within the cells, it's like a circle of support of some kind where we are able to cry." **(P.8)**

"This is why I'm also saying while I'm doing this also God put it in your heart and even people in Baptist church to help me." **(P.8)**

4.10.3 Pastor/priest

"Then the pastor said: 'You are lucky Phumla, that your mother tell you this news.'" **(P.1)**

4.10.4 Family/ friend

Participant one, two, seven and eight described the support received from family and friends that kept them motivated and equipped to continue with the work.

"She said she wanted to build me a shelter, so she built me a three room shelter." **(P.1)**

"But my sister, I go to tell my sister, my sister, my child there is no groceries. Don't worry I'm going to give you money to buy that things." **(P.2)**

"Then when things are difficult I called my sister. My sister so and so and my sister says: 'Don't worry, I'll help you.' " **(P.2)**

"It was because of my religious background. I grew up in a Christian-based family and I grew up on Sunday school." **(P.7)**

"What made me to stop was the prayers, the word that I had, the teachings that I had from my grandmother, my mother, my family, jah so that caught me." **(P.7)**

"So that day when I collapsed, Dr Robert called me just before 10 o'clock …" **(P.8)**

"Without the people who were assisting us at that time and especially the Managing Director of Bank of Transkei, we would not have put the shelter in place." **(P.8)**

"What helps in that is family, because as a caregiver you may not be getting a stipend for about two or three months. How do you survive? It is family and friends, because I can remember Brother John there was a time where you assisted me…." **(P.8)**

4.10.5 Management/supervisors

The CHCWs needed the support from the management and supervisors and this was acknowledged by participant one, three and seven.

> "But I've got a support; most of the time sis Khetiwe, boet Andile, Beth Moore, from my church, they are praying. They support me with prayers all the time and they go to my home to see what I need. They do like this way. *(Clasp hands together).* But I thank God at that time, because there is these supporters, these pillars, they give me the strength, because the family it's your problem we don't know how we are going to handle it." **(P.1)**

> "I came to Temba because I was not registered and I wanted help from Temba with my registration. They gave me a letter so that I could approach other institutions for help. That is why I say I'm under Temba whereby they are giving me food parcels and they me seeds to plant there." **(P.3)**

> "I now had a person, Khetiwe, I could connect with." **(P.7)**

4.10.6 Community

Activities such as workshops and home-based care takes place within the community and the CHCWs need the support from the broader community to achieve success and overcome negative perceptions about the HIV programme (Participant 4).

> "The traditional chiefs brought some beds for us, and the local municipality as well as Bethany homes assisted with bedding. It was a blessing that came from God." **(P.4)**

> "My prayer is that some younger people take over and take the baton forward, so that whenever something happens to us, there should be a gap of opportunity, organisations should not just close." **(P.4)**

4.10.7 Family of patients

Participant one and eight remarked that they experienced support from the family of patients after the death of the patients.

> "The family take me from Temba to Matatiele and put me back at my home." **(P.1)**

"The family also now showed how grateful the family is, are calling us to...to say when we are visiting the family are telling us… And also to say we thank you, because you were there you know." **(P.8)**

4.10.8 Prayer groups

The importance of prayer in the lives of CHCWs were emphasised in several of the themes and even as a support structure, prayer groups were mentioned by participant eight.

"You know within the cells, it's like a circle of support of some kind where we are able to cry, where we can say we met this patient today…" **(P.8)**

4.11 THEME 10: OBSTACLES FACED BY CAREGIVERS

The researcher scrutinised the data when analysing it and found five sub-themes that contributed challenges and obstacles to CHCWs which were impacting on their wellbeing.

The researcher indicated in Table 11 under Theme 10 the following obstacles faced by CHCWs as recorded by various authors:

- Faith in God enabled CHCWs to cope with the obstacle of dealing with death and dying;
- CHCWs were given inadequate counselling to deal with stressful situations;
- Human rights issues, poverty, food insecurity and rewards affected the wellbeing of volunteers;
- CHCWs had to deal with high stress levels due to the multiple roles they had to fulfil as a result of work overload;
- CHCWs had to deal with lack of knowledge, anxiety, depression and stress, hopelessness, stigma and discrimination;
- Feelings of helplessness due to lack of resources; and
- Stress caused by being the keepers of confidential information, infrequent payment of stipends and lack of professional training.

The participants in this study reported the following obstacles with which they had to contend:

4.11.1 Lack of resources

The research question dealt with the wellbeing of CHCWs and one of the variables that negatively impacted on their ability to perform were the lack of resources. Participant two, three, four and eight indicated that the resources they lacked were infrastructure, such as working phones, electricity and bed space. Human resources, medicine and funding were issues that contributed to challenges faced by the CHCWs.

"Now there is a problem in this shelter, there is no place to put the people who are died, no parlour jah. We will always phone to parlour to take oh first of all when they people died we phone the... I'm supervisor of those people who are in wards." *(Participant does not express herself well and jumps from one thought to the next without completing sentences)* **(P.2)**

"This job is so difficult, but we ask God we are make so easy. Sometimes there is, sometimes there is no lights at night. Lights are only in the wards; it is difficult when you come to the kitchen. Also when you come to call the parlour, there is no landline; you also use your phone. And also there is a lack of tablets and medicine. When the patient say they are sick, there is no tablets, sometimes there is no gloves. Yabo, that's what makes it difficult." **(P.2)**

"We make food with a gas stove; sometimes there is no gas to make food. There are another things which are so difficult… there is no gas to cook food for these patients. The patients then blame us because we are the supervisors." **(P.2)**

"When the patients must go and get their tablets at General Hospital, there is no transport here to take those patient." **(P.2)**

"No funding at all, but I'm carrying on." **(P.3)**

"People came up from various places like Cape Town and Joburg, sent home to die. Then the shelter became full because of those people." **(P.4)**

"We have had plenty of challenges around the funding of the organisation where we said: …it is His work." **(P.4)**

"The organisation did not have any place of their own … use the rented premises." **(P.4)**

"At that time the government was not giving out the Nevarapine and …" **(P.8)**

"We had to look for a place, just a three bedroom home and rent that place, because now we realised the hospitals are overwhelmed and sent the people home … they are not able to take care of the sick people." **(P.8)**

"The most challenging thing Brother John is resources, because without the people who were assisting us … we would not have put the shelter in place." **(P.8)**

"We are doing home based care, but what about the person who is alone at home, who looks after this person during the night, 24 hours a day." **(P.8)**

"You can see that the policies of the government were not very conducive for what South Africa found itself in …so it was very frustrating to work with the government." **(P.8)**

"We were not getting the support from government we were supposed to get." **(P.8)**

4.11.2 Financial rewards

Sub-theme two dealt with the obstacle of finances. CHCWs were volunteers, but had a hope of securing some financial reward in the form of stipends. The organisation managed to get funding from Sweden and America, but the amounts were not sufficient to provide sustainable rewards on a long-term basis.

"If you're a volunteer it's hard, most of the time there is no money, you sacrifice." **(P.1)**

"As from December, ok there is a stipends, some of them we have a stipend some of them we don't have… ok Boet Andile give us R500 to stipend until December." **(P.2)**

"My child do not understand I'm a volunteer, she thinks I must get money." **(P.2)**

"There is no compensation which can be sustainable enough to keep them going." **(P.4)**

"After the workshop I come to Temba even though there is no money." **(P.6)**

"As a caregiver you may not be getting a stipend for about two or three months." **(P.8)**

"The children don't have school fees, you don't have food? It takes a toll on you." **(P.8)**

4.11.3 Stress and burnout

Participant eight pointed out the elements that contributed to stress and burnout, such as grief, exhaustion and hardship.

"As a carer or caregiver or CHCW at the end of the day your energies are drained." **(P.8)**

"Yes grief is draining, it drains you but also it is very fulfilling to know that …" **(P.8)**

"I was supposed to be talking, I was at the stadium I'm just showing the challenges that the CHCW's are facing, the stress and everything. I was just about to talk… and I just went down (fhitt-sound) I collapsed and I remember …" **(P.8)**

"And they did investigations and really, I was exhausted." **(P.8)**

"When you are serving, we even as carers we forget about ourselves; we forget that even the carer needs to take care of him/herself." **(P.8)**

"Within a month that place was full, it is overwhelming to care for a sick person." **(P.8)**

"There has been times when my wellbeing has been down. There has been times when I was sick and I knew that it's because of the… maybe you give all, you give to the extent yes I had burnout several times. " **(P.8)**

"It is the intensity of the work and also the frustration that I'm feeding a worm because Temba was not being funded by the government at all." **(P.8)**

"Yes, spirituality plays a huge role, but also there is a question that… we are still human beings, who have got needs that must be catered for you know." **(P.8)**

"People need to eat at the end of the day, they need to take care of their families which is what now affects your wellbeing and wellbeing of the staff." **(P.8)**

4.11.4 Working with death and sickness

CHCWs worked with the sick and dying people every day and experienced this as an emotional and physical draining process which impacted negatively on their wellbeing (Participant one, two, five and eight).

"Then he is passed away, even in the mortuary, even in the funeral, they calls me." **(P.1)**

"I want to do counselling with the people, even if the people in the way to death." **(P.1)**

"It was the first time when a person passed away, they saw a white woman, Beth Moore, who was so humble and who prayed so much." **(P.1)**

"Some of them come weak and they can died." **(P.2)**

"I call the family to tell them that Nomsa has died. I call the family to explain what happened to Nomsa then the family they understand. The parlour can take her ..." (**P.2)**

"When we see a person that is going to die, I take the hands and sit next to her …" **(P.2)**

"I ask God for strength, so I could wash and take care of the person so when he dies I would go to the funeral and talk about them because I loved him." **(P.5)**

"So what I did, I personally decided that because I'm so afraid of HIV/AIDS, I'm so afraid of for the human kind." **(P.8)**

"My eyes were already opened about the people who are being sent home, in a way we'll say sent home to die, sent home to fend for themselves." **(P.8)**

"I noticed that the neck was funny on the pillow and I went straight to the patient while Rose was talking to the family, only to find out the patient was gone, was dead." **(P.8)**

"So I had to ... it was my first experience of dealing, really dealing with death" **(P.8)**

4.11.5 Little prospects for progress

The opportunities for advancement or career development were limited, due to high unemployment and poverty in the area, as pointed out by participant two.

"There is no job in other places that's why we are sit here at Temba." **(P.2)**

"Mmmm, pastor I am... we are going oh mmm...carers of Temba they pray God to not volunteer (*struggles to verbalise what she wants to express*) mmm to have a job, not to volunteer, to help the carers to have a monthly, monthly pay yabo because some of them come from far away. They do not stay here. Jaa." **(P.2)**

4.12 THEME 11: MOTIVATION OF A CAREGIVER

Taking in consideration the challenges and obstacles faced by the CHCWs, the researcher was interested to observe the motivation why people chose this career as it emerged from the data, and four sub-themes were identified.

The researcher searched the literature and found data relating to Theme 11 in research conducted by authors listed under Theme 11 in Table 11. The data revealed the following factors which motivated people to become CHCWs:

- CHCWs saw emotional and motivational demands of work as challenges;
- The theistic concept and image of God provided CHCWs a sense of purpose, enhanced self-esteem, hope and motivation;
- CHCWs found meaning through volunteerism, making a positive contribution in their community;
- The compassion as displayed by Christ was a motivating force for community members to offer care and support to the sick and needy; and
- Spiritual strength and community development gave life satisfaction and psychological wellbeing.

The empirical data confirmed the motivational factors mentioned in the literature review.

4.12.1 Work is a calling

The motivation to become CHCWs were based on an inner spiritual prompting experienced by the CHCWs and in response they availed themselves to serve people (Participant one, two, four and five).

> "I think: 'Hey, it's my calling, this one.' " **(P.1)**

> "This work is very hard, but to work at Temba must be a calling from God and you must ask wisdom from God. You are not going to do with your own flesh …" **(P.1)**

> "It is difficult… we feel under the heart and at Temba we are volunteers." **(P.2)**

"This thing make at Temba we feel in my hearts that's why we work at Temba." **(P.2)**

"If you want to serve God, you have to serve people and that also gives you job satisfaction. I don't remember that we have had mass resignations of people because there is no money, therefore they can't stay here." **(P.4)**

"I wasn't looking for money, with nothing but loving God and fearing ..." **(P.5)**

"It is God's will for me to be here and help people, if it wasn't for Him, we ..." **(P.5)**

4.12.2 Received a vision

Participant four, seven and eight had a vision about what they needed to do with their life and it was to be of service to people and God.

"People said: 'What's your biggest dream'?' We said we don't want to stay in this small house forever. Our biggest dream is to have a shelter of our own so that the people can stay comfortable." **(P.4)**

"We got to Temba with the view of assisting communities in HIV/AIDS which was then unknown and we wanted to give people information." **(P.4)**

"I met Temba through the vision I had." **(P.7)**

"Ja, my expectations now that I'm here, and as I've said that it was through passion to be here; it was through vision that I believe that it came from God about my life." **(P.7)**

"I think from the beginning it was about the vision I had as a caregiver, because I had to start with me, because if you can remember well, Temba came through a dream." **(P.8)**

4.12.3 Driven by compassion

A characteristic of a CHCW was to have compassion for sick and vulnerable people and they felt moved to be of assistance in offering care. Participant two, three, four, five, six and eight recorded how compassion played a part in their motivation to be CHCWs.

"When we come to those people we must first pray. When we come and when we go we must pray God He must help them." (**P.2)**

"As a person, I've got a passion to help other people, because …" **(P.3)**

"There were also a lot of vulnerable children, a lot of pregnant teenagers and a lot of unemployed people. I went to Social Development … do a soup kitchen." **(P.3)**

"This shelter came as a result of compassion that you cannot leave people to die." **(P.4)**

"They recovered, they got all the love, all the food, all the protection and also by the grace of God, they managed to live." **(P.4)**

"…Faith that this person is in need and when he's recovered there is that satisfaction that the work that was done with the help of God is now bearing some fruits." **(P.4)**

"They are able to help people and it gives them a satisfaction every day they come and work here, they are doing something good to someone who are in need." **(P.4)**

"I saw the patient and I thought to myself: 'I love helping a person. 'Is what I love doing, at church we were taught to help people who need help and it is what I live for." **(P.5)**

"I know how to help a person who couldn't walk, talk and feed themselves and bath plus taking care of themselves and how to brush their teeth." **(P.5)**

"I ask God for strength, so I could wash and take care of the person so when he dies I would go to the funeral and talk about them because I loved him." **(P.5)**

"I first pray to God to help me take care and love people, to provide everything for I cannot do this job without God." **(P.6)**

"It was compassion for the affected and compassion for the person. Compassion for both and so I would say that spirituality saved my sanity, when you see a condition like that, the first thing that kicks in is fear, fear of the unknown, fear for all this." **(P.8)**

"Temba is a faith-based organisation we used always to remind them this comes with your faith, you know, compassion comes with your faith." **(P.8)**

4.12.4 Spirit of volunteerism

CHCWs described one of the elements which provided motivation to become a CHCW as the spirit of volunteerism, having passion and a desire to care for and help people in need. Here are some of the expressions from the participants:

“I look after this sick people, I wash them, and I feed them, now I’m feeling happy.” **(P.1)**

‘If you are a caregiver, you must do things right … you must do all the thing freely, your supervisor must be your soul, I must live the life I must live by my own standards.” **(P.1)**

“This thing I make at Temba we feel in my hearts that’s why we work at Temba.” **(P.2)**

“I wanted to join and sis Rose said there is no pay, they are volunteers. I said I want to be a volunteer. I attended some workshops where people talk many things; some people are raped and people are not satisfied with their homes; they are beaten at their homes.” **(P.2)**

“I’ve got a passion to help other people, because when I’m coming to Temba, I was ready to start my own project … ask for bread and other stuff to make some soup.” **(P.3)**

“We got to Temba with the view of assisting communities in HIV/AIDS which was then unknown and we wanted to give people information.” **(P.4)**

“If you want to serve God, you serve people and that gives you job satisfaction.” **(P.4)**

“It gives them a satisfaction that every day they come and work here, they are doing something good to someone who are in need.” **(P.4)**

“So that gives me satisfaction to say, I’m assisting people.” **(P.4)**

“At church we were taught to help people and it is what I live for. So I came here, I wasn’t looking for money, with nothing but loving God and fearing Him.” **(P.5)**

“I’ve wanted to help (HIV) positive people, disabled and old people...” **(P.5)**

“I know how to help a person who couldn’t walk, talk and feed themselves and bath plus taking care of themselves and how to brush their teeth.” **(P.5)**

“I ask God for strength, so I could wash … go to the funeral and talk about them.” **(P.5)**

“After the workshop I come to Temba even though there is no money.” **(P.6)**

“I need to sow back; I need to plant back to my community.” **(P.7)**

“I have a lot of certificates that is that is the good thing of Temba, even if there is no money, there is a chance to upgrade myself and educate myself.” **(P.7)**

"And then being hands on whenever there is a referral, we go to the home … talking to the person, counselling the person." **(P.8)**

4.13 THEME 12: EXPERIENCES OF CAREGIVERS

The researcher wanted to determine the role of spirituality on the wellbeing of CHCWs and searched the data to find elements that provided evidence of CHCWs' experiences relating to their work situation and wellbeing. The researcher found twelve sub-themes in the data that related to their daily activities which impacted on their wellbeing.

The researcher found corresponding data in the literature relating to some of the sub-themes where participants in the current study reported similar experiences as were found by the following authors (see Table 11 Theme 12). They reported that:

- Employees benefitted from spirituality by enhanced wellbeing and quality of life, sense of purpose, meaningful interconnectedness and community;
- Physical-, social-, financial-, career- and community wellbeing had an influence on the wellbeing of individuals;
- Spirituality brought hope;
- Optimal work performance were influenced by the 16 wellbeing factors of which spirituality was one;
- Job satisfaction and employee wellbeing were influenced by life satisfaction and personal wellbeing;
- Intrinsic motivation, interpersonal relationships, hope and optimism led to a positive outlook on the future and an expectation of a successful outcome;
- CHCWs felt vulnerable and unable to meet stressful work requirements due to obstacles encountered in caregiving and this had a negative impact on their wellbeing;
- Recent research focused on the needs, fears and motivation of CHCWs and how human rights issues, poverty, food insecurity and rewards influenced their wellbeing;

- The CHCWs worked for inadequate remuneration, but hoped to have professional training;
- CHCWs managed to bring comfort, hope and support, working in the context of discrimination, poverty and oppression; and
- CHCWs reported a sense of purpose and passion in doing home-based care and counselling.

The sub-themes that emerged from the empirical data were the following.

4.13.1 Miracles

Participant four spoke about the miracles he experienced as a CHCW and described how God provided funding and resources to the benefit of the organisation, as well as the recovery of patients which he ascribed to divine intervention.

> "Some, even though they were in a critical condition recovered as a result of the care that was given initially by Temba, even before ARV's were there." **(P.4)**

> "You will see miracles happen. The fact that we are able to say that we have a place here, that is, this shelter, is a miracle." **(P.4)**

> "That was the biggest miracle that happened in 2006 and then the Canadians gave the money for the construction of the building, which is owned by the organisation." **(P.4)**

> "We assisted them and got some food for them and they actually recovered. It was a miracle of God, because we did not know how to treat it better than that." **(P.4)**

4.13.2 Sadness

The works of CHCWs involved dealing with sickness and death and participants one, two and eight reported instances where they experienced sadness.

> "Then he is passed away, even in the mortuary, even in the funeral, they calls me." **(P.1)**

> "I call the family to tell them that Nomsa has died. I call the family to explain what happened to Nomsa then the family they understand." **(P.2)**

"When it comes Christmas day, my child has no clothes to wear. I'm not feel ok." **(P.2)**

"I wish we could have helped this person that is how we used to be, is to feel guilty when we were not able to assist that person, but also to remember that at the end of the day we have done what we could have done and the rest is up to God." **(P.8)**

4.13.3 Hope

CHCWs experienced hope as one of the elements that contributed to their wellbeing as recorded by participant two, four, seven and eight.

"Mmm to have a job, not to volunteer, and also to help the carers to have a monthly, monthly pay yabo because some of them come from far away." **(P.2)**

"Some of them fortunately lived up to the time when ARV's came very late 2007/2008 when the government finally agreed to give the treatment to people." **(P.4)**

"We hope by training some of the young people they will carry on with Temba." **(P.4)**

"There is hope for the future; it is not doom and gloom." **(P.4)**

"Go to them to hear that there is still hope. We did workshops and it was later revealed by the social workers and counsellors and wardens that since I've been there, prisoners now sought counselling one on one." **(P.7)**

"I exalt God and that's the attitude how I speak well about God; it brings hope to me first and it encourages me once I start praising God, so it impacts a lot to my work." **(P.7)**

"It's up to God to do His role, but for me it's to speak life; it's to bring hope." (**P.7)**

"Bring hope to the people who had lost hope. It was bringing hope …" **(P.8)**

"I was holding on to the same hope I was giving people that I will be restored." **(P.8)**

4.13.4 Guilt

Only participant eight mentioned guilt as an experience, wishing that more could have been done for the patient.

"And in a way, there is also guilt. I wish we could have helped this person; that is how we used to be, is to feel guilty when we were not able to assist that person." **(P.8)**

4.13.5 Confidence

Participant one, two, four, seven reported that they grew in confidence when doing the work of CHCWs.

"I've got that voice, push until something happens." **(P.1)**

"I understand many things like the treatment of HIV and also another treatment. Yabo, my eyes can be open, I can see when a person is HIV, is suffering from TB." **(P.2)**

"There is bigger hope for the future, even if we had challenges in the past, but we can see the way forward, so we're very confident that the future is still good for us." **(P.4)**

"Even to my friends even wherever that I am, I speak hope, I speak life, I speak the opposite of the situation that I see because I live that." **(P.7)**

4.13.6 Satisfaction

CHCWs described how positive outcomes in their caregiving contributed to a feeling of job satisfaction and a positive impact on their wellbeing (Participant one, two, four, five, seven and eight).

"I thank God because it is not only this workshop I attend. Sis Khetiwe said I must do another workshop in Health and Welfare Centre which was about palliative care." **(P.1)**

"I'm happy because I change this conflict between this family." **(P.1)**

"Jaa my life I'm feel ok, but on Saturday/Sunday n'e like Sunday sometimes I'm here I'm don't go to the church." **(P.2)**

"If you want to serve God, you to serve people and that gives you job satisfaction." **(P.4)**

"They are able to help people and it gives them a satisfaction to themselves that every day they come and work here."**(P.4)**

"So that gives me satisfaction to say, I'm assisting people." **(P.4)**

"A lot of people that I took care of are now fully recovered and some of them work at banks and some are just staying, some are with their families." **(P.5)**

"I am a person who is always looking for the good side. I don't just check the ..." **(P.7)**

"It is so fulfilling to know that I have been able to assist that person." **(P.8)**

4.13.7 Happiness

CHCWs reported that they experienced a feeling of happiness in being able to do their jobs successfully (Participant one, three and six).

"I look after this sick people, I wash them, and I feed them; now I'm feeling happy." **(P.1)**

"Now I'm happy even at the church. I said to the pastor: … and AIDS" **(P.1)**

"I feel that I'm happy, because all the bad things that happened, they were passing." **(P.1)**

"I am very happy; I like my work. I want to grow with God in my life." **(P.3)**

"I am happy and believe in God; He is the solution, when dealing with a patient." **(P.6)**

4.13.8 Gratitude

The CHCWs reported that they experienced gratitude towards God for His blessings in their lives (Participant one, four, six and eight).

"I thank God because it is not only this workshop I attend …" **(P.1)**

"These people who are helping me in hard times … God that sends them." **(P.1)**

"I'll get my thank you from God in this case." **(P.4)**

"God is able. I ask Him to protect my children. He has done a lot for me. He provides food and everything." **(P.6)**

"The family also now showed how grateful the family is, are calling us to …" **(P.8)**

4.13.9 Doing good

The CHCWs invested their time and efforts in serving patients and the community and expected to achieve positive outcomes on their work (participant one, two, three, four, five, seven and eight).

"Now I'm happy at the church. I said to the pastor … do the awareness campaigns." **(P.1)**

"Mandisa, we want to assist you, to assist us, and we have this problem." **(P.1)**

"When we come to those people, we must first pray. When we come and when we go we must pray God He must help them." **(P.2)**

"Now I take those who are going to walk to the big ward to pray, to pray and also to sing. And also to open the Bible and make church." **(P.2)**

"I do home-based care and a soup kitchen for the kids and I'm doing Kids Club." **(P.3)**

"We used to go to Spar and Boxer and ask for bread … to make some soup." **(P.3)**

"…Kids Club we teach them to communicate properly, treating others with respect." **(P.3)**

"Some, even though they were in a critical condition recovered as a result of the care that was given initially by Temba, even before ARV's were there." **(P.4)**

"We assisted them and got some food for them and they actually recovered." **(P.4)**

"They recovered, they got all the love, all the food, all the protection and also by the grace of God, they managed to live." **(P.4)**

"I've helped poor people, I've helped people who cannot even say thank you." **(P.4)**

"I'm assisting people. That is my driving force behind my assistance of the people." **(P.4)**

"…and it gives them a satisfaction to themselves that every day they come and work here, they are doing something good to someone who are in need." **(P.4)**

"At church we were taught to help people who need help and it is what I live for." **(P.5)**

"I've wanted to help positive people, disabled and old people … to care for them." **(P.5)**

"Teach mothers when their kids are going to Xhosa initiation, I help people." **(P.5)**

"The time I'm with patients, I always pray to God to help me." **(P.5)**

"I know how to help a person who couldn't walk, talk and feed themselves …" (**P.5)**

"A lot of people that I took care of are now fully recovered … their families." **(P.5)**

"Temba has a vision of a peaceful communities … by the spirit of Ubuntu." **(P.7)**

"I need to sow back; I need to … those who are coming after me." **(P.7)**

"I'm sent by God to preach … people would change." **(P.7)**

"So we had to do home based care." **(P.8)**

"It is so fulfilling to know that I have been able to assist that person." **(P.8)**

"We had to place the children at the Bethany home … the father at Temba shelter." **(P.8)**

"We even assist the family when the person now has passed." **(P.8)**

4.13.10 Stress and burnout

Participant eight, both a CHCW and also in management expressed how stress and burnout impacted on her wellbeing, due to the enormity of the task facing CHCWs.

"As a caregiver or CHCW, at the end of the day your energies are drained …" **(P.8)**

"Yes, grief is draining, it drains you but also it is very fulfilling to know that you were there … did not have any one." **(P.8)**

"We forget that even the carer needs to take care of him/herself." **(P.8)**

"The people are overwhelmed at home, not able to take care of the sick people." **(P.8)**

"Caring is very overwhelming… is a place where we could take our people to." **(P.8)**

"There has been times when my wellbeing has been down. There has been times when I was sick and I knew that it's because of the… maybe you give all, you give to the extent yes I had burnout several times." **(P.8)**

"It is the intensity of the work and also the frustration that I'm feeding a worm, remember because Temba was not being funded by the government at all." **(P.8)**

4.13.11 Suffering

The CHCWs dealt with sickness and death in their work situation, but also experienced more hardship in their personal lives as a result of financial and family issues, resulting in a negative impact on their wellbeing.

"I said: 'Hey, If God is going to take you; it is God who is going to take care of my child and myself also." **(P.1)**

"Because the family it's your problem … know how we are going to handle it." **(P.1)**

"I help them to eat and take care ... Some of them come weak and they can died." **(P.2)**

"When it is December my child says: 'Mama we want clothes' and I'm a single lady; so I say: 'I can give you', but when month end comes there is no stipend … my child do not understand that I'm a volunteer; she thinks I'm going to work so I must get money." **(P.2)**

"…things are difficult I called my sister. My sister says: 'Don't worry...' " **(P.2)**

"I am helping and cleaning for the sick people and have patients outside and the situations are hard and some of them are bad and have no families." **(P.6)**

"The first thing that kicks in is fear, fear of the unknown, fear for all this." **(P.8)**

"My Dad had just passed; I had to retrench staff where I was working and be retrenched in a way and my marriage was falling apart at that time." **(P.8)**

"Because I'm having this fear I had about HIV/AIDS and I kept on saying what if there is someone in my family who also would.... or even me for that matter." **(P.8)**

"I've been in an abusive marriage and in a way, it is in a way for me: 'Thank God I've not been diagnosed HIV+.' " **(P.8)**

"So that's how I left my husband, of course I've always hoped that he would come back, but that was not meant to be." **(P.8)**

"What if at home the children don't have school fees, you don't have food at home. This also takes a toll on you, you know." **(P.8)**

"We have gone to an extent where we are actually taken for granted the work that is done by Community Health Care Workers." **(P.8)**

"People need to eat at the end of the day; they need to take care of their families which is what now affects your wellbeing and wellbeing of the staff." **(P.8)**

4.13.12 Meaning in life (Sense of purpose)

The CHCWs experienced a sense of purpose in their lives by identifying factors such as love, the desire to serve and thankfulness as the main contributors.

"I call sis Khetiwe and tell her I want to be a volunteer in your work." **(P.1)**

"I want in youth to talk about HIV and AIDS; I … do the awareness campaigns." **(P.1)**

"This thing that I make at Temba I feel in my heart, that's why I work at Temba." **(P.2)**

"There is a place in Psalms where David says I look to the mountain..." **(P.2)**

"I was coming here in Temba because of I'm loving people and I'm a Christian." **(P.3)**

"I am very happy, I like my work. I want to grow with God in my life." **(P.3)**

"They are able to live and tell the stories of their lives right now." **(P.4)**

"If you want to serve God, you serve people..." **(P.4)**

"Every day they come and work here, doing something good to someone who." **(P.4)**

"I'm assisting people. That is my driving force behind my assistance of the people." **(P.4)**

"The young people will actually carry on with Temba and maybe God will help them so that they can take it to greater heights in the future." **(P.4)**

"I came here; I wasn't looking for money, with nothing but loving God." **(P.5)**

"I've wanted to help..." **(P.5)**

"It is God's will for me to be here and help people, if it wasn't for Him …" **(P.5)**

"To be a volunteer to help sick people and I had family members, I want to take care of both family and community." **(P.6)**

"Reaching out to people..." **(P.7)**

"… a repentant person, I need to sow back, I need to plant back to my community." **(P.7)**

"So I ended up going to prisons, I owe my brothers who are still in prison. Go to them to hear that there is still hope." **(P.7)**

"I became part of the moral regeneration process, because here in Wellington Prison Umtata Maximum they were now confessing their sins." **(P.7)**

"But for me it's to speak life; it's to motivate; for me it's to bring hope." **(P.7)**

"Bring hope to the people who had lost hope. So for me it was bringing hope …" **(P.8)**

"A way of serving and thanking God and just trusting for resources to continue to be able to do what I am doing." **(P.8)**

"The most important thing that is going in my mind is, we have learned on the job." **(P.8)**

"Showing me that it is my purpose; this is what I'm supposed to be doing." **(P.8)**

"This thing is fulfilling me and driving me towards my purpose." **(P.8)**

The researcher wanted to establish what links existed between the themes that emerged from the empirical research and findings from previous research in the literature review. Table 11 indicated the authors and sections in the literature review where the data which were linked to the different themes were located.

Table 11: Theme linked to literature review

	THEME	LINK TO LITERATURE REVIEW
1	Spirituality expressed as a calling.	Steenkamp and Basson. (2013) (section 2.2.3) Uren et al. (2012) (section 2.4.3)
2	Spirituality expressed in prayer and support.	Van Tonder and Ramdass (2009) (section 2.2.3.3)
3	Spirituality expressed in faith.	Larsen (2012) (section 2.2.1) Van Rooyen *et al*. (2009) (section 2.2.4) Naidu *et al*. (2012) (section 2.2.4) Naidu *et al*. (2012) (section 2.4.5) Van Rooyen *et al*. (2012) (section 2.4.5)
4	Spirituality expressed in gratitude.	None
5	Sense of fulfilment (wellbeing) found in volunteerism.	Hefferon and Boniwell (2011) (section 2.2.2) Steenkamp and Basson (2013) (section 2.2.3) Nasurdin *et al*. (2013) (section 2.2.3.3) Temane and Wissing (2006) section 2.2.4) Hefferon and Boniwell (2011) (section 2.3) Kirsten et al. (2009) (section 2.3.1) Lun and Bond (2013) (section 2.3.5) Makandawire and Muula (2005) (section 2.4.2) Steenkamp and Basson (2005) (section 2.4.4) Bejane *et al*. (2012) (section 2.4.6)
6	Sense of fulfilment (wellbeing) expressed in service.	Van Tonder and Ramdass (2009) (section 2.2.3) Hefferon and Boniwell (2011) (section 2.3) Kirsten *et al*. (2009) (section 2.3.1)

		Van Dyk (2008) (section 2.4) Sempane and Masango (2013) (section 2.4.2)
7	Dependence on God.	Hefferon and Boniwell (2011) (section 2.2.2) Van Tonder and Ramdass (2009) (section 2.2.3.3)
8	The role of the CHCWs.	Van Tonder and Ramdass (2009) (section 2.2.3.3) Van Dyk (2008) (2.2.5) Maphula and Mudhovozi (2012) (section 2.3.3.2) Makandawire and Muula (2005) (section 2.4.2) Sempane and Masango (2013) (section 2.4.2) Uren and Graham (2012) (section 2.4.2)
9	Support structures of CHCWs.	Van der Merwe *et al*. (2010) (section 2.3.5)
10	Obstacles faced by CHCWs.	Van Rooyen *et al*. (section 2.2.4) Hefferon and Boniwell (2011) (section 2.3) Kangéthe (2010) (section 2.3.4) Naidu et al. (2012) (section 2.3.6) Uren and Graham (2012) (section 2.3.6) Maphula and Mudhovozi (2012) (section 2.4.1) Bejane *et al*. (2013) (section 2.4.3) Van Aswegen (2009) (section 2.4.3)
11	Motivation of CHCWs.	May (2013) (section 2.3.4) Van der Merwe *et al*. (2010) (section 2.3.5) Naidu *et al*. (2012) (section 2.3.6) Sempane and Masango (2013) (section 2.4.2) Van Aswegen (2009) (section 2.4.5)

12	Experiences of CHCWs.	Hefferon and Boniwell (2011) (section 2.2.2) Karakas (2010) (section 2.2.3) Van Dyk (2008) (section 2.2.5) Hefferon and Boniwell (2011) (section 2.3) May (2013) (section 2.3.2) Uren and Graham (2012) (section 2.3.6) Maphule and Mudhovosi (2012) (section 2.4.3) Naidu *et al*. (2012) (section 2.4.3) Maloon *et al*. (2004) (section 2.4.7)

4.14 SUMMARY

In Chapter 4, the "rich, thick" data gathered from the participants were described, analysed and populated into the various themes, sub-themes and categories. The comparison of empirical data with the findings of authors described in the literature review showed a link and there was evidence to suggest that spirituality was indeed able to equip and empower CHCWs in their daily tasks in the workplace as well as in their personal lives, as a result of the positive impact spirituality had on their wellbeing.

In Chapter 5, the researcher reflects on the research question and questioned if the data provided answers to the question if spirituality impacted on the wellbeing of CHCWs. The researcher also contemplated on the limitations and recommendations, ending with a self-reflection on this three year long journey of producing a dissertation.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Biggam (2011) suggests a layout for the chapter dealing with the conclusion as illustrated in Figure 9.

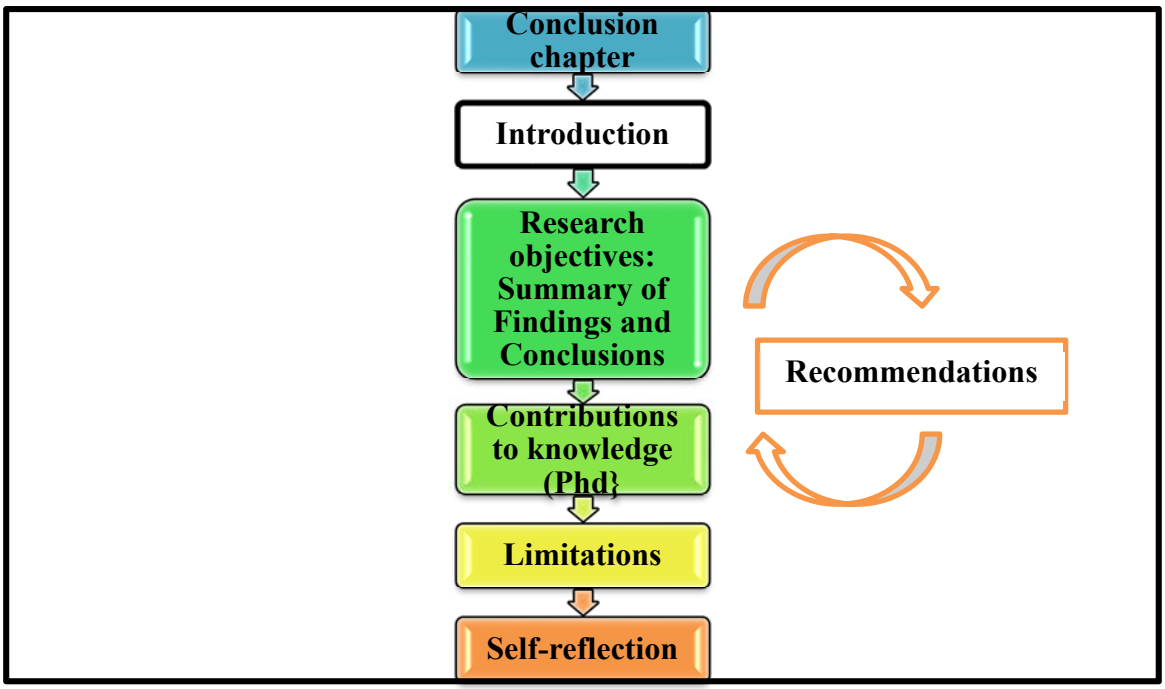


Figure 9: Structure for conclusion chapter

Source (Biggam, 2011)

5.1 INTRODUCTION

As was stated in Chapter 1, the research aim was to explore, identify and describe how spirituality assisted in improving the internal wellbeing of CHCWs. In this chapter, the researcher will reflect on whether these objectives were achieved. The format of this chapter was illustrated in Figure 9 and these elements will be dealt with, except for the part about "contributions to knowledge" which does not form part of the requirements of this study.

5.2 RESEARCH AIMS: SUMMARY OF FINDINGS AND CONCLUSIONS

Biggam (2011) suggests that the researcher must consider what was established in relation to the research objectives as a result of the empirical research and the literature review. The

researcher had to describe what conclusion he came to and had to offer a view on what the research was telling him.

A pie chart (Table 7) illustrated how the emerging themes contributed to the study. Participants contributed more to some themes than other, indicating what was important for CHCWs in their daily lives. The themes were ranked in descending order in Table 12 according to the percentage contribution made to the study based on the data gathered from the eight participants.

Table 12: Themes ranked by percentage contribution

Ranking	Theme	Description	% Contribution (Quotations)
1	8	The role of the CHCWs	19% (122)
2	12	Experiences of CHCWs	19% (117)
3	5	Sense of fulfilment found in volunteerism	10% (60)
4	6	Sense of fulfilment expressed in service	7% (47)
5	10	Obstacles faced by CHCWs	7% (44)
6	3	Spirituality expressed in faith	7% (42)
7	7	Dependence on God	7% (42)
8	11	Motivation of CHCWs	6% (40)
9	1	Spirituality expressed as a calling	6% (38)
10	2	Spirituality expressed in prayer and support	5% (33)
11	9	Support structures of CHCWs	4% (28)
12	4	Spirituality expressed in gratitude	3% (17)

The researcher's field notes revealed that the research site was located in an informal settlement that was in the process of being developed with water, electricity and roads being upgraded. As stated in Chapter 1, unemployment and poverty are high in this area and the majority of people were engaged in a daily struggle for survival.

Luthans (2011) discusses Maslow's hierarchy of needs (Figure 10) and a hierarchy of work motivation (Figure 11) and this researcher connected some of the data of the empirical research to the lower levels of the hierarchies based on the CHCWs lived experiences. Their concern about the little money they earned was evident, even though their driving force was a concern for the sick and a desire to serve God.

The basic needs, such as food, clothing, housing and healthcare as represented on the first two levels of physiological and safety needs were an important aspect which the CHCWs pursued every day in taking care of themselves and their families. Added to their stressful situation was the fact that their work environment was one where they were dealing with sickness, death and a general lack of resources. Table 12 showed that the participants spoke mostly about issues which concerned them directly, the top ranked themes being the role of CHCWs, experiences, what fulfilled them and the obstacles encountered. A recurring observation from the empirical data in Chapter 4 was the statements by participants that their trust and faith in God was the factor which supported and carried them through every day.

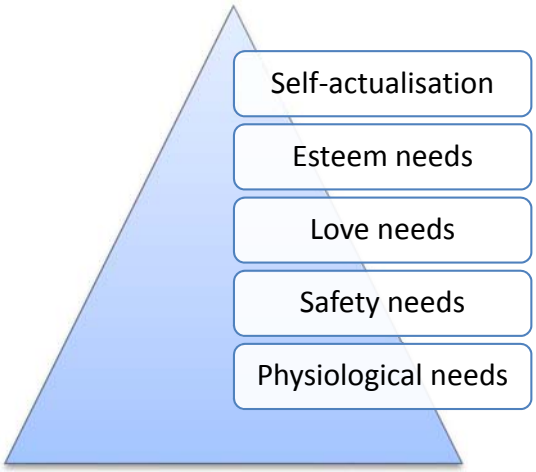


Figure 10: Maslow's hierarchy of needs

In considering the different levels of work motivation in Figure 11, the researcher came to the conclusion that the participants displayed and in their stories, they gave evidence of reaching self-actualisation. This seemed improbable in the light of the hardships and obstacles faced in their personal and work lives, but the participants reported that they experienced life satisfaction, happiness and wellbeing because of God's provision and protection. He provided strength to cope with difficulties and answered prayers in time of need. The researcher had to guard against bias based on his own Christian worldview and belief system, but from the field notes made during the data gathering interviews and interaction with the participants recorded an absolutely peaceful, humble demeanour displayed by the participants which spoke about an inner strength which enabled them to cope with the challenges of being a CHCW.

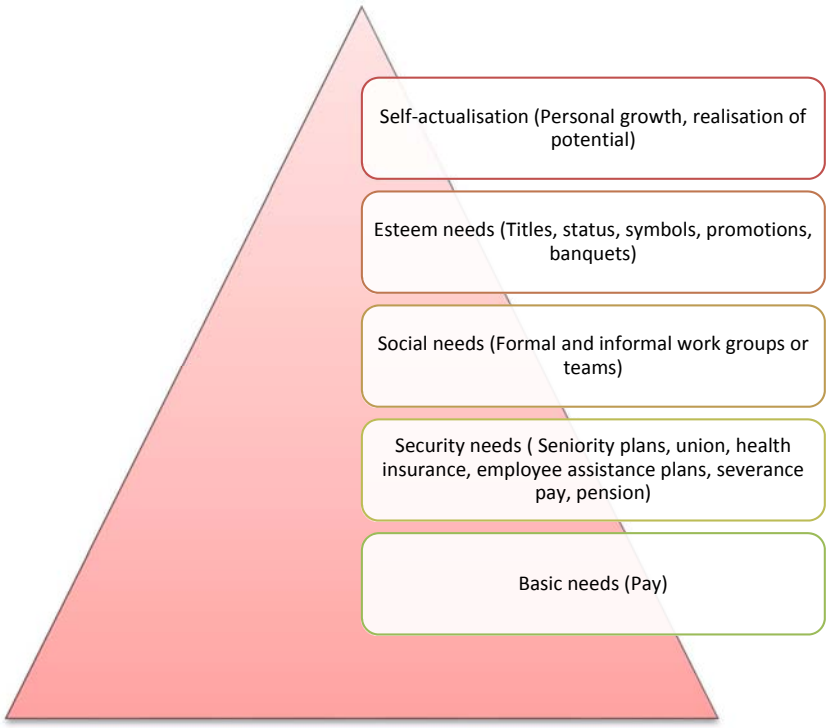


Figure 11: A hierarchy of work motivation

The wellbeing of CHCWs were enhanced by their ability to focus on living a life of sacrifice by giving their time, love, care and talents in service to God and their fellow human beings in need. During the interviews, participants shared information about the difficult times they experienced as a result of family and financial issues, as well as the lack of material comforts. Nevertheless, the researcher observed that these circumstances did not deter them from striving for optimal performance and giving their best in caring for the patients as a result of their commitment to serve God and the community.

The spirit of volunteerism were operational at Temba because the participants reported finding job satisfaction, purpose and meaning in their lives and enhanced wellbeing as a result of becoming CHCWs, doing a job which certainly was not easy to perform due to the stigma attached to HIV/AIDS.

The researcher aimed to establish a golden thread by grouping relevant content together to provide the reader with a holistic picture of the research. The researcher brought together the findings from the existing literature with the current research data in sections 4.2 to 4.13 (Themes 1-12) where a comparison was made. The themes of spirituality, wellbeing and caregiving were also expanded upon in section 5.1, when summarising the findings derived from the data.

In Table 12, the ranking of the themes placed the themes relating to spirituality (theme 1, 2 and 4) near the bottom. This confirmed for the researcher that the observations by authors in the literature review about the ambiguity that existed about a clear cut definition of spirituality were in fact valid. This is because the participants understood the basic concept of a dependent relationship with God, but could not engage on a broad front about the concept of spirituality.

The themes of spirituality were not broadly commented on, but the stories shared by the participants were sufficient to prove that spirituality did play a role and had a positive impact on their wellbeing. The researcher noticed during the interview process that the participants who had been at Temba for a long time and had vast experience in HIV/AIDS caregiving could give a more detailed and descriptive account of their daily experiences and this was confirmed when the data analysis was completed. Participant 8, 4 and 1, who had a collective service of 43 years, contributed 58% of the data which were taken up in the various themes. The researcher's field notes also recorded the fact that they were more at ease and were able to express their feelings in a clear and concise manner.

This observation was not made to distract from the contributions of the other participants. It was just interesting to discover and notice that there was a link between service and experience and the ability to understand the research question and give a comprehensive explanation.

Table 13: Contribution linked to service and experience

DEMOGRAPHICS OF SELECTED PARTICIPANTS (as at July 2014)					
PARTICIPANT (Pseudonyms)	*Years of Service*	*Academic qualifications*	*Age*	*Participants' contribution*	*% Contribution*
8.Khetiwe	16	Standard 10	58	154	24%
4.Andile	16	Standard 10; Dip in Project Management	65	114	18%
1.Mandisa	11	Standard 9	44	102	16%
2.Nobanzi	5	Standard 9	44	83	13%
5.Babalwa	4	Standard 7	32	56	9%
7.Dumisani	4	Standard 10	33	54	9%
3.Thandiwe	4	Standard 10; Certificate Computer course	38	41	7%
6.Fundiswa	4	Standard 9	38	28	4%

5.3 LIMITATIONS

Koekemoer and Mostert (2010) found a similar experience as what the researcher encountered in connection with language in terms of the limitations of their study, insofar as that language was identified as an element that could be a barrier to clear expression of the lived experiences of a specific phenomenon. This researcher knew that English was the participants' second language but did not realise that they would battle to fully express themselves about the concepts of spirituality and wellbeing. Only when the researcher was doing the transcriptions, did it become evident that a more "rich and thick" dataset could have been obtained if the participants were allowed to tell their stories in their home language, Xhosa. The researcher did not organise an interpreter because he did not foresee this obstacle occurring.

A further limitation was the distance from where the researcher resided to the research site, which prevented the researcher of doing a follow-up session with the participants to clarify

some of the unclear data. During the comparison of literature and empirical data, the researcher found it difficult to link the datasets, because the participants related their experiences using very plaintive descriptions, sometimes even struggling to find the right words to express themselves, whereas the concepts in the literature were described in abstract academic language. The data collection method was appropriate, but the study was limited to one NGO and a sample of eight participants. The data were analysed on the assumption that the data gathered from the CHCWs were accurate and reflected their true experiences, perceptions and stories. Therefore, the findings of this qualitative study were limited and not generalizable.

5.4 RECOMMENDATIONS

Thousands of NGOs in South Africa fought a daily battle to continue their work due to a lack of resources and worked in isolation to secure funding from donors such as Lotto and Bill Gates Foundation. When NGOs lacked resources, they were restricted in the services they could provide and failure to fulfil their mandate and vision could lead to frustration in the NGO and the community they serve. Government called on volunteers and NGOs to assist in the fight against HIV/AIDS in their communities, but as in the case of Temba, did not offer any assistance, financial or resources such as training, gloves, beds, nutrition and medicine.

This researcher noticed several initiatives which could assist in better service delivery from NGOs such as Temba, if implemented. They are as follows:

- An acknowledgement from government and communities on the importance of NGOs and develop and reorganise support and funding on a sustainable basis so that NGOs could deliver improved and optimal services and care to HIV/AIDS patients;

- A system and facilities where psychological support was offered to CHCWs to improve and maintain their wellbeing. This included the development of a model to reduce stress and stress coping mechanism for CHCWs;

- Implementation by government of adequate remuneration in terms of allowances and stipends;

- The Department of Health to offer a national training programme so that the same information was available to all CHCWs on the same level. This would reduce the financial burden on NGOs to provide training, and ensure a standardised level of professional training to all CHCWs;

- This researcher found that spirituality had a positive impact on the wellbeing of CHCWs at Temba, and because the construct of wellbeing had been well researched in the past, further research in the construct of spirituality will make a contribution to the existing knowledge in the field of Employee Wellness;

- This research could focus on the various elements of spirituality, expanding on the power of prayer, belief empowerment, worship and trust as a coping mechanism; and

- Further research could also be attempted to link spirituality to SOC as a means to reach optimum performance levels in the workplace.

5.5 SELF-REFLECTION

The researcher was passionate about alleviating the suffering of people infected with HIV due to the stigma and discrimination attached to the disease. Ministering to and working with CHCWs as a volunteer stirred up a desire to do research on the topic of wellbeing of CHCWs and specifically the role of spirituality on the wellbeing of CHCWs.

The researcher found the first three chapters reasonably easy to complete and enjoyed the research design and methodology sections, carrying out the practical field work as the researcher loved working with people in a social environment. The search for and discovering literature and empirical data was an exciting journey as the researcher took his first steps in the world of conducting independent research.

Chapter 4 and 5 were more challenging, having dealt with an abstract concept such as spirituality and exploring and describing it in relation to the research question. The challenge was that this construct had little research done previously in this specific context and the researcher had to be guided by studies of related topics on spirituality. It was a relief to arrive at the end of the journey and the researcher is thankful for the good relationships and interaction with interested parties during this period of learning.

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