Quality of Work Life: A Hermeneutic Phenomenological Inquiry of Oncology Doctors' Lived Experiences in a KwaZulu Natal Provincial Hospital

By

Lynette Siziba

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Supervisor: Prof HA Barnard

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Declaration

I, **Lynette Siziba**, student number: **47613092**, declare that the Degree: **Master of Commerce in Industrial Psychology**, Dissertation Title "**Quality of work life: A hermeneutic phenomenological inquiry of oncology doctors' lived experiences in a KwaZulu Natal provincial hospital"** is my own work and all sources that I have used or quoted have been indicated and acknowledged both in the text and the list of references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality (see Annexure D). Furthermore, I declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

25 October 2021

Lynette Siziba

Date

About This Thesis

In this thesis I applied the 7th edition APA referencing style and the chapter layout for this dissertation for the degree MCOM in Industrial Psychology of **limited scope** is as follows:

Chapter 1: Scientific Orientation to Research

Chapter 2: Literature Review

Chapter 3: Research Article

Chapter 4: Conclusions, Limitations and Recommendations.

Reference list

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Abstract

Quality of Work Life: A Hermeneutic Phenomenological Inquiry of Oncology Doctors' Lived Experiences in a KZN Provincial Hospital

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Lynette Siziba

This hermeneutic phenomenological study sought to explore the phenomenon "quality of work life" through the lived experiences of oncology doctors. The study confirmed the findings of previous studies that identified quality of work life as an outcome and process that result in subjective experiences of objective (work-related) dimensions that are moderated by satisfaction and reciprocity between employers and employees. To get an in-depth understanding of the phenomenon, a qualitative hermeneutic phenomenological methodology was followed and semi-structured interviews were conducted using a sample of nine (9) participants. Analysis of the data was done through the utilisation of Interpretive Phenomenological Analysis (IPA). The findings point to the day-to-day challenges faced by oncology doctors, which have been classified as lower order needs (hygiene factors) that result in a diminished sense of quality of work life, but are moderated by higher order needs (motivators) and a sense of career identity. Findings from this research can be used by organisations to develop the quality of work life programmes and policies which will aid in enhancing employee well-being and service delivery.

Keywords: Quality of work life, job satisfaction, motivation, work-life balance, psychological contract, commitment, career development, career identity, well-being, stress, burnout, hermeneutic phenomenology, interpretive phenomenological analysis

Samevatting

Werklewenskwaliteit: ’n Hermeneutiese, fenomenologiese ondersoek na ervarings wat onkologiedokters in ’n KZN-provinsiale hospitaal beleef het

Deur

Lynette Siziba

Hierdie hermeneutiese fenomenologiese studie het gepoog om die fenomeen “kwaliteit van werkslewe” deur die beleefde ervarings van onkologiedokters te ondersoek. Die studie het die bevindings van vorige studies bevestig wat werklewenskwaliteit geïdentifiseer het as ’n uitslag en proses wat lei tot subjektiewe ervarings van objektiewe (werksverwante) dimensies wat deur tevredenheid en wisselwerking tussen werkgewers en werknemers gematig word. Ten einde ’n diepgaande begrip van die fenomeen te verkry, is ’n kwalitatiewe hermeneutiese fenomenologiese metodologie gevolg en semi-strukturele onderhoude gevoer deur ’n steekproef van nege (9) deelnemers te gebruik.

Dataontleding is deur middel van Verklarende Fenomenologiese Ontleding (IPA) gedoen. Die bevindings wys op die daaglikse uitdagings waarvoor onkologiedokters te staan kom wat as behoeftes van ’n laer orde (gesondheidsfaktore) geklassifiseer is en wat tot ’n verminderde sin vir werklewenskwaliteit lei, maar word gematig deur behoeftes van ’n hoër orde (motiveringsfaktore) en ’n sin vir beroepsidentiteit. Bevindings van hierdie navorsing kan deur organisasies gebruik word om die kwaliteit van werksleweprogramme en -beleide te ontwikkel wat sal help om werknemers se welstand en dienslewering te verbeter.

Sleutelwoorde: Werklewenskwaliteit, werksbevrediging, motivering, werklewensbalans, sielkundige kontrak, betrokkenheid, loopbaanontwikkeling, beroepsidentiteit, welstand, stres, ooreising, hermeneutiese fenomenologie, verklarende fenomenologiese ontleding

Ingqikithi

Ikhwalithi Yempilo Yomsebenzi: Uphenyo Olugxile Ekuhlangenwe Nakho Okuphathekayo Kwabantu Ngabanye Namaqembu Kodokotela Besifundo Nokwelashwa Kwamathumbu Olwenziwayo Esibhedlela Sesifundazwe SaKwaZulu-Natali.

Ngu-

Lynette Siziba

Lolu cwaningo Olugxile Ekuhlangenwe Nakho Okuphathekayo Kwabantu Ngabanye Namaqembu lufuna ukuhlola lo mkhuba “izinga lempilo yomsebenzi” ngokuhlangenwe nakho okuphilayo kodokotela bekucwaninga nokwelashwa kwamathumba. Ucwaningo luqinisekise okutholwe yizifundo zangaphambilini ezihlonze ikhwalithi yokuphila komsebenzi njengomphumela nenqubo ephumela ekuzizweleni okucabangelayo kobukhulu benhloso (okuhlobene nomsebenzi) obungathwa ngokwaneliseka nokuvumelana phakathi kwabaqashi nabasebenzi. Ukuthola ukuqonda okujulile kwalesi senzakalo, indlela yokusebenza yokuhumusha okuhlobene nendlela egxile ocwaningweni lokuqaphela kanye nezinto ezinolwazi oluqondile ezisezingeni eliphezulu zalandelwa futhi inhlolokhono ehlelwe kancane yenziwa kusetshenziswa isampula yababambiqhaza abayisishiyagalolunye (9).

Ukuhlaziywa kolwazi kwenziwa ngokusetshenziswa ukuhlaziya okuchazayo okuhlobene nendlela egxile ocwaningweni lokuqaphela kanye nezinto ezinolwazi oluqondile. Okutholakele kukhomba ezinseleleni zansuku zonke odokotela abacwaninga nabelapha amathumba ababhekene nakho, okuye kwahlukaniswa njengezidingo eziphansi zokuhleleka (izici zenhlanzeko) eziholela ekunciphiseni komqondo wekhwalithi yokuphila komsebenzi, kodwa zilinganiselwe izidingo zokuhleleka okuphezulu (izisusa). kanye nomuzwa wobunikazi bemisebenzi. Okutholwe kulolu cwaningo kungasetshenziswa izinhlangano ukuthuthukisa ikhwalithi yezinhlelo zempilo yomsebenzi kanye nezinqubomgomo ezizosiza ekuthuthukiseni inhlalakahle yabasebenzi kanye nokulethwa kwezinsizakalo.

Amagama abalulekile: Ikhwalithi yempilo yomsebenzi, ukwaneliseka komsebenzi, ugqozi, ibhalansi yempilo yomsebenzi, inkontileka yengqondo, ukuzibophezela, ukuthuthukiswa komsebenzi, ubunikazi bomsebenzi, inhlalakahle, ingcindezi, ukukhathala, Okugxile Ekuhlangenwe Nakho Okuphathekayo Kwabantu Ngabanye Namaqembu, ukuhlaziya okuchazayo okuhlobene nendlela egxile ocwaningweni lokuqaphela kanye nezinto ezinolwazi oluqondile.

Apostrakte

Boleng bja Bophelo bja Mošomo: Tlhathollo hemeniki ya Fenomonolotši ya nyakišišo ya Onkholotši ya Dingaka tše di Hweditšego Maitemogelophelo Bookielong bja KZN

Ka

Lynette Siziba

Tlhathollo hemeniki ya nyakišišo e nyaka go hlotšetša fenomenone ya "boleng bja bophelo bja mošomo" ka go šomiša maitemogelophelo a dingaka tša onkholotši. Nyakišišo e tiišeditše dipoelo tša dinyakišišo tša go feta tše di šupilego boleng bja bophelo bja mošomo bjalo ka poelo le kgato ye e nago le poelo maitemogelo a sapotšekitifi a opotšekitifi (ye e tswalane le mošomo) bogolo bjo bo lekanyaditšwego ka kgotsofalo le go fa le go fega magareng ga bengmešomo le bašomi. Go hwetša kwešišo ye e tseneletšego ya fenomenone, lenaneo la dinyakišišo kwalithetifi la hemenetiki le ile la latelwa gomme dipoledišano tša seka-peakanywa (semi-structured) di dirilwe ka tšhomišo ya sempolo ya batšeyakarolo ba senyane (9). Kahlaahlo ya datha e dirilwe ka tšhomišo ya IPA e lego *Interpretative Phenomenological Analysis* Dipoelo di šupa go ditlhohlo tše di lebanego le dingaka tša onkholotši, tše di hlopšago bjaloka dihlokwa tša otara ya fase (*hygene factors*) tše di fago dipoelo tša phokotšego ya boitsebišo bja boleng bja bophelo bja mošomo, efela di lekaneditšweka dihlokwa tša otara ya godimo (*motivators*) le bokwi bja boitsebišo bja mošomo. Dipoelo tša dinyakišišo tše di ka šomišwa ke mekgatlo go aga diprograma tša boleng bja bophelo bja mošomo le dipholisi tše di tlo thušago go kaonafatša phelobotse le kabo ya ditirelo.

Mantšu a boklokwa: Boleng bja bophelo bja mošomo, kgotsofalo mošomong, tlhohleletšo, tekatekano ya bophelo bja mošomo, kontraka ya saekholotši, boikgafo, kago ya mošomo, boitsebišo bja mošomo, phelobotse, kgatelelo, phelelo ke maatla a go šoma, penomolotši ya hemeniki, tlhathollo ya kahlaahlo ya phenomolotši.

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Chapter 1: Scientific Orientation to Research

"Only in darkness can you see stars" – Martin Luther King

1.1 Introduction

This research focused on the quality of work life (QWL) of oncology doctors, utilising a hermeneutic phenomenological inquiry to explore this phenomenon. The assumption driving the study was that through a deeper exploration of their lived experiences, a better understanding of doctors' QWL could surface, which might aid in better service delivery in oncology service units. The purpose of this study was therefore to explore the lived experiences of oncology doctors in order to understand their QWL. The methodological intent of a hermeneutic phenomenological inquiry is to surface meaning from participants' experiential data (Crowther & Thomson, 2020). The quote above by Martin Luther King, "darkness and stars", describes for me how through hermeneutic phenomenological inquiry, I searched in the dark (the doctors' experiences) to bring to light (surface meaning) an understanding of the QWL of oncology doctors. The knowledge gathered from this study could bring to light new insights and inform QWL policies and programmes for oncology service units.

In this chapter, I aim to show what this study was about, why it was important to me as a researcher, to the healthcare sector and the field of industrial psychology at large and how I conducted the study. I begin with a background and rationale to the study, whereafter I discuss the problem statement. I outline the research question and objectives, disciplinary boundaries and relevant psychological and research paradigms. I elaborate on the research design comprising the research methodology, strategy and approach. This is followed by a discussion of the research methods, which include sampling and data collection methods, data analysis and strategies employed to ensure the quality and ethics of this research. Finally, I present a chapter layout of my thesis and provide a concluding chapter summary.

1.2 Rationale and Background

The purpose of this section is to provide a background to the study and argue the significance of the study. The rationale to explore the QWL of oncology doctors in the oncology department was driven by a need to optimise the doctors' well-being and enhance the quality of care given to cancer patients. As a background to this study, in this section, the concept of QWL is explained and its significance in the work context is highlighted. This is followed by a review of research that illuminates the importance of QWL in the healthcare industry and for healthcare professionals. The rationale for the study is further advanced by a transparent account of my personal motivation for the study. This research highlights the trends in cancer incidents across the globe and other factors that have an impact on QWL.

1.2.1 Conceptualisation and Importance of Quality of Work Life in the Workplace

In an attempt to understand QWL, various definitions have been proposed. Velayudhan and Yameni (2017) define QWL as the extent of an employee's motivation, commitment, satisfaction, and involvement, as well as the efforts made by the organisation to facilitate an environment that fosters better performance in accordance with organisational objectives. Gayathiri and Ramakrishnan (2013) go on to define QWL as an employer-employee relationship divided into various dimensions, such as technical, economic, and social aspects in which work is typically viewed and built. According to Kelbiso et al. (2017), QWL refers to employee emotions related to work factors such as work situations, job design, equitable remuneration, career development opportunities, workload, decision-making involvement, work stress and security, health and safety, organisational and interpersonal relations, and work-life balance. As a result, Kanten and Sadullah (2012) define QWL as a concept that takes into account an employee's needs in terms of working conditions, opportunities for professional growth, remuneration, a work-life balance, interpersonal relationships, and safety. Sumathi and Velmurugan (2017) provide a useful analogy for defining QWL as the favourableness of the work environment for people.

From the above discussion it is evident that there is a lack of consensus on defining the concept. However, despite the lack of consensus on the definition of QWL, most studies regard it as a subjective experience influenced by personal feelings and workplace consciousness, which has a significant impact in the workplace (Nowrouzi et al., 2015; Nowrouzi et al., 2016). The subjective nature of QWL has seen researchers challenged with defining and measuring the concept (Ramawickrama et al., 2017). Nevertheless, according to Van der Berg and Martins (2013), there seems to be an ongoing debate on whether QWL is determined by personal factors (dispositional tendencies), job characteristics or organisational factors.

Still, QWL results in outcomes such as higher quality of care, increased productivity, and increased organisational engagement for both the employer and the employee (Nowrouzi et al., 2016). Viljoen et al. (2014) found there to be a positive relationship between QWL and job satisfaction. Abiodun and Olumide (2019) posit that QWL plays a role in improving work relationships, lowering human resource costs, and reducing attrition. A major rationale for championing QWL has been the assurance that it generates a win-win situation for both the employee and the organisation (Chinomona & Dhurup, 2014). Therefore, QWL attempts to make work situations more humane and to establish healthy, safe, economic wise, autonomous and participatory scenarios which drive professional and personal growth (Páez-Cala & Castaño-Castrillón, 2019). Furthermore, it is important to recognise that QWL is a multi-dimensional concept consisting of an employee's social, psychological, physical and environmental dimensions (Gayathiri & Ramakrishnan, 2013; Nayak & Sahoo, 2015). Similarly, as a multi-dimensional concept, QWL is concerned with employee well-being, employee satisfaction and other physical and psychological factors linked to daily life, with the aim of enhancing organisational productivity and efficiency (Ekebosi et al., 2019). According to Nanjundeswaraswamy and Sandhya (2016), as well as Jayakumar and Kalaiselvi (2012), QWL involves the following components: job satisfaction, work environment, fair compensation, growth opportunities, emotional intelligence, organisational culture and commitment, job security, leadership styles, occupational stress, adequate facilities and resources, job design, autonomy, attitudes, work drawbacks or responsibilities, training and development, and the intrinsic meaning created in an employee's life.

Having provided some clarification on the multi-dimensional and subjective nature of the concept of QWL, as well as its importance to employees and the organisation at large, I next focused on explicating oncology as a uniquely challenging work context.

1.2.2 Oncology: A Work Context that is Uniquely Challenging to Quality of Work Life

Oncology departments are characterised by turbulent and harsh work conditions that can impact the QWL of its employees and consequently affect service delivery. High numbers of cancer cases are the order of the day in most of our hospitals today. The increases in cancer incidence globally have rendered it the second most prominent cause of death after cardiovascular disease (You & Henneburg, 2018). It is important to note that rising cancer diagnoses have put enormous strain on oncology departments and health-care workers. A study by Fitzmaurice et al. (2018), involving 29 cancers, found that 17.2 million cancer incidences and 8.9 million deaths were recorded globally. Similarly, Bray et al. (2018), in their study of 36 cancers in 185 countries, found that an estimated 18.1 million novel cancer deaths were anticipated in 2018, with sustainability impact varying across different countries. This growth, according to Edwards and Greef (2017), has become a significant problem on the African continent, with predictions of it doubling in size by 2030.

Specifically, in 2014, close to 38 000 (8%) deaths in South Africa were attributed to cancer (Made et al., 2017). Such statistics demonstrate the immense pressure that the high rate of cancer incidences poses on the country's healthcare system and its healthcare practitioners (Bragard et al., 2015; Guveli et al., 2015). The situation is exacerbated by inadequate cancer planning, overwhelmed services and poor standards of service delivery (Edwards & Greef, 2017). Said authors found that the South African cancer healthcare system is saturated with service inconsistencies and backlogs, including healthcare professionals who are confronted with inferior oncology training quality, inadequate life-long learning opportunities and inefficient cancer discovery skills, resulting in adverse consequences to the QWL of oncology employees. South Africa, with its unique challenges, is no exception when it comes to issues that impact on healthcare professionals' QWL. Agreeably, Edwards and Greef (2017) confirm that despite South Africa having a diverse population and an

established healthcare system, it is still faced with notable socio-economic issues, such as inadequate cancer awareness, health systems characterised by a complex political background and challenging health preferences, which all contribute to the challenges faced by cancer patients, family members and healthcare practitioners. Consequently, an escalation in cancer incidence in low and medium-income countries places pressure on already vulnerable healthcare systems, which poses unique drawbacks for sustainable development and optimum service delivery (Shah et al., 2019).

With the fast-growing scourge of cancer diagnosis in today's world (Shah et al., 2019), most oncologists are faced with the distress of fear of failure to offer the best treatment that they can (Madjar et al., 2007). Therefore, as the demand for oncologists continues to mushroom, with projected workforce shortages, doctors are becoming more susceptible to burnout (Murali & Banerjee, 2018). Studies conducted in the Kwazulu-Natal Province (KZN) indicated a shortage of oncology personnel due to poor working conditions, resulting in poor retention (Parliament of the RSA, 2018; Soobramoney, 2019). For one, Lagerlund et al. (2015) found that the inadequate staffing in the oncology environment results in work overload for the oncology professionals employed in this work context.

In cancer care, many health professionals survive in complex work environments dominated by life-threatening diseases, difficult patient encounters and people in serious distress (Lagerlund et al., 2015). The South African health sector currently faces challenges of inadequate resource distribution, management and leadership problems, increased disease incidence, demand and supply factors, including poor strategy adoption (Maphumulo & Bhengu, 2019). Tjasink and Soosaipillai (2019) and Whitehead (2014) also express concern over physicians suffering excruciating stress, depression and burnout, which can result in negative patient care standards, leading to increased turnover. Issues such as managing the administration of treatment, critical decision-making, temperamental patients, monitoring patient treatment, dealing with possible deaths, and inter-team conflicts render it difficult for nurses and physicians to cope or function optimally (Tuna & Baykal, 2014). The consequences are that oncology medical doctors' optimal functioning is interrupted as they fail to manage work overload, balance work-family life and having to deal with patient death or suffering. Additionally, oncology health physicians experience

language and cultural impediments when communicating with their patients, which call for formal training in communication skills as a competence for career development (Watts et al., 2017). Moreover, some countries have not established clear policies to guide this profession or practice to cope in these challenging circumstances (Amer & AL-Zakri, 2013). These challenges could result in a diminished sense of personal accomplishment, leading to unhappiness, dissatisfaction with the self and working conditions (Bonnet et al., 2017).

1.2.3 Global and South African Trends on overall Healthcare QWL

Healthcare services highly depend on the capacity and availability of human resources (Kelbiso et al., 2017). To date, doctors still experience compassion fatigue as a result of pressure, traumatic and stressful events and time constraints, resulting in poor performance (Kleiner & Wallace, 2017). Various studies report that work-related distress and work-life balance concerns are major barriers to recruitment and retention (Neumann et al., 2018). Moreover, findings from a General Medical Council report revealed that most of the doctors globally claimed to be challenged with long working hours, poor work-life balance, unsupportive management and a lack of support services, which result in increasing exit rates (Brugha et al., 2020). Khalid and Abbasi (2018) found that there is a profound correlation between the increased workload of healthcare professionals and unfavourable patient outcomes. Dargahi et al. (2012) found a link between poor QWL, a lack of job security and job training. Similarly, another study done in South Africa raised concerns around resource deterioration, broken machinery and poor infrastructure in some of the public healthcare facilities (Izindaba, 2011). There is formidable evidence suggesting various challenges, such as a lack of human resources, resource shortages, substandard hygiene and infection control, and mediocre record-keeping as factors impeding the quality of healthcare (Maphumulo & Bhengu, 2019). Poor QWL, which is associated with long working hours, increased administrative tasks and a lack of autonomy, also impairs doctors' work-life balance (Murali et al., 2019).

A survey conducted by Del Carmen et al. (2019) in 2014 and 2017 revealed an increase in burnout from 40.6% to 45.6%. Furthermore, an average of 35% to 50% burnout has been ascribed to person-job fitness and the dynamic needs of the

profession in developing nations and the United States, respectively, and might potentially affect job enthusiasm and turnover intentions (Del Carmen et al., 2019). Research has suggested that burnout has significant implications for both the employees and the organisations (Grunfeld et al., 2000). This concurs with Guveli et al. (2015), who assert a notable correlation between job satisfaction, burnout and psychological wellness. While burnout at an individual level is associated with mental and physical health challenges, at an organisational level it is associated with high absenteeism, attrition and diminished productivity (Grunfeld et al., 2000). To further support this, Srivastava et al. (2019) highlight a significant positive link between QWL and job satisfaction, as well as a negative relationship between burnout and QWL.

Even though there has been an increased acknowledgement of the significance of well-being in the healthcare sector, very few interventions and improvements that target mental health have been realised, leading to diminished service delivery, high absenteeism and increased turnover rates (Johnson et al., 2017). Findings from a study done by Whitehead (2014) indicate a lack of support for medical university students, which purports the need for extra research into whether there is a need to change training programmes or support for student and resident doctors. Font et al. (2015) emphasise the need to understand the well-being of health professionals through the creation of a balance between individual and organisational actions. Management can thus create a sense of commitment, engagement and cohesion among employees by implementing certain changes that could pave the way for improved QWL (Abiodun & Olumide, 2019). Cass et al. (2016) cite that the 24-hour access to patient records, shared communication with workmates and the demands for educational resources diminish the differentiation between work and home. They further recommend a collective effort from society to combat burnout and promote physician wellness. A collaborative effort between academia and mental health services becomes crucial, given the rapid changes in healthcare, if we are to realise effective solutions and interventions for QWL (Johnson et al., 2017). Having highlighted the importance of studying QWL of health \care professionals in general, it is noteworthy to review research specifically focusing on the well-being of oncology doctors.

1.2.4 Previous Research on the Well-being of Oncology Doctors

The nature of work in oncology places oncologists at high risk of burnout (Font et al., 2015; Srivastava et al., 2019; Yates & Samuel 2019). Various researchers have defined burnout as a professional syndrome related to stressors in the work environment (Cañadas-De la Fuente et al., 2018; Joaquim et al., 2017). Similarly, Cañadas-De la Fuente et al. (2018), De Cavalcante Almeida et al. (2016), Font et al. (2015), Grunfeld et al. (2000), Hlubocky et al. (2017), Srivastava et al. (2019), and Yates and Samuel (2019) found burnout to be characterised by emotional exhaustion, low personal accomplishment and depersonalisation, which would lead to reduced job performance, patient satisfaction and stress-related problems. Similarly, work overload, low income, a lack of support, a lack of overtime pay, or insufficient safety measures, communication, and emotional issues with patients and colleagues all contribute to discontent (Font et al., 2015; Naggamal et al., 2017). Hlubocky et al. (2017) discovered that in the United States, Europe and Australia, 45% to 80% of oncology doctors experience burnout.

The huge demands of oncology, such as work hours and the complexity associated with patient care, create physical, psychological and emotional distress which can in turn jeopardise patient safety (Yates & Samuel, 2019). The increasing productivity demand obligations, in the face of restricted independence and increased administrative work, may result in administrative fatigue, personal malaise with varied physiological symptoms, individual exhaustion, psychological and mental anguish, anxiety, depressive manifestations and burnout, which could potentially impact quality of life (Franco et al., 2020). According to Font et al. (2015), depressive symptoms as a result of the complexity of new treatment approaches, patients' demands for more information, and a lack of supervision, are driving the desire to quit jobs. Wong et al. (2020) found that oncology doctors' emotional well-being is often overlooked due to the nature of their work, resulting in a detached and dispassionate manner of operating. Consequently, Ha et al. (2010) report on oncology doctors avoiding discussions of patients' social and emotional challenges because they felt that they failed to help or that time pressures did not permit them to assist. Moreover, some of the departments, such as paediatric oncology, compel employees to exercise compassion since they are dealing with young children with cancer (Slater & Edwards, 2018).

Research has shown that QWL results in improved performance, teamwork, commitment, service delivery and overall enhancement of the development of a quality organisation (Srivastava & Kanpur, 2014). It is therefore paramount that we gain an understanding of oncology doctors' experiences in order to better understand their QWL.

1.2.5 My Evolving Personal Interest in the Study

The call for reflexivity in all hermeneutic phenomenological (HP) studies is fundamental to the rigour and quality of such research (Crowther & Thomson, 2020; Suddick et al., 2020). To execute a reflexive attitude in HP research, Churchill (2018) advises the student researcher (such as myself) to engage in a personal reflection on what inspired my choice of a particular research topic. Reflexivity is demonstrated by being transparent and explicit about the researcher's pre-understanding, which stems from personal experience and foreknowledge, and calls for a "positioning" of the researcher at the start of a research project (Crowther & Thomson, 2020, p. 2). To do so, in this section I provide an account of who I am and my evolving interest in the topic of study.

In the past two years, I have lost people I loved due to cancer. In 2017, our school driver was diagnosed with cancer and did not survive. Secondly, my boss had a brain tumour in 2017, which she did not survive. My sister was diagnosed with breast cancer in 2016 and succumbed in February 2018. The very same year my husband's sister was diagnosed with stomach cancer and passed away in June 2018. My husband was diagnosed with melanoma in 2014, but fortunately, through surgery, he beat it. I have had first-hand experience with being in the oncology department and meeting with oncology staff and coming to the realisation of how busy and tense this department is. At times you would get there for a scan or specific treatment, only to be told that the machines are not working and therefore treatment cannot be administered.

I found that the communication of news regarding life and death prognoses after diagnosis was more often done in a cold, detached manner, which made me wonder about the empathetic side of the health industry that the patient and relatives would expect. The visuals I saw made me question how doctors in oncology experience

QWL as they engage with oncology challenges for the most part of their working lives. Coming into this study, knowing the challenges that oncology doctors face, I couldn't help but empathise with them, which reinforced my bias and preconceptions that their QWL was not that good. These preconceptions, on the other hand, fuelled my desire to delve deeper into their QWL experiences, as I believe that enjoyment of work can be realised when the environment and QWL are favourable. The astonishing number of oncology doctors resigning in KZN, was of paramount importance to me. According to the Parliament of the RSA (2018), an investigation revealed that hospitals were unable to recruit and retain oncology staff due to unfavourable working conditions, hence serious staff shortages were experienced in the fields of oncologists, radiotherapists, medical officers and oncology nursing staff. This happened at a time when some of my friends and relatives noted above, were undergoing treatment and explains why they would have to wait for one doctor who perhaps would be providing a service in another town at that particular point in time. This prompted me to research the lived experiences of oncology doctors, with the aim to potentially assist medical institutions to improve the QWL of doctors, and in turn enhance recruitment, retention and reduce negative depersonalisation. I am intrigued by how one could enable doctors to deliver a more efficient and humane service to patients. My reading on the impact of QWL on work performance has led me to believe that if doctors' QWL could be enhanced, it would have a positive effect on their service delivery, productivity and the satisfaction of their patients.

1.3 Problem Statement

Oncology employees work with patients experiencing life-threatening diseases, and as evidenced in the background section above, the incidence of cancer is increasing with each year. By virtue of the characteristics of their jobs oncology doctors experience heightened stress levels, which can aggravate their levels of anxiety (Srivastava et al., 2019). The constant interaction between oncology medical doctors and their patients creates a relationship that warrants exploration of the well-being of healthcare professionals (Busolo & Woodgate, 2015; Ma et al., 2019; Prip et al., 2018). The long hours and patient complexity place a huge emotional demand on healthcare professionals (Hlubocky et al., 2017; Paiva et al., 2018; Yates & Samuel, 2019).

While QWL looks at the favourableness of the work environment (Risla & Ithrees, 2018; Sumathi & Velmurugan, 2017), the question of whether there are still favourable workplaces given the rise in globalisation, remains controversial (Chandra & Mathur, 2018). Over the years, QWL has emerged as crucial for the job, guaranteeing a life-long relationship between the employees and the organisation (Fasla, 2017). The multi-dimensionality and subjectivity of QWL have since raised concerns (Phan & Vo, 2016). The fact that no clear definitions of QWL exist underscores the subjective nature of the phenomenon. In this study, a phenomenological approach is therefore relevant because lived experiences are subjective yet context-specific.

Literature has revealed various QWL factors that affect the well-being of doctors, such as stress, burnout, work-life balance, amongst other dimensions. Even though positive developments have been witnessed in the South African healthcare system, challenges of inadequate resources, diminished cancer awareness, inequalities, socio-economic issues and incompetent cancer discoveries have become rampant (Edwards & Greef, 2017). Furthermore, increased doctor emotional distress is exacerbated by a shortage of specialists, long working hours and other workplace challenges (Hlubocky et al., 2017; Srivastava et al., 2019). Grunfeld et al. (2000), and Yates and Samuel (2019) found a positive link between burnout and turnover intentions amongst healthcare professionals. To date, more studies have focused on burnout but no study has shown an extensive exploration of the characteristics of QWL in an oncology work setting specifically targeted at oncology doctors. The resource constraints and premature oncologist exits witnessed in KZN South Africa, necessitates a context-specific understanding of oncology doctors' QWL (Fasla, 2017; Parliament of the RSA, 2018).

Techniques to enhance QWL have been proposed and implemented, and these include job redesign, flexible work schedules, job security and more (Reddy & Reddy, 2010). Despite the fact that various factors influencing QWL have been mentioned, the question of how to recognise and access the benefits and drawbacks of the work environment in order to obtain appropriate solutions addressing limiting factors and improving QWL remains unanswered. (Phan & Vo, 2016). Furthermore, according to Darla (2006), little is known about the impact of initiatives designed to improve QWL experiences of employees. The continued increase in stress, burnout,

turnover intentions and other challenges, calls for the need to implement improvement strategies (Johnson et al., 2017). Additionally, the rapid aggressive growth of globalisation necessitates organisations to offer a unique QWL if they are to attract and retain competent employees (Srivastava et al., 2019).

Most of the studies point to the need to study well-being and difficulties experienced by medical doctors, but because they all point to different issues, such as emotional challenges, resource shortages, poor infrastructure and so on, a QWL study will aid in recognising and integrating the specific factors at play, enhancing and limiting QWL.

To address the aforementioned concerns, the research question that flows logically from the problem description and what this study aimed to answer was formulated as "How do medical doctors experience QWL in the oncology department?"

1.4 Research Objectives

To address the research question, several objectives were formulated, aligned to an overarching, primary research objective. The overarching and primary objective of this qualitative study was to explore the work-life experiences of oncology doctors in order to enhance understanding of their QWL and the role thereof in the work they do. Below are the literature and empirical objectives relevant to this study.

1.4.1 Literature Objectives

- To conceptualise QWL from literature.
- To apply motivational theories as a perspective to understanding QWL.
- To describe the role of QWL in work-related and work-life outcomes, such as employee well-being outcomes for the employee and the organisation.
- To distinguish and describe the dimensions of QWL.

1.4.2 Empirical Objectives

- To explore doctors' lived experiences on working in an oncology unit.
- To describe the QWL of oncology doctors in an oncology unit.
- To describe the role of QWL in how oncology doctors conduct their work.

1.5 Disciplinary Boundaries

The disciplinary boundaries that demarcate the field of study are presented in this section, as well as the relevant meta-theoretical concepts that guided the focus of this research. This study was conducted in the field of industrial psychology, which allows for the understanding and exploration of human behaviour. Following is an exploration of the disciplinary boundaries and the related psychological paradigms which demarcated the theoretical boundaries of this study.

1.5.1 Primary Discipline: Industrial Psychology

This study was conducted in the field of industrial psychology. Industrial psychology is a branch of psychology that is concerned with how humans behave in the workplace, intending to positively transform their behaviour (Riggio, 2013). Industrial psychology aims to advance knowledge of human behaviour and develop solutions, through research, to enhance work behaviour, work settings and the psychological well-being of employees (Schreuder & Coetzee, 2010). This field assists in the creation of wellness programmes that will assist employees as it is a discipline concerned with human behaviour and work-related factors (Barkhuizen et al., 2014). Under the discipline of industrial psychology, this research sought to understand how oncology doctors experience QWL in the oncology unit, with the aim of enhancing their well-being and service delivery.

1.5.2 Secondary Disciplines

Three sub-disciplines were relevant to this study and are discussed below.

1.5.2.1 Organisational Psychology

Organisational psychology is concerned with the functionality of the organisation as a whole and how employees function in the organisation (Coetzee & Schreuder, 2010). It is mainly concerned with work motivation, communication, decision-making, leadership, participative management, group dynamics, conflict, organisational change, organisational culture, organisational health, organisational structure and organisational development (Van Vuuren, 2010). This study endeavoured to promote organisational and employee well-being as the focus area. Above all, employee well-being results in increased productivity and service delivery, which contributes to QWL (Hardjanti et al., 2017). The oncology department is a uniquely stressful environment with great potential to impact employee well-being (Lwin et al., 2018). To expand on this, employee and organisational well-being focuses on QWL-related concepts, such as the structure of the organisation and job design, work shifts, task requirements and other sources of organisational stress which may impact on performance, commitment, and work-family challenges (Coetzee & Schreuder, 2010).

1.5.2.2 Career Psychology

Career psychology is concerned with how employees interact with their work environment. As a sub-field, career psychology has its interest deeply embedded in how individuals find meaning in work, quality of life, the mental health of the organisation, career counselling, stress and work-life balance issues, which then serves as a tool to optimise organisational-employee expectations to ensure the integrity of the organisation (Van Vuuren, 2010). QWL involves what the organisation is willing to do to make the work life of the employees a positive experience and consequently develop career paths that are fulfilling. Further research in programmes that would aid in enhancing the career-specific well-being of oncology physicians is required.

1.5.2.3 Personnel Psychology

Personnel psychology was relevant for this study as it is concerned with the retention and recruitment of employees. Literature has revealed an increased need for exit by

student or resident doctors who experience extreme burnout in the oncology department when they are first exposed to traumatic situations in oncology (Hlubocky et al., 2017).As a sub-discipline of Industrial Psychology, personnel psychology ensures that the fit optimisation, employee work enjoyment, work success, and harmonious interaction and productivity are realised, leading to organisational goal achievement and reduced turnover (Kennedy & Thorpe, 2006). Personnel psychology normally deals with the recruitment, selection and evaluation of personnel, coupled with understanding the interplay between interpersonal relationships and workplace culture which can potentially affect experiences of QWL (Bowe et al., 2017).

1.6 Paradigm Perspective

The section below highlights the psychological paradigm and the research paradigm that informed this study.

1.6.1 Psychological Paradigm: Humanism

I followed the humanistic paradigm as guiding perspective to investigate the lived experiences of doctors working with cancer patients. The humanistic perspective focuses on the motivation to perpetually progress towards further development, regardless of historical challenges or future eventualities, as one attempt to achieve self-actualisation (Bland & DeRobertis, 2019). In support of this, Coetzee and Roythorne-Jacobs (2011) confirm that humanism views the human as independent, with a quest to implement the self-concept throughout life, striving for self-actualisation and finding meaning in life. This world view works well with the philosophy of phenomenology, which also aspires to explore the lived experience of participants and how they construct meanings to life. This paradigm allowed for the construction of meaning from storytelling and narratives on lived experiences, which were congruent with the data collection methods employed for this study.

1.6.2 Research Paradigm: Interpretivism-constructivism

A research paradigm represents the theoretical orientation or philosophical beliefs about reality and knowledge creation that shape the way a researcher views the world, interprets and behaves in that world (Kivunja & Kuyini, 2017). According to Rashid et al. (2019), a researcher's paradigm is the framework within which a study is conducted and simplifies other actual complexities in world views.

The research paradigm deemed suitable for this study was the interpretivist-constructivist paradigm. The interpretivist-constructivist paradigm seeks to understand the subjective nature of lived phenomenon or experience (Gunbayi & Sorm, 2018). In this paradigm, knowledge and experiences are not uncovered but rather socially constructed (Kivunja & Kuyini, 2017). This paradigm allows for discovery of reality through the views of participants, their history and experiences (Rashid et al., 2019; Tanh & Tanh, 2015).

For this research, I assumed a relativist ontological assumption, which is congruent with interpretivism-constructivism (Alzahrani, 2019; Rashid et al., 2019). Ontology is a philosophical belief system regarding the essence of social reality and how it can be uncovered through interactions (Alzahrani, 2019). The researcher, according to Crowther and Thomson (2020), aims to explore what "being" is in one's daily life experiences. However, the questions to ask are whether there is a social reality existing independently of human perceptions or interpretations (Agarwal, 2015). From a relativist assumption, I agree there is no objective certainty but rather everything is relative and based on socially constructed realities (Rashid et al., 2019). The relativist position assumes multiple, palpable and fairly valid realities (Krauss, 2005; Ponterotto, 2005). Even though the relativist ontology eliminates the feasibility of a true construction (Rashid et al., 2019; Suddick et al., 2020), the interpretive framework of enquiry, which I ascribe to, is based on the ontological perspective that reality consists of multiple realities that are constructed by the subject (Laverty, 2003).

In trying to explore the lived experiences on the QWL of doctors working in oncology in more detail, I assumed a relational and subjectivist epistemological position, which is fundamentally appropriate to the interpretivist-constructivist paradigm. According to Agarwal (2015), as well as Bates and Jenkins (2007), epistemology is concerned

with how we can access reality and what builds the grounds of our knowledge. The epistemological viewpoints are commonly classified as objective if the researcher believes knowledge is guided by natural principles, or subjective if the researcher believes knowledge is individually constructed (Rashid et al., 2019). A subjectivist epistemology rejects single objective truths and instead focuses on how individuals construct their understanding of reality through interaction with their surroundings (Bleiker et al., 2019). Participants are not seen as objects to be experimented on but as actors that are instrumental in shaping reality (Thomas et al., 2020).

For this research I rejected the view of the world as objective and assumed a subjectivist approach that supports individual experience as the exclusive foundation for factual knowledge (Yu, 2016). The belief that meaning is constructed by the participant and co-constructed with the researcher, makes the epistemological foundation entirely subjective (Levers, 2013). Thus, the reality was accessed through the exploration of lived experiences of the studied phenomena. Epistemologically, the subjectivist position permits for an interactive relationship between the researcher and participants (co-construction of meaning) in which values are made clear in creating findings (Walliman, 2011).

Ponterotto (2005) states that interpretive-constructivists call for a relational and subjectivist position that holds that reality is socially constructed, therefore it is important to maintain researcher-participant interaction in trying to capture and explain the lived experience. For this study, I interacted with the subjects in their natural setting through virtual interactive sessions, in a quest to delve deeper into their lived experiences, seeking to better understand their QWL, rather than wanting to define or measure the concept of QWL.

1.7 Research Design

A research design outlines the type of enquiry used for a research study by providing particular courses of action and processes required for research (Creswell, 2014). This section of the research design comprises the research methodology, the research strategy and the approach to theory that were employed in the study.

1.7.1 Research Methodology

The research approach or methodology is influenced by the choice of epistemology (Rashid et al., 2019). Congruent with the interpretivist-constructivist paradigm, I employed a hermeneutic phenomenological (HP) approach for this study as it was concerned with experiences as they are lived. In hermeneutic-phenomenology, meaning is constructed through participants' and the researcher's world views and how people construct their histories and experiences (Laverty, 2003). The focus of conducting HP research determines how theoretical conceptions are used to inform methodological decisions in order to reveal ontological relevance (Crowther & Thomson, 2020). This is in line with the interpretive-constructivist framework which reinforces the ontological belief in the existence of multiple realities that are constructed by the subject (Laverty, 2003). The interpretivist researcher seeks to achieve a profound mastery of the social phenomenon under study and acknowledges the significance of the participants' subjective views (Rashid et al., 2019). The utilisation of HP allows for the construction of meaning from the lived experiences of participants (Crowther & Thomson, 2020), hence bringing about the hermeneutic situation, which compels one to undergo deep reflection and interpretation to understand the hidden truths underlying people's experiences (Ponterotto, 2005).

My preconceived (historical and theoretical) knowledge of the research phenomenon was paramount in influencing the understanding and interpretation of participants' experiences in this study (Laverty, 2003). According to Sloan and Bowe (2014), the aim of an HP study is to understand the meanings emanating through engaging with data. HP seeks to induce rich textual elucidations of how individuals experience phenomena in real life (Suddick et al., 2020). In the HP approach, the subjective experiences of individuals are paramount in an attempt to reveal the life stories of the subjects as they experience them. HP, however, adds an interpretive element to clarify meanings and suppositions in subjects' texts that they may struggle to express (Ajjawi & Higgs, 2007; Crowther et al., 2017). From a methodological perspective, the research was guided by the HP approach in portraying individual constructions as adequately as possible (using verbatim extracts from the data); to juxtapose and distinguish them dialectically to arrive and provoke a substantial meaning of the

research phenomenon in question (Dieronitou, 2014). HP requires one to dwell in the data in anticipation for discernment of the phenomenon (Crowther et al., 2017).

1.7.2 A Qualitative Research Strategy

This research entailed a qualitative exploration of doctors' lived experiences to uncover meaning about their QWL in the oncology department. A qualitative strategy is congruent with a hermeneutic phenomenological methodology (Oerther, 2021). According to Creswell (2014), phenomenological research allows for the exploration of participants' lived experiences. A qualitative research strategy is typically defined as a naturalistic, interpretive technique that focuses on examining phenomena from within and drawing on the viewpoints and experiences of participants (Ritchie et al., 2013), such as of doctors' QWL in oncology. Qualitative research aims to provide in-depth, socio-cultural and detailed explanations and elucidation of the research topic and studied phenomena (Castleberry & Nolen, 2018; Vaismoradi et al., 2016). More importantly, it perpetuates a deeper understanding of the meanings people attach to operations, occurrences and interrelations. Although most qualitative research uses some type of synthesis to extract meaning from descriptions of lived experiences, HP employs a more reflexive and critical philosophy that goes beyond descriptions of experiences to reveal meaning through an ontological inquiry (Crowther & Thomson, 2020). Qualitative research allowed me to virtually interact with the participants in their natural settings and explore their lived experiences in the context of QWL in the oncology department. This approach led to an in-depth understanding of the phenomena through participant narratives of lived experiences.

1.7.3 Applying the Hermeneutic Circle in my Approach to Theory and Reflexivity in Constructing Meaning

As noted above, hermeneutic phenomenological methodology was used for this study in an attempt to understand the QWL experiences of oncology doctors in the oncology department. HP engages a specific approach to theory that relates to the principle of the hermeneutic circle. I engaged in a hermeneutic cycle, as I moved back and forth between the parts (data) and the whole (understanding of the phenomenon) to uncover meaning (Ajjawi & Higgs, 2007). In terms of my use of

theory in the study, this hermeneutic movement also entailed moving between data and literature in understanding the whole. It happened through repetitive reading, analysis, reflexivity and interpretation (Kafle, 2011). HP gives justification for receptiveness to flexible methods and the likelihood of how meaning and comprehension expands as narratives are listened to, literature is read repeatedly, shared and looked into (Crowther et al., 2017).

To gain an in-depth understanding of the phenomena, one needs to explore relevant theory and literature. HP calls for constant reflection and reflexivity, which draws the researcher closer to the research phenomenon under study (Crowther & Thomson, 2020). While reflection is concerned with self-integration of perspectives, actions, attributes and experiences to enhance understanding of our world, reflexivity refers to our ability to reflect on histories and preconceptions (which include theoretical preconceptions) that can influence the research (Crowther & Thomson, 2020). In the initial data collection interview stages, I interrogated emerging facts, through questioning of interpretations and constantly probing questions on specific emerging information (Crowther & Thomson, 2020). Using my reflexive journal, I continuously updated findings, experiences and questions arising from engaging with the participants and the data. I further engaged in a reflexive dialogue with the texts through interrogating what was not being said and paying attention to questions that arose from the text interpretations (Spence, 2017). To further drive my reflexive stance, I constantly interrogated how my preconceptions and experience with the phenomenon could impact the study. Performing reflexivity was paramount for this study as it allowed tracking of the dialectical nature of my thinking, as I engaged with the texts, pondering and asking questions and also interrogating the questions that arose from interpreting the data (Spence, 2017).

Even though phenomenology supports bracketing, HP does not support the notion of bracketing, rather assuming that researchers are an intricate part of the research, seeking to construct rich and in-depth experiences of a phenomenon (Kafle, 2011; Laverty, 2003; Reiners, 2012). My experience with the oncology department and the phenomenon had an influence on the research. Although some would regard it as bias, it has also enhanced my capacity to demonstrate empathy during the interviews, amplifying what the participants were sharing. This made the participants share other insights that I had not hoped my research questions would tap into. From

these initial stages of conversation, the participants and I were able to co-construct meaning. According to Crowther et al. (2017), to ensure that I remained close to the phenomenon, I repeatedly asked questions from the data. I continuously acknowledged that my understanding would crystallise through an ongoing dialogue and engagement with the text (Ajjawi & Higgs, 2007). Underpinned by HP, I endeavoured to maintain hermeneutic alertness through continuously reflecting on meanings of the texts in the transcripts whilst remaining conscious of my own biases and preconceptions, which further strengthened my reflexive approach (Ajjawi & Higgs, 2007). As emphasised by Suddick et al. (2020), I maintained an HP attitude, through constantly reflecting to uncover my preconceptions, experience with the phenomenon, divergent issues emerging and the nature of participant experiences, in order to understand how oncology doctors experience QWL.

1.8 Research Method

As part of the research design, the research methods refer to the tools and techniques that are used in research and are relevant for distinguished enquiries (Walliman, 2011). They help researchers to arrive at conclusions through the different ways of gathering, arranging and analysing information. In this section, I describe the relevant methods that were used to conduct the study, in a way that is congruent with the research paradigm and research methodology described in the previous sections. First, I describe the research setting, and then explain how I gained access as a researcher into the research setting and established my role as a researcher. I then discuss sampling strategies, data collection techniques, data recording, storage and management, data analysis, quality criteria, ethical considerations and the writing and reporting style.

1.8.1 Research Setting

To determine the lived experiences of QWL, a qualitative hermeneutic phenomenological study was undertaken in the healthcare industry, specifically with cancer doctors in the oncology department at a provincial public hospital in KZN.

This particular hospital is one of the two public tertiary[1] facilities offering oncology services in KZN. The hospital's oncology unit provides services to the hinterland of KZN, servicing a population of about four million from five districts in KZN, as well as some patients from the Zululand district, the Eastern Cape and Lesotho. The unit is fully accredited for training of specialists and consultants and is affiliated with the University of KwaZulu Natal (UKZN). The department provides both medical and radiation oncology care as it functions as a clinical oncology unit. The oncology unit comprises seven medical officers, three registrars (general medical practitioners specialising in oncology) and three specialists. Additionally, there are two clerks, five general orderlies, eight nursing staff, three medical physicists and about 16 to 19 radiotherapists. In addition, the unit has close relationships with allied healthcare workers (physiotherapists, occupational therapists, psychologists, social workers, and dieticians). They do not work directly in the department, because of staffing constraints, but form an integral part of the management of cancer patients at this hospital. There are seven new patient clinics: urology, gynaecology, breast, gastrointestinal tract (GIT) head and neck, haematology/general cancer and paediatric. The number of new patients seen each day varies by clinic, but ranges from 8 to 21 on any given day. Additionally, these clinics attend to all patients receiving active first-line treatment (10 to 20 patients per clinic). The follow-up clinics, which run daily, manage an additional 50 to 60 patients, as well as attending to walk-in "problem patients". Chemotherapy is administered to 30 patients, 50 to 60 patients receive radiotherapy and one-three brachytherapy treatments are given daily. Most new patients are managed by a multi-disciplinary team, the construct of which depends on both the diagnosis as well as staff availability. Consequently, the number of new patients seen per day varies based on the clinics scheduled. The oncology unit has 40 lodger ward beds for patients requiring radiotherapy. This caters for patients who live too far away to travel daily, sometimes for as long as a seven-week period. There is also a 14-bed ward, which is too small, considering the number of patients requiring oncology care. The oncology work environment is characterised by tension and various challenges (Yates & Samuel, 2019). Public

[1] Tertiary means that the hospital provides highly specialised healthcare, with extensive medical investigations, which may not be available at a district hospital. These hospitals mostly work based on referrals and are linked to tertiary training institutions (Department of Health [DOH], n.d.; Lubuzo et al., 2019)

healthcare facilities in South Africa are characterised by inadequate resources and poor infrastructure (Barnard & Furtak, 2020). Working in such challenging conditions can increase emotional distress (Yates & Samuel, 2019), as the nature of the job is generally challenging (Edwards & Greef, 2017). Furthermore, servicing close to half of KZN's population, with specialist (oncologist) shortages, places much pressure on an already vulnerable system. Participants were carefully chosen based on their experience with the research phenomenon.

1.8.2 Entrée and Establishing Researcher Roles

Permission to conduct the study was obtained from the hospital management, as well as approval from the Department of Health (DOH). The Head of Department (HOD) in the oncology unit was my primary contact and functioned as the gatekeeper to my accessing the research setting and the participants. The HOD assisted in sourcing and sharing the contact details of the participants who matched the inclusion criteria, prior to the commencement of the data collection. Following this, and after receiving their contact details, I personally contacted the participants in my capacity as the researcher via e-mail and all research protocols were explained, namely i) the nature, purpose and benefits of the research, ii) participants' right to voluntarily withdraw from the research at any given time, iii) consent to participate, iv) handling of confidential information, and v) issues around data security. Nine participants finally participated in the in-depth semi-structured virtual interactive interviews via Microsoft Teams after signing consent forms. This research took place in a hospital setting in the healthcare sector with participants who were unknown to me since I was only a relative of former patients. My role and responsibility in this study was to explore the QWL experiences of oncology doctors and how this impacted on their work. Taking a relativist position, my role was to unveil the varied interpretations of the world as constructed by people, at the same time being part of the research process (Walliman, 2011). It was important to gain trust, confidence and establish rapport with the research participants.

1.8.3 Research Sample and Participants

Probability and non-probability sampling are two methods that can be used as sampling methods. With probability sampling, the possibility of selecting a participant is known to the researcher, whereas with non-probability sampling it is unknown (Salkind, 2012). For this research, non-probabilistic purposive sampling was used. Based on my ontological assumption, I used the purposive sampling method to recruit participants who had extensive experience with the phenomenon and could articulate or express their opinions about it (Alase, 2017; Etikan et al., 2016; Sale, 2007). According to Alase (2017), the selection of sample participants should reflect and constitute the homogeneity existing among participants, helping the researcher to determine and understand the overall perceptions on lived experiences of doctors working in oncology. Participants who had an in-depth experience of the phenomenon were carefully selected based on the recommendation from the gatekeeper. The sample comprised nine male and female doctors who were qualified medical practitioners with more than three years' of experience working in the oncology department.

Interviews were conducted based on the principle of redundancy or saturation, which is a point when no additional information is required and the gathered information is sufficient (Aldiabat & Le Navenec, 2018). At interview number four, I started to see themes repeating, but because I did not have adequate gender representation in the participants, I continued with the interviews. However, I was also aware that although diverse samples may give a wider scope from which to capture the essence of the phenomenon, data gathered from only a few who have experienced the phenomenon may be sufficient to reach saturation (Starks & Trinidan, 2007). As a novice researcher, however, I figured that getting gender representation would enhance the credibility of my research and help draw inferences. Following HP, the sample size was determined by the required intensity of contact which is relevant to get sufficient data (<10 following intensely), (Gentles et al., 2015; Starks & Trinidan, 2007).

1.8.4 Data Collection Techniques

COVID-19 restrictions, such as physical distancing, have given impetus to conduct qualitative research interviews through various online interactive platforms. In this study interviews were initially delayed due to lockdown restrictions in South Africa at the time of data collection and because the participants had been personally impacted, either directly or indirectly, by COVID-19. To remain sensitive to their personal and work circumstances, I determined participants' access to devices, internet connection and a suitable environment to participate virtually (Lobe et al., 2020). After careful consideration of protecting the health and safety of both participants and the researcher during the COVID-19 pandemic and in the work context of oncology care, interviews were conducted using virtual interaction via Microsoft Teams. This was also in line with UNISA's COVID-19 protocol, which restricted any form of physical contact, taking into account the nature of the research participants' jobs as well as the setting, which is a hospital. The gatekeeper coordinated an interview appointment with each participant.

In line with qualitative studies, semi-structured in-depth interviews consisting of open-ended interactive questions were used (Brown & Danaher, 2019; DeJonckheere & Vaughn, 2019, Walker et al., 2019). Semi-structured in-depth interviews are common in qualitative studies and are mostly used in health services research (DeJonckheere & Vaughn, 2019). Employing interviewing as a data-gathering technique gives the researcher data for transcript analysis (Sloan & Bowe, 2014). Semi-structured in-depth interviews allowed for the elicitation of more information on the lived experiences of the studied phenomenon (DeJonckheere & Vaughn, 2019). Furthermore, In-depth semi-structured virtual interactive interviews created an unobjectionable and comfortable environment that facilitates appreciable ease for participants when discussing sensitive issues (Alase, 2017). Participants were contacted via e-mail, making them aware of the nature of the research. Participant information sheets and consent forms were subsequently also e-mailed to the participants. The gatekeeper proceeded to have them sign the consent forms and e-mailed them back to me, with the promise that originals could be collected once COVID-19 protocols changed. Prior to the commencement of each interview, I once again explained issues around confidentiality, privacy, and voluntary participation and withdrawal rights contained in the information sheet. I proceeded to

explain the purpose of the research and how the data collected would be handled. From an ontological perspective, most of the questions focused on the “whatness” and “howness" of experience (Behal, 2019; Smith & Osborn, 2007) (see Annexure A). In line with the HP approach, using semi-structured in-depth interviews, I would also probe and ask questions such as “tell me more about" to gather rich data on lived experiences of the phenomenon (Crowther & Thomson, 2020).

From a subjectivist perspective, I ensured that questions were as explorative and easy to answer using narrative explanations and inclusive analysis to strengthen the epistemological principles of my interpretivist-constructivist position (Thomas et al., 2020). I endeavoured not to direct or intrude on the interview process, thus giving the participant a voice and focus on their own narrative accounts (Peat et al., 2019; Smith & Osborn, 2007). In a continuous reflexive process, I kept field notes that I used to track understanding, responses and comments (Bu & Paré, 2018). I further reflected on how my understanding or alertness was helping me to categorise participants’ narrations and thus inform how I would probe further in situations where there were similarities or divergent cases to ensure I was capturing their idiosyncratic (individualistic) meanings (Bu & Paré, 2018). I strengthened my hermeneutic alertness through suspending my preconceptions (through maintaining neutrality and listening without judgement or interruption), assuming flexibility and changing some of the questions as I became aware of new meanings (Suddick et al., 2020). The construction of distinguished viewpoints (fusion of horizons) enhanced understanding through an interrogation of what was said and what was not being said (Spence, 2017).

1.8.5 Data Recording, Storage and Management

Data were recorded via Microsoft Teams, after seeking consent from the participants before each interview commenced. During the interview, I took notes as backup and recorded all that was not being said, including any questions that arose. Taking notes is encouraged as a way of overcoming the challenges that may arise in the event that the recording equipment fails (Creswell, 2014). During data recording, I strived to utilise behaviour observations, paying attention to what was not being said, since verbatim alone does not capture what is intended (Laverty, 2003). I took all the

necessary steps to ensure adequate security and safekeeping of all the data collected. I created a safe and sturdy storage system for the safekeeping and management of the research data (Alase, 2017). I created strong passwords on my personal computer and stored hard copies of field notes in a safe space at my place of residence. In keeping with confidentiality, privacy and anonymity of participants, pseudonyms were used. No unauthorised parties would have access to the data except my supervisor and me.

1.8.6 Data Analysis Method

The data analysis method deemed most suitable for this research was interpretative phenomenological data analysis (IPA). Through IPA the researcher seeks to transform participants' lived experiences into textual expressions in such a manner that the impact of the text is simultaneously a reflexive reliving and an evident appreciation of something meaningful (Ajjawi & Higgs, 2007). IPA aims to discover how a person makes sense of a specific situation and, secondly, gives a detailed analysis of the experiences to understanding the phenomenon (Tuffour, 2017). IPA was most suited for this study and it is recommended for studies that aim to explore participants' lived experiences in their daily encounter with the work environment (Sessiani & Syukur, 2020). This links to the purpose of this study, which was to explore the lived experiences of oncology doctors in the oncology department in order to enhance understanding of their QWL. IPA enabled the exploration of the participants' lived experiences as well as the phenomenon for which the study was intended (Alase, 2017). IPA is embedded within hermeneutics and phenomenology as it realises the importance of the researcher's preconceptions and that they can both impede and amplify the exposition of participants' lived experience (Shaw, 2010).

IPA's strength is based on the three cornerstones, namely phenomenology, hermeneutics and idiography (a study of individuals in their uniqueness) (Larkin & Thompson, 2012; Sessiani & Syukur, 2020). IPA utilises idiographic inductive reasoning which focuses on generating particular understandings, rather than on generalisation (Larkin & Thompson, 2012). In this the researcher does not attempt to prove or otherwise hypothesise, validate, or reject theories or hypotheses (Peat et

al., 2019). Through an idiographic focus, I engaged with each individual to understand how they experience the phenomenon (Peat et al., 2019).

From the onset, purposive sampling was employed congruent with IPA, as it focuses on the homogeneity of the sample, looking at participants with similar experiences of the phenomenon (Larkin & Thompson, 2012; Smith & Osborn, 2007). Analysis began during interviews where I consistently interrogated the experiences shared through frequent member checking. I modified initial questions based on the responses of the participants, and I was able to probe interesting and important areas that arose as a result of dialogue and conversation (Smith & Osborn, 2007). This I did by dwelling within hermeneutic circle moving back and forth, asking and probing questions in situations where there were similarities, divergent cases or I felt something was not being said. I would note any reactions, observations, interpretation and questions that emerged in my reflexive journal. I developed an openness and flexibility to questioning what was not being said and the questions that came into my mind. To make sense of the data, IPA researchers should continuously engage the hermeneutic circle which looks at the dynamic relationship between the part and the whole (part – involvement with participants in the research and whole – leveraging the researcher' knowledge and experience) (Tuffour, 2017).

Qualitative data were obtained from participants' narrative materials which were transcribed verbatim after the interviews were conducted (Chan et al., 2013). Through engaging the HP attitude (using reflection to make sense), I began listening to the recordings, taking note of the narratives from each participant and reflecting on my theoretical knowledge of the phenomenon, as I began to work with part (data) and whole (meanings being constructed) (Suddick et al., 2020). At this point my reflexivity kicked in as I tried to understand why some participants preferred not to be quoted on certain things. I also tried to listen and interrogate that silent voice of the participant and tried to make sense of it. I further went on to refine the transcripts and ensured that I captured the correct words of the participants. As I was transcribing and listening to the recording, I would note what stood out and interrogate the data to find meaning (Crowther & Thomson, 2020).

HP further calls for researchers to engage in double hermeneutics. Double hermeneutics involve the researcher looking at how participants try to find meaning of their world and the researcher making sense of their world (Smith & Osborn, 2007;

Tuffour, 2017). Initially I listened to the recordings during the transcription stages and at this point, even though the aim was not to understand or construct meaning, I acknowledged meaning from the individual interpretations. I also tried to find meaning through my own understanding of the phenomenon.

To begin with the final data analysis stage, I followed the steps as highlighted by Peat at al. (2019), and Smith and Osborn (2007). Firstly, I read the first transcript repeatedly and looked for codes and themes in this first case. With the study phenomenon in mind, I highlighted all words and phrases that were of interest. I had to immerse myself in the data and note all ideas and patterns that were arising. I analysed my own ideas, interpretations and questions in connection with the themes and patterns emerging. I then formulated themes that I thought would be meaningful. Secondly, I created a spreadsheet where I began connecting the themes into subordinate themes, also capturing narratives that align, taking note not to repeat themes. As a novice researcher, I acknowledged the difficulty that came with analysing and formulating the themes, but in this process of trying to understand, I realised that I was drawn closer and closer to the study phenomenon. To make sense of the themes, I treated each transcript as unique and then identified patterns across cases. I further arranged the themes based on their recurrence, grouped them into subordinate, then superordinate themes. Thirdly, after the first transcript analysis was concluded, I continued with the other cases, repeating the steps above and using the themes from the first case to assist in informing the subsequent analysis. Here I also acknowledged any new issues that emerged. Through assessing the new emerging themes, I realised that I had to revisit all the transcripts. I found the analysis of certain transcripts a bit challenging, but this was not because of the data but me as a novice researcher. This helped because as I re-read the transcripts again, I could connect, compare and distinguish patterns across cases (Sessiani & Syukur, 2020). As advised by Larkin and Thompson (2012), I remained flexible in assessing the connections between the first case and the other cases.

My continued involvement with the data led to the formulation of abstract concepts, which facilitated the beginning of sense making and meaning contained within the data (Goldspink & Engward, 2019). This process seemed endless, but it did intensify my alertness to the conceptualisation of the data. Through HP circling, I moved back and forth, closer and further away, and towards the ontological nature of the data

presented (Stephenson et al., 2018). Through an engagement of dialogue between the coded data and my psychological knowledge, I formulated and refined the subordinate and superordinate themes, which were further linked to the relevant theoretical dimensions and motivational theories (Larkin & Thompson, 2012). Due to my reflexivity, I could not reject my existing fore-conceptions, but tried to work with them alongside participants' narrations (Goldspink & Engward, 2019). Finally, the write-up commenced, and the themes were translated into narrative accounts. This process involved moving between the parts (words, sentences, paragraphs to form an experiential account) and the whole (the entire transcript to construct narratives) (Montague et al., 2020). As I continued to question the situation through reflecting on the data, the actual meaning of the phenomenon became more pronounced (Churchill, 2018).

Furthermore, I had to frequently self-interrogate the preconceptions that I was bringing to the research, and how these fused with those of the participants' texts and other literature, questioning what is not being said and acknowledging all interpretations (Spence, 2017). My journaling exercises assisted in this process of self-reflection and also helped me with the understanding and interpretation of the data. Utilising IPA helped to advance my capacity to formulate meaningful interpretive accounts of experiences that enhanced understanding and uncovering of important matters in the healthcare sector (Goldspink & Engward, 2019).

1.8.7 Ensuring Quality Criteria and Ethical Research

The following section will discuss approaches to ensure quality that include quality criteria, ethical considerations, writing style and reporting that informed this study.

1.8.7.1 Quality criteria

The quality of the research data is very significant. Rigour and credibility were the most suitable criteria employed to ensure the quality of the study (Ajjawi & Higgs, 2007). According to Crowther and Thomson (2020), the strength of HP as my research method is its ontological discovery of what sits within and beyond daily understanding and its ability to resonate with others, thus revealing the actual measure of trustworthiness and rigour. Ajjawi and Higgs (2007) state that to enhance

rigour, there should be conformity between the adopted paradigm and the chosen research method, which is confirmed in the congruence between the interpretivist paradigm, the HP methodology, qualitative methods and specifically IPA applied in this study. According to Alase (2016), in IPA, mechanisms such as trustworthiness, triangulation, member checking, auditing and quality and verification can be used as tools for directing any phenomenological data gathering and analysis. To ensure trustworthiness, qualitative studies rely on credibility, transferability, dependability and conformability. I paid careful attention to reflexivity and used the exact words of the participants, which assisted in the construction of credible interpretations (Crowther & Thomson, 2020). To further enhance credibility, I collected data until I was satisfied with saturation. Through asking probing questions, the input coming from constant member checking during the interviews ensured the true value of the data (Creswell, 2014). Credibility was also enhanced through the use of relevant data collection methods and audible records (Ajjawi & Higgs, 2007). My reflexive stance helped strengthen the rigour, adequacy and ethical standard of this study (Peat et al., 2019).

Quality and verification were used to authenticate and verify all the other mechanisms mentioned above. Careful selection of participants was paramount in ensuring the integrity of this study. Even though I had second-hand experience with the phenomena and theoretical knowledge of the concept QWL, I remained conscious of my personal experiences or preconceptions and how they would influence the research. Authenticity can only be achieved by paying careful attention to the voices of both the researcher and participants (Kafle, 2011). To ensure credibility of the data, I stayed in touch with the gatekeeper, and would verify the correctness of certain information. Through the use of a reflexive journal with my personal interpretations, observations, understanding and questions regarding the data or phenomenon that I had noted and reflected on during the interviews and data analysis, I was able to enhance the quality. Chapter 3 of this dissertation further highlights the steps that were followed to ensure the quality of this research.

1.8.7.2 Ethical Considerations

Permission to conduct research was obtained from the hospital's management, ethical clearance from the relevant health accredited UNISA's Ethics Committee (2020/CAES_HREC/092) (see Annexures B and C) and approval from the Department of Health. Due care was taken in protecting the dignity of the participants from any physical or psychological harm. Participants voluntarily participated without any form of coercion. To protect the privacy and confidentiality of participants, I used pseudonyms during reporting. Information sheets explaining the purpose and informed consent forms were provided to the participants before setting up the interview appointments. Before commencement of each interview session, I verbally explained the purpose, confidentiality, data collection and their voluntary participation or right to withdraw again. Participants were also given the opportunity to ask questions about the research and I explained to them that they were free to withdraw if they felt uncomfortable at any given time. Ensuring the safe recording and storage of the data was reported on, earlier in this chapter under section 1.8.5.

1.8.7.3 Writing Style and Reporting

Following my ontological and epistemological assumptions, I employed the first person reporting style to elaborate on the findings (Kafle, 2011). Writing in the first person enhances researcher reflexivity where they are able to reflect on the process of narrating people’s experiences with the phenomenon, thus helping to write in a more direct and assertive manner (University of Adelaide, n.d.). From my interpretivist-constructivist lens and my personal experience with the phenomenon, I acknowledged the influence I had on the research and together with the participants would thus construct meaning (Kafle, 2011). This allowed me to immerse myself in the data and make meaningful sense of the data. I endeavoured to be i) truthful and not falsify evidence, data, findings and conclusions, whilst communicating effectively in an understandable language, ii) report honestly, iii) use pseudonyms as a way of protecting participants, iv) use language in an unbiased and non-discriminatory manner, and v) avoid disclosing information that could potentially harm the participants (Creswell, 2014).

I engaged reflexivity through a hermeneutic circle. Reflexivity already began during data collection through constant member checking, asking probing questions when something similar or interesting came up and interrogation of other participants' experiences of the phenomena. According to Patnaik (2013), reflexivity follows the researcher's ontological and epistemological assumptions and it acknowledges the position of the researcher as a participant and not just an observer. This concurs with Shaw (2010), who postulates that reflexivity induces an interpretivist ontology that renders people and the world as reciprocally connected and occupied in a dialogic interconnection that builds reality. To establish trustworthiness, I utilised reflexivity through using the criteria of credibility, dependability, transferability and conformability (Patnaik, 2013). Furthermore, reflexivity assisted in maintaining the ethical relationship between myself and the research by liberating the dialogue of the participants and determining the link between the findings, preconceptions and theoretical knowledge (Berger, 2013). However, while I was conscious of my preconceptions, I was also conscious of how the reflexive journal and my interpretations would influence the research (Palaganas et al., 2017). Writing in the first person permits the researcher to reflect on their own emotional reactions or value judgements, particularly to challenge their own classifying experiences (University of Adelaide, n.d.). The findings were reported in accordance with the requirements of master's level as a research article and as a research of limited scope.

1.9 Chapter Layout

The chapter layout for this MCOM in Industrial Psychology of limited scope is as follows:

Chapter 1: Scientific Orientation to Research

Chapter 2: Literature Review

Chapter 3: Research Article

Chapter 4: Conclusions, Limitations and Recommendations.

1.10 Chapter Summary

This chapter elaborated on the background and motivation of the study, whilst incorporating the underlying approach and research paradigms that underpin the research. The research design and method employed were also discussed. A qualitative HP study was relevant in trying to understand how oncology doctors experience QWL in the oncology department, with the aim of improving their well-being and the quality of care they offer.

Chapter 2: Literature Review

2.1 Introduction

A need for QWL has become paramount as organisations struggle to survive the effects of globalisation (Rahman et al., 2017). The human-technological interface further necessitates the need to improve QWL and to create a shift in culture (Teryima et al., 2016). Organisations currently face extraordinary technological, social, political, economic and cultural transformations that require them to cultivate human excellence if they are to survive these tumultuous times (Chandra & Mathur, 2018). Such conditions have given impetus to the importance of QWL dimensions, with the intention of creating synergy between employees' socio-psychological needs and the organisational culture (Rahman et al., 2017). QWL draws attention to the humanisation of work life and prioritises the human element in the work context (Abiodun & Olumide, 2019). Similarly, the need to prioritise the facilitation of a conducive and healthy work environment for employees by executive managers has been promoted through the birth of QWL (Teryima et al., 2016). QWL is of particular importance to the healthcare sector, because the healthcare sector aims to provide a service to the people and a work environment that drives service excellence (Mobaraki et al., 2017).

The purpose of Chapter 2 is to provide a theoretical basis for the study of QWL in the discipline of IO psychology. First, I present a historical account of how the concept of QWL was established and QWL became a movement or an approach, necessitating research to facilitate understanding of the phenomenon in the workplace. I then conceptualise QWL by presenting various definitions and descriptions of the concept, distinguishing it from job satisfaction and clarifying whether it is a subjective or objective construct. I further provide a meta-theoretical framework informing this study, followed by the objective and outcomes of QWL. To explore the research objectives, I discuss the construct as determined by some of the dimensions and lastly provide literature recommendations on strategies to improve.

2.2 Historical Background to Establishing the Concept Quality of Work Life

Prior to exploring this concept, it is important to understand the foundation and reasons for the promotion of the QWL in the workplace. In this section I give a brief background into the origins of QWL.

According to Van der Berg (2011), the 1st International Conference of QWL at Arden House in 1972 saw the foundation of QWL as a concept being laid, even though its initial introduction was already evident in the 1950s. The 1970s marked an important epoch in the history of the QWL movement by Walton in 1973. QWL gained prominence between 1969 and 1974, with high interests from unions, the government, scholars and researchers (Dhanalakshmi & Fasla, 2018; Reddy & Reddy, 2010). Organisational and individual interest discrepancies brought about the discussions on employee relations and QWL for the first time in the 1960s (Gogoleva et al., 2017). Reddy and Reddy (2010) found that the term QWL was introduced by Louis Davis (1972) with the 1st International Conference being held in Toronto in 1972 and the International Council of QWL being established in 1972.

The constant changes in the work environment resulting from both internal and external factors have generated interest in QWL for employees (Kwahar & Iyortsuun, 2018). Although QWL emerged as a variable aimed at indicating the extent of employee satisfaction, it advanced during this era into an approach and succession of programmes designed to enhance employee productivity practices that are considered prudent or beneficial for the individual and society (Kotzé, 2005). To date within organisations, much focus has been placed on the quality of human experience in the workplace, and simultaneously many firms have interrogated their sustainability given the complexity of the economies, which has prompted possibilities of redesigning work (Srivastava & Kanpur, 2014). Since the 1990s, businesses have encountered challenges, giving rise to solicitude around QWL, career and individual life planning (Dhanalakshmi & Fasla, 2018).

Slater and Edwards (2018) propose the need for further research regarding QWL that is relevant, recognises employee challenges in their workplaces and gives rise to appropriate policies that will bring more satisfaction with their work environments. QWL is fast gaining momentum, as it seeks to address not only work-related issues, but employee well-being through the creation of a humanised work environment,

thus driving talent attraction and retention (David et al., 2015). QWL has acquired its significance due to several factors, such as better educational qualifications, job desires, relevant human resources management, workers' alliances, industrial anarchy and heightened human behaviour mastery (Dhanalakshmi & Fasla, 2018). Based on the evolving QWL movement described above, studies in QWL have become valuable as they direct relevant interventions to be planned and executed in trying to improve the QWL of employees (Letooane, 2013). In order to plan QWL interventions, it is important to understand what QWL encapsulates; therefore, a discussion of the concept of QWL follows next.

2.3 Conceptualisation of Quality of Work Life

In the healthcare sector, QWL has broadly been referred to as denotive of the strengths and weaknesses existent in the work environment (Saraji & Dargahi, 2006). To enhance understanding, Rahman (2015) goes on to discuss work life (WL) as concerned with the time and commitment the employee dedicates to the organisation. Varied views have been posed in trying to define QWL, and this is evidenced in the sense that some authors have regarded QWL as an "outcome", whereas others viewed it as a "process" (Vagharseyyedin et al., 2010). Similarly, in an attempt to define QWL, some use a wide scope while others refer to specific fields or situations of work life. The contextual nature and complexity of the concept make it impractical for a universal definition (Alowna et al., 2021). Even though the 1970s were a prolific era for research and endeavours to elucidate the definition of QWL, to date the absence of a clear concrete understanding of QWL is evident in the literature. Researchers have recapitulated that continuous confusion on a proper definition for QWL may jeopardise further development of research on the topic (Martell & Dupuis, 2006).

This section follows a discussion of various definitions and perspectives on conceptualising QWL. This is followed by a discussion of elements of QWL and the nature of the construct. Thereafter the concept is distinguished from job satisfaction.

2.3.1 Definitions of Quality of Work Life

Yadav and Khanna (2014) define QWL as a combination of both material and non-material values, achieved by the employee throughout their life, which speak to all the archetypal inputs targeting enhancement of the employees' satisfaction and organisational virtue. This concurs with Sattar et al. (2018), who postulate QWL as the extent of reciprocity between employees and organisational components existing in the workplace, whereby employees satisfy relevant personal needs through organisational circumstances. Distinguished propositions to QWL content, criterion, and interplay between QWL and other concepts other than job satisfaction have fuelled scepticism about the concept in academic discussions (Gogoleva et al., 2017). To show differences in perceptions around QWL, Kotzé (2005, p. 97) notes:

> Previously, a positive QWL environment was defined as one in which employers and employees could fulfil their economic responsibilities to each other and society. Such an environment would provide workers with stable employment, an adequate income and benefits, fair treatment, and a safe and secure place to work. Today's workers have been found to have a lower level of respect for authority and a greater desire for self-expression, personal growth, and self-fulfilment. They expect work that provides opportunities to fulfil their higher-order needs.

In essence, QWL would thus refer to the calibre of association existing between employees and the entire working environment (Reddy & Reddy, 2010). QWL can be considered as an integral quality criterion for individual work experiences (Leitão et al., 2019). This concurs with Ajala (2013), who presents QWL as the extent of control assigned to employees by the organisation to plan and design their work. The way a person perceives their work life is regarded as QWL (Eslavath & Khaleel, 2019). Leitão et al. (2019) also maintain that QWL has been viewed as individual experiences with regard to the rigorous pursuit of their hierarchically structured aims within work disciplines and simultaneous narrowing of the gap between themselves and the intended goals. Ultimately, QWL seeks to make work circumstances humane and to facilitate safe, healthy, independent and involving work conditions that perpetuate personal and professional growth (Páez-Cala & Castaño-Castrillón 2019). In their study, Vagharseyyedin et al. (2010) propose three points of view on the QWL concept: personal, process and outcome. It is therefore a process which

focuses on the continuous development of all employees, coupled with an active acknowledgement and consideration of their needs (Van der Berg, 2011). QWL is a situation in which the individual strives vigorously to meet their needs and to alleviate the gap between the current and desired objectives that enhance overall work life experiences (Bragard et al., 2012).

Comprehensive classifications of what QWL could be can be categorised into indicators that show employees' satisfaction with their work and how they are treated at work, the impact of work on external life, working conditions, prospects and drawbacks present at work, safe work environments, and finally the impact the job has on the psychological and physiological well-being of employees (Kwahar & Iyortsuun, 2018). Essentially, the concept of QWL describes an organisation's approach to ensuring an extensive and integrated focus on employee well-being, rather than just work-related outcomes (Thakre et al., 2017). QWL can be likened to a set of goals, organisational standards, engagement and perceptions of employees regarding safety, satisfaction and growth or development potential (Teryima, et al., 2016). Hosseini Zare et al. (2012) reflect this phenomenon in yet another way, positing QWL as the actual work circumstances that include remuneration, resources, infrastructure, health and safety issues, involvement in decision-making, management attitude, job heterogeneity and workability. According to Ashwini (2016), QWL can be regarded as a set of approaches, procedures or technologies for developing and enhancing the workplace to ensure a more productive and satisfied employee. Shrestha et al. (2019) reiterate that QWL is the employees' discernment of their mental and physical satisfaction in the workplace, which in turn affects performance.

There seems to be a view that QWL relates to the interventions or processes applied in an organisation to enhance employees' job satisfaction. Yet other views equate it directly to job satisfaction of employees as a result of the favourableness of the work environment. However, QWL is more crucial than job satisfaction, as it looks at the impact of work on satisfaction in the workplace, other personal life domains and perceptions on well-being (Mobaraki et al., 2017).

2.3.2 Elements of Quality of Work Life

According to Saraji and Dargahi (2006), employees are of the view that occupational health and workplace safety, remuneration and supportive leadership were the most important factors that create a positive QWL experience. As noted in the section on conceptualising QWL as a construct, various definitions highlight different elements of or factors that determine employees' QWL. The elements of QWL thus refer to those factors that impact QWL. These factors can be used as a benchmark to assess the QWL in a specific work setting.

The negative impact of occupational stress factors, such as job demands, autonomy, insecurity, organisational justice, intra-group conflict, job strain, effort-reward discrepancies, position and shift work on QWL (Leitão et al., 2019), implies these factors as possible elements of QWL. In turn, Phan and Vo (2016) view job satisfaction, working conditions, compensation, human relations, management, personnel relations, support and home-work interface as factors impacting QWL.

Hemanathan et al. (2017) identify career opportunities and prospects, attitude, people, job design, challenge and stress magnitude, advancement and development, together with the associated risks and reward, as factors influencing QWL. Similarly, Dhurup and Mahomed (2013) report on the insufficiency of personal advancement and maturity as the sources of dissatisfaction for employees' QWL. According to Verma and Sharma (2018), factors such as commitment, job satisfaction, job involvement and industriousness, are evidence that employees are experiencing a good QWL. Notable major areas of concern in preserving a good QWL have been identified as monetary factors, advancement and appraisals, growth, balanced individual life, work environment, innovativeness, decision-making independence, job security, recognition and acknowledgement (Verma & Sharma, 2018). Ng'ang'a (2010) also reiterates that job design, organisational culture, compliance with policy development and the availability of monetary resources were some of the factors that impact the promotion of QWL practices. Vagharseyyedin et al. (2010) highlight dynamic aspects of work that include workload, job tension and autonomy as predictors of the QWL. To support this and in line with motivational theory, employees would want to feel respected, achieve esteem needs, engage in less routine and challenging work, be independent, safe, with good reward systems and favourable career progression opportunities (Leitão et al., 2019).

2.3.3 Quality of Work Life: A Subjective or Objective Construct

QWL has been viewed as a subjective phenomenon influenced by personal feelings and perceptions by a number of researchers. The subjective nature of the concept has posed difficulties for researchers attempting to quantify or define QWL (Ramawickrama et al., 2017; Vagharseyyedin et al., 2010). However, Gogoleva et al. (2017) look at QWL as both objective and subjective, and in this, they elaborate on objective parameters focusing on working hours, rate of occupational injuries or portion of employees involved in decision-making processes, while on the other hand, they view the subjective aspect as addressing employee perceptions of organisational environments. Furthermore, they are of the view that objective measures contrastingly intend to acknowledge the prevalent social, organisational and physical environments employees are exposed to, and this might aid in exposing tools or interventions that could be used to increase productivity. On the other hand, Erdogan et al. (2012) in their research reveal that it is highly impractical for objective and subjective indicators to studying QWL to be used together systematically. Consequentially, Gogoleva et al. (2017), Mafini et al. (2012), and Van der Berg (2011) arrived at the same conclusion in classifying some of the subjective dimensions of QWL as the favourableness and satisfaction of working conditions, health and safety needs, social needs, economic and family needs, esteem needs, knowledge needs, actualisation needs and aesthetic needs. Gogoleva et al. (2017) further go on to query the objective approach to QWL, as there is a blurry line in terms of determining the exact working conditions relevant for particular outcomes, as literature reveals no congruence in this regard. It is evident from the previous studies that the perceived subjective qualities are as vital as the actual objective qualities (Musich et al., 2006). Contrary to this view, Martell and Dupuis (2006) allude to the quoted definitions of QWL in the 1980s as marking the era of leaning towards accepting the subjectivity of the construct. Coupled with individual expectations and subjectivity, QWL measurement becomes a challenge as the endeavour to objectify the subjective becomes improbable (McKevitt & Wolfe, 2002).

Table 2.1

Subjective and Objective Elements Summary

Subjective Elements	Objective Elements
• Personal feelings and perceptions favourableness and satisfaction of working conditions (Experiences) • Intrinsic and extrinsic needs	• Working hours • Occupational determinants (job-related) • Involvement in decision-making

The unquestionable relevance of QWL therefore warrants that the perception of the concept is explored from the employees' perspective (Ramawickrama et al., 2017). Even though participants in this research were familiar with the term, they struggled to define the term QWL as they posited it as being multidimensional; based on personal subjective experiences derived from an individual's subjective judgements and expectations for their life, rendering it adaptable to situations (McKevitt & Wolfe, 2002). Furthermore, McKevitt and Wolfe (2002) reveal that to a greater extent, participants defined quality of life as being related to their clinical work, aspects of health or functional ability, with a few participants restricting their definition to the relevance of economic resources. The interrogation of whether personal or structural factors are primary causal factors of perceived QWL has been highly debated, as high QWL is understood to materialise when there is job enrichment, democratic supervision, job commitment and a safe working environment (Kotzé, 2005).

2.3.4 Distinguishing Quality of Work Life and Job Satisfaction

From the conceptualisation of the concept, it is evident that some researchers equate QWL to job satisfaction. However, this section will highlight the differences between the two constructs. Job satisfaction plays a mediating role between leadership, organisational structure and QWL (Alowna et al., 2021). While the goal of QWL is to build a culture inside the organisation that facilitates well-being, job satisfaction refers to an employee's belief in their cognitive talents and observable predispositions towards their work (Sari et al., 2019). Deshpande and Bhakane (2015) build upon this when they describe job satisfaction as the perceptions of the employees over the favourableness or unfavourableness of the work. While job

satisfaction is an attitude or an emotional response to the work itself and the workplace (Jaiswal & Mahila, 2014), QWL is related to the welfare of employees in the workplace (Kanten & Sadullah, 2012).

Factors that have the potential to impact employee job satisfaction can be categorised into intrinsic and extrinsic factors (Moestain, et al., 2020). If QWL is to be attained, it is imperative that employee satisfaction is prioritised and as such enhance the well-being of employees (Dahie et al., 2017). Dahie et al. (2017) additionally highlight ten QWL variables (pessimism, work-life conflict, meaningfulness, personal capacity, effect, willpower, resource accessibility, time regulation, support and fruitful relationships) that are utilised to assess the correlation between QWL and job satisfaction. However, a mismatch between resources and the stated objectives could give rise to dissatisfaction and low QWL (Swamy et al., 2015). Just like QWL, job satisfaction is affected by job design and has been regarded as the way employees view their work environment as favourable or unfavourable (Swamy et al., 2015).

For organisations to maintain stability and sustainability, they should place importance on employee satisfaction (Mobaraki et al., 2017). QWL does not only lead to high levels of motivation, but an improvement in job satisfaction, performance, attraction and retention of talent (Swarochi et al., 2018). Apart from job satisfaction, QWL also seeks to fulfil other elements such as life well-being and overall functioning, which will ensure retention of competent talent, reduction of stress and employee empowerment (Srivastava, 2018). Velayudhan and Yameni (2017) postulate that QWL is paramount to all organisational inputs which result in employee satisfaction and organisational effectiveness. QWL affects other life realms such as work-family life, interpersonal relationships, health and financial well-being, educational achievements, and community and environmental engagement (Nowrouzi et al., 2015).

As a result of the aforementioned, some researchers have compared QWL to job satisfaction, while others have emphasized the distinction. A link has been found between the work environment and QWL in terms of promoting well-being. Positive QWL experiences have been associated with a mutually beneficial relationship between the organization and its employees. In addition to this, QWL has been viewed as both an outcome and a process in the literature. Furthermore, QWL has

been defined as both subjective (employee experiences) and objective (work-related elements). In this study, QWL can be conceptualized as a multidimensional construct that captures both objective work elements and subjective experiences thereof, and thus relate to the satisfaction and reciprocal relationship that the organization facilitates. Thus we can assess our subjective experiences of the various objective dimensions.

2.4 A Meta-Theoretical Framework for Quality of Work Life

In the 1970s, QWL was envisaged as a multifaceted construct that included employee wellness and the degree to which people found experiences fulfilling, satisfying, and free of stress (Reddy & Reddy, 2010). Reddy and Reddy (2010) further highlight that QWL's foundation lies in the theories of Maslow, Herzberg and McGregor. To make QWL meaningful for each employee, organisations should take into account each employee's needs and values, as well as their level of satisfaction, and ensure value-work experience congruence (Ngcobo, 2012). While various authors have stressed the work environment aspects of QWL (extrinsic factors), others have considered the significance of psychological well-being, personality, life satisfaction, self-rated apprehension and happiness (intrinsic factors) (Singh et al., 2015). These intrinsic and extrinsic factors of QWL can be related to the intrinsic and extrinsic motivational factors evident in the mainstream Industrial psychology motivation theories of Maslow and Herzberg. Khalil-Ur et al. (2017), as well as Verma and Sharma (2018), categorise Herzberg's two-factor theory into motivational (intrinsic) and hygiene (extrinsic) factors.

These theories are discussed in more depth in this section, as a meta-theoretical foundation for understanding QWL from the perspective of a motivation for the satisfaction of needs or values. In addition, the psychological contract (PC) theory is also proposed as relevant to understand the mutual need-fulfilment between an employer and employee that affects the QWL phenomenon.

2.4.1 Maslow's Motivational Theory

Maslow's Motivational Theory focused on individual-specific human needs such as intrinsic and extrinsic motivation, which he classified into five need hierarchies:

physiological, safety, social, esteem, and self-actualisation (Sari et al., 2019). According to Narehan et al. (2014), Maslow's Hierarchy of Needs Theory can be regarded as a congruous theory of QWL due to it comprising needs such as physiological, safety, affiliation and warmth, esteem, self-actualisation and supremacy. Consequently, a high QWL can only be achieved depending on whether the work environment meets the personal needs of the employee or not (Leitão et al., 2019). To elaborate on this, the level of QWL is highly dependent on whether the distinguished individual needs of employees have been achieved (Phan & Vo, 2016). Almarshad et al. (2019) confirm the survival needs as the most crucial factor affecting Saudi Arabian employee job satisfaction due to its positive impact on paternalistic social responsibility. However, Martell and Dupuis (2006) claim that it is psychologically objectionable to conceive a high QWL without satisfying the self-actualisation needs. Maslow's Hierarchy of Needs can be likened to factors of QWL in that basic needs, such as monetary benefits, take precedence together with favourable working conditions (Reddy & Reddy, 2010). Contrastingly, Ajala (2013) argues that driving Maslow's Theory of Needs as being relevant for QWL has since become inadequate, because this notion has overlooked the subjectivity and the dynamic needs of each employee. Intriguingly, Robbins et al. (2009) discovered that Maslow's theory was invalidated because he provided no pragmatic validation, which is confirmed by a number of studies.

2.4.2 Herzberg's Hygiene Theory

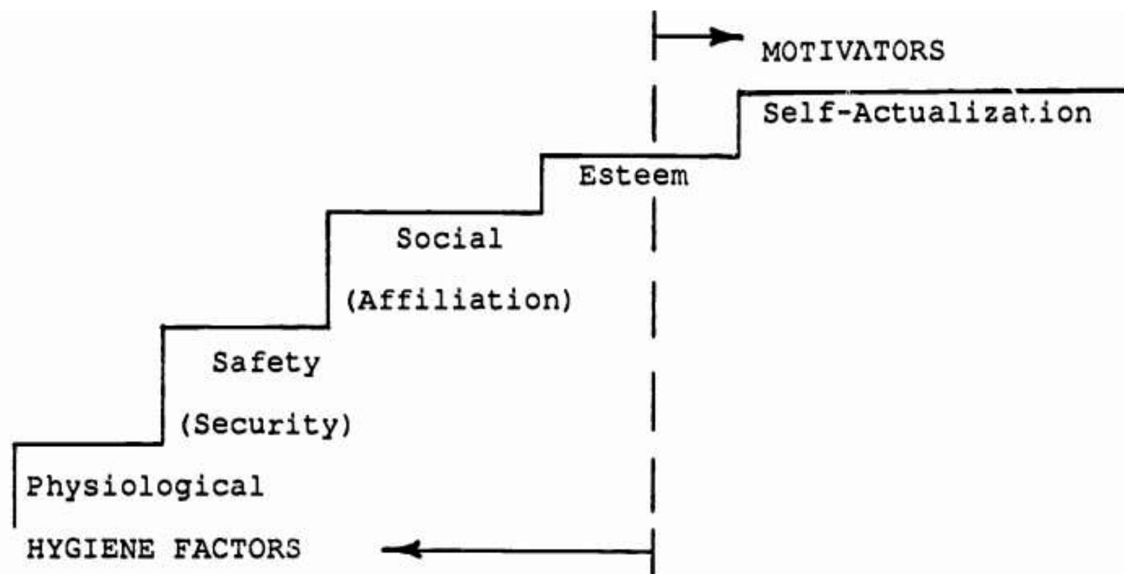
Herzberg's Two Factor Theory provides a framework for studying QWL, especially in the South African context, where a manifest and inquisitiveness around QWL research grew around the 1980s due to a spate of Parliamentary Acts being enacted in the areas of health, safety and training (Ngcobo, 2012). According to Reddy and Reddy (2010), QWL ensures the reward of both hygiene factors and motivators, as established by Herzberg, to enhance the work life of employees. In addition, Herzberg described the circumstances linked to pay, the standard of supervision, working conditions, organisational policies, interpersonal relationships and job security as hygiene factors (Robbins et al., 2009). Ngcobo (2012) further states that motivators drive optimal performance; however, on the contrary, hygiene factors (maintenance needs) give rise to job dissatisfaction which is mainly affected by

safety. Ngcobo (2012) postulates a useful analogy in suggesting Herzberg's Two Factor Theory as the foundation for exploring QWL. Herzberg's theory supports the need to maintain work-life balance as paramount for both the personal and work life of employees to achieve overall job satisfaction (Dhurup & Mahomed, 2013). Herzberg's theory looked into what employees anticipate from their workplaces, given that employee-work alignment is limited and success or failure is a consequence of one's attitude towards work (Robbins et al., 2009).

While Maslow's lower-order needs have been likened to Herzberg's hygiene factors, the higher-order needs have been associated with motivational factors. Consequently, the lower-order needs must be fulfilled first as they are critical in avoiding dissatisfaction and driving motivation (Osemeke & Adegboyega, 2017). The relationship between these two theories is depicted in Figure 2.1 below:

Figure 2.1

The Relationship between the Motivation-hygiene Theory and Maslow's Hierarchy of Needs



Source: Hersey & Blanchard (1982)

2.4.3 Quality of Work Life and the Psychological Contract Theory

With the world fast becoming more competitive and technologically advanced, comes the need for retaining highly competent employees and thus QWL becomes

crucial to enhancing the employee-organisation relationship (Seçkin & Çoban, 2018). QWL has been said to be a reciprocal responsibility of both the employer and the employee (Eslavath & Khaleel, 2019). The concept has emerged as one of the most significant components of the job, ensuring a continued relationship between employees and the organisation (Dhanalakshmi & Fasla, 2018). In general, QWL has been found to have a crucial impact on trust and loyalty, which makes it essential for organisations to understand the psychological standards and presuppositions of human behaviour (Agarwal, 2020). Efforts to assess the relationship between human resources management (HRM) and performance have driven the establishment of the PC (Kutaulaa et al., 2020). It is through a reciprocal relationship between both parties that the PC can emerge (Battisti et al., 2007; Seçkin & Çoban, 2018). Furthermore, QWL has been described by Ojo et al. (2020) as a principle link between the employees and the work environment. The origins of the PC are rooted in the Social Exchange Theory (SET). The SET categorises the employer-employee mutual agreement as economic and social relationships that enhance trust and loyalty, with social exchange taking precedence (Porter, 2018). Priya (2015) further proclaims that QWL in its dealings with the relationship between the employee and the organisation is like a PC which stipulates the expectations of both parties. The PC is an intrinsic subjective phenomenon, influenced by the exchange relationship between the employee and the employers (Battisti et al., 2007; Shi & Gordon, 2019; Taylor et al. 2006). Thus, the higher the SET, the higher the QWL, which in turn enhances ownership of the PC (Seçkin & Çoban, 2018).

Additionally, the PC theory is based on the content-based approaches (transactional and relational aspects) and evaluation-based approaches (employee perceptions on the satisfaction of breach) (Battisti et al., 2007; Kutaulaa et al., 2020; Seçkin & Çoban, 2018). From another view, the PC's foundation lies in the fulfilment of both organisational and individual obligations, which influences the performance and relationship (Kutaulaa et al., 2020; Shi & Gordon, 2019). There is therefore a positive correlation between the relational contract and psychological ownership (PO), and vice versa with the transactional contract (Seçkin & Çoban, 2018). Employees' perceptions of the relationship will most likely determine whether or not they keep their relationship with the company and its leadership (Almaaitah et al., 2017; Battisti et al., 2007; Seçkin & Çoban, 2018). Moreover, the PC and SET act as mediator and

moderator respectively in the relationship between QWL and PO (Seçkin & Çoban, 2018). In addition, the PC serves as a moderator in the relationship between work-home interface and work satisfaction and the breach thereof (Abdelmoteleb, 2018). As a subjective cognitive state, the PC goes beyond what is formally agreed upon, as it is based on the employee's belief that the organisation fulfils its promises (Taylor et al., 2006). Accordingly, the PC theory has gained prominence in organisational psychology studies, even though researchers are yet to reach an agreement regarding its measurement (Battisti et al., 2007).

Based on the preceding discussion, employees will be more committed to their work if a reciprocal relationship is maintained between them, leaders, and the organisation. The following discussion demonstrates how QWL perceptions can influence commitment.

QWL has the potential to influence organisational performance and commitment, which could enable employees to take charge of their personal life (Kanten & Sadullah, 2012). Jaiswal and Mahila (2014) highlight that a dedication to QWL by the management could be regarded as the foundation for organisational behaviour. In essence, organisational commitment demonstrates an employee's orientation towards the organisation through exploring their allegiance to, association with and participation in the organisation (Ngcobo, 2012). According to Sahni (2019), organisational commitment shows the behaviour of members of an organisation regarding the values and objectives of the organisation. Organisational commitment forms a significant part of organisational success and achievement of objectives. QWL is also affected by employee commitment and it is essential for an organisation to maintain a high QWL if they are to attract and retain talent (Risla & Ithrees, 2018). Various industries, including healthcare, have proclaimed the influence that QWL has on performance and commitment (Dhanalakshmi & Fasla, 2018). To add on, Jamil et al. (2020) arrive at a similar conclusion, noting the significance of QWL in ensuring both employee and organisational commitment, as this has the potential to enhance performance, job motivation and talent retention.

2.5 Objectives of Quality of Work Life

To this point, much focus has been on the conceptualisation of QWL; it is important to pay attention to what QWL seeks to achieve. To begin with, Srivastava and Kanpur (2014) highlight the following as objectives of QWL: to enhance productivity, accountability and commitment, facilitate better teamwork and communication, improve employee morale and relationships, decrease organisational stress, enhance working conditions, enable human resource development programmes, improve employee satisfaction through strengthening workplace learning, effectively manage continuous change, and lastly to allow participation at all organisational levels. As a philosophy, QWL programmes will thus aim to improve productivity and job satisfaction (Rahman et al., 2017). To enhance QWL, a holistic view of the individual must take precedence, as it goes beyond job satisfaction, tapping into non-work domains of life and subjective well-being (Kotzé, 2005). Priya (2015) presents the following as the two main objectives of QWL: i) to enhance employee satisfaction, strength and workplace learning, and ii) to better manage continuous opportunities and transition. Building upon this, Jaiswal and Mahila (2014) conclude that QWL aims to drive employee satisfaction, productivity, support workplace learning, enhance employee well-being and experiences, better management and continuous change, drive talent attraction and retention, and shape the image of the company and overall employee motivation. Therefore, QWL strives to create working conditions that foster unity and a commitment to achieve organisational goals (Teryima et al., 2016).

2.6 Outcomes of Quality of Work Life

QWL is important because it leads to favourable outcomes for the employee and the organisation from a work perspective. Yet, it also has benefits in terms of the personal life of the employee. The importance of QWL is discussed in this section as it pertains to the work context and to the quality of life in general.

The significance of QWL is incomparable and indisputable as it focuses on employee well-being (Ramawickrama et al., 2017). The success of any organisation is based on its employees, which further shows the importance of QWL for employees and productivity (Kwahar & Iyortsuun, 2018). Accordingly, research by Vagharseyyedin et

al. (2010) suggests that relevant procedures that result in significant QWL in healthcare can assist the health service providers and patients to obtain positive results that can lead to greater organisational commitment, better quality and cost reductions, and patient satisfaction. Yadav and Khanna (2014) also go on to say that QWL is as significant for employees as it is for the organisation to maintain growth and a favourable market share. This concurs with Saraji and Dargahi (2006), who maintain that low QWL may impact the standard of services, employee commitment, and lead to poor retention of healthcare providers. The rationale for QWL is based on a set of principles that people are paramount to the organisation as they are dependable, accountable and competent enough to make valuable contributions, such that they should be treated with dignity and respect, as it would be highly impossible for an organisation to get anticipated outcomes from its employees without QWL (Yadav & Khanna, 2014). As such, QWL is important for employees and it is necessary for the organisation to achieve growth and profitability in the market. Van der Berg (2011) states that QWL programmes have become significant in the workplace for the following reasons: i) increase in work demands, ii) high employee turnover, iii) the quest for improved workplace skills, iv) greater competition for talent, and lastly v) gender roles in the work place As a process through which an organisation capacitates its employees at different organisational levels to actively engage and influence the work environment, approaches and outcomes, QWL facilitates a more humanised environment and endeavours to accommodate higher-order and basic needs (Srivastava & Kanpur, 2014). Through QWL, employees can enhance their decision-making ability, which becomes important in the relationship between employees and the organisation, as QWL pushes for power-sharing, continuous development and patience from both parties (Teryima et al., 2016).

Furthermore, Srivastava and Kanpur (2014) state that even though monetary benefits may be prominent, factors such as job restructuring and job re-designing, physical working conditions, promotional opportunities and career advancements are gaining momentum, with a high expectation by employees for management to improve these to improve their QWL, which will, in turn, enhance overall productivity. Studies by Chinomona and Dhurup (2014), as well as Rahman (2015), found that the more organisations place their focus on ensuring a better QWL, the more satisfied

employees will be, leading to enhanced performance. To support this, the concept of QWL has been debated as having an impact on employee performance and commitment in different industries, including healthcare (Almalki et al., 2012). With globalisation and technological advancements on the rise and employees spending most of their time and life in the workplace, a high QWL is paramount, which entails that it becomes part of the strategic planning to achieve high performing and reliable organisations (Afroz, 2017).

The major reasons for championing QWL have been that it creates favourable outcomes for both the employee and the organisation in the work setting, which then leads to an improved home quality of life (QOL) for the employee (Chinomona & Dhurup, 2014). QWL and productivity have therefore been the core concern in trying to improve work processes, modify power design and enhance the organisational potential to assimilate the internal and external environment (Sattar et al., 2018). While QWL plays a significant role in influencing work behaviour in order to attract and retain talent in the organisation, it also affects strategies, functions and organisational dynamics, which may result in organisational development (Deshpande & Bhakane, 2015). The realisation of the relevance of QWL in production and profitability has led companies to start seeing the importance of humans and their expectations, as they are crucial in enhancing productivity and market share, yet they are often overlooked (Çetinkanat, & Kösterelioğlu, 2016). QWL, as a relevant factor in motivating employees, can be regarded as a mechanism meant to facilitate a favourable working system in which an organisation can sustain its productivity and ability to survive competition (Singh et al., 2015). Furthermore, organisations need to be conscious of the evolving needs of employees and facilitate QWL practices to drive retention (Ng'ang'a, 2010). Jaiswal and Mahila (2014) go on to state that the fact that QWL is paramount for employee well-being and satisfaction should serve as a guide for QWL programmes that aim to satisfy employee needs holistically. A “marriage” between employee and organisational goals leads to increased productivity, giving employees a chance to advance individual growth and effective problem-solving (Ramawickrama et al., 2017).

Apart from improving life at work, QWL will also enhance life outside work, which entails the adoption of procedures or policies such as autonomy, recognition,

belongingness, development and external rewards, which may reduce work routineness to make it more favourable for the employee (Yadav & Khanna, 2014). The benefits to both management and workers include better organisational performance, people development, cooperation and teamwork across different stakeholders, better commitment and an improved work environment (Srivastava & Kanpur, 2014). In essence, the public sector employment relationships may be advanced through the cultivation of healthy cultures and enhancing QWL, which in turn drives job satisfaction and efficiency (Mafini, 2016).

Musich et al. (2006) point out that unpleasant perceptions of QWL have been associated with intensification of myocardial infarctions and coronary heart disease, depression, musculoskeletal disorders, reported medical symptoms, and diminished discernment of health status and other reported medical health manifestations. Data are available to substantiate that if interventions to improve QWL are facilitated, workplace productivity could increase. Essentially, a positive QWL shows the existence of processes that would allow employees to fulfil their needs (Ekebosi et al., 2019). Ashwini (2016) goes on to comment that maintaining a balance between work and life could result in better performance, productivity, employee morale, low absenteeism and illness, which in turn lowers burnout and stress. Through QWL spill-over, organisational structures, segmentation, compensation, quality circles, ethical work culture, teamwork and QOL can be enhanced and adapted, which further enhances productivity, commitment, accountability, communication, morale, reduced stress and better WLB (Shrestha et al., 2019). QWL facilitates more employee involvement, which results in the achievement of organisational goals (Chandra & Mathur, 2018).

However, the truancy of turnover does not entail the existence of absolute QWL in the organisation; rather the work-related dissatisfaction and other population-based variables affect QWL (Al-Amin et al., 2019). According to Ng'ang'a (2010), QWL leads to benefits such as employee satisfaction, better customer service feedback, fruitful relationships among co-workers, engagement and commitment, which in turn lessens other disengagement behaviours that reduce the worthiness of investments in workers, like low work effort, a lack of punctuality, and absenteeism. Apart from employee QWL being enhanced through adequate remuneration, growth potential and career progression, it must also be noted that management involvement, work

life cohesion, work satisfaction and motivation play a crucial role in enhancing QWL (Swamy et al., 2015). Sattar et al. (2018) provide a useful analogy that claims that QWL has an absolute effect on human outcomes and decreases workplace challenges, such as absenteeism, accidents, grievances and turnover. Employees are likely to identify with the company, perform better, collaborate, experience satisfaction, and increase intention to stay if they perceive a good QWL (Mobaraki et al., 2017).

2.7 Quality of Work Life Dimensions

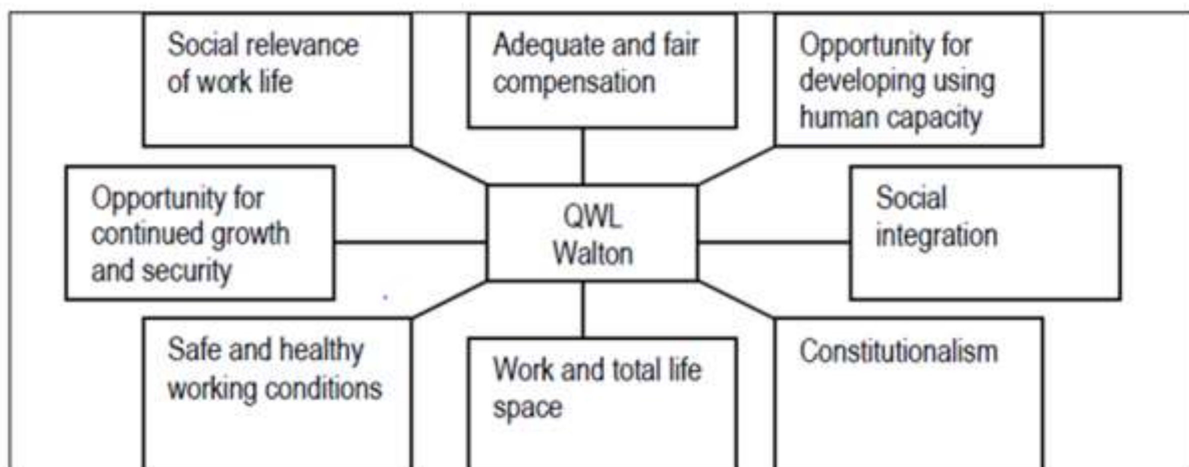
QWL is a liberal multidimensional construct that encompasses notions on training and career progression opportunities, involvement in decision-making, compensation and job security (Saraji & Dargahi, 2006). Sattar et al. (2018) highlight some dimensions of QWL that include the working environment, well-being, supervision, involvement in decision-making and communication. As an ever-changing phenomenon with different dimensions, QWL comprises factors such as motivation, infrastructure, optimal functioning, organisational psychology and development, employee habits, organisational culture, subculture and traditions (Letooane, 2013). Shrestha et al. (2019) put forward satisfactory remuneration, safety and health, growth and development, security, social inclusion, constitutionalism, the social significance of work life and work and total life span as dimensions of QWL. A lack of QWL can affect the service standards and overall organisational commitment negatively, which renders QWL as comprising elements such as job satisfaction, working conditions, potential for growth, stress management at work, work-life balance, social affiliations, communication and organisational culture (Sahni, 2019). Job satisfaction is not only a result of the position but also interpersonal relations with management and colleagues, the culture and the environment (Butt et al., 2019). Ajala (2013) identifies job satisfaction, capacity development, work and non-work-life balance, emotional supervisory support, and organisational support, as the five factors used to assess QWL and the well-being of employees in the workplace.

These varied and multiple conceptions of QWL dimensions can be overwhelming and confusing. As such, in this section I provide a discussion and elaboration on some of the main dimensions of QWL and relate them to Walton's QWL dimensions.

The following summarises the dimensions that are relevant for QWL. According to Kanten and Sadullah (2012), the following depicts Walton's proposed eight dimensions of QWL, highlighting employees' conceptions regarding their workplaces and their QWL. Even though most researchers have proposed different dimensions, Walton's model still serves as a framework for most researchers. In summation, QWL can be summarised as depicted through Walton's Model in Figure 2.2 below.

Figure 2.2

Walton's Dimensions of Quality of Work Life



Source: Kanten & Sadullah (2012)

Table 2.2 compares Walton's QWL dimensions to those of other researchers (Ajala, 2013; Sahni, 2019; Saraji & Dargahi, 2006; Sattar et al., 2018; Shrestha et al., 2019). Despite the fact that I elaborate on various literature dimensions in the following discussion, I highlight Walton's model because it has made a unique contribution to the study and origins of QWL. Following the establishment of QWL in the early 1970s, Walton went on to develop the QWL model with eight dimensions in 1973 (Swati, 2017). Due to its global applicability, Walton's model has since become a prominent and widely used model (Ebby Joseph Idicula, 2020). Given that the history of QWL is deeply rooted in Walton's model, it would be an injustice not to recognise its significance in informing modern QWL movements.

Table 2.2

A Comparison of Walton's Model to other Literature Quality of Work Life Dimensions

Walton's dimensions	Dimension determinants of QWL (Ajala 2013; Sahni, 2019; Saraji & Dargahi, 2006; Sattar et al., 2018; Shrestha et al., 2019)
• Work and total life space/Social integration	• QWL as determined by WLB
• Safe and healthy working conditions	• QWL as determined by Health and Well-being
• Opportunity for human capacity development	• QWL as determined by developmental opportunities
• Opportunity for continued growth and security/adequate and fair compensation	• QWL as determined by employees' experience of job security
• Social relevance of worklife	• QWL as determined by supervisory and organisational support
• Adequate and fair compensation	• QWL as determined by remuneration
• Constitutionalism	• QWL as determined by politics and legislation

2.7.1 Quality of Work Life as Determined by Work-Life Balance

WLB is critical for overall life satisfaction because it improves job satisfaction and organisational commitment (Leitão et al., 2019). This view is supported by Reddy and Reddy (2010), who emphasise that decreased organisational support, coupled with an enlargement in work life friction, drives lower QWL. QWL and its correlation to a favourable work environment, enhances the work-family life of the employee (Yadav & Khanna, 2014). QWL as a movement tries to eradicate work-life conflict, through the provision of a long-term value framework and philosophy (Swarochi et al. 2018).

Some of the professional responsibilities render challenges in sustaining work-life balance, and the more a person is ultimately career-focused, the more they become prone to burnout, mental and physical illnesses which may impact optimum patient care, resulting in increased costs of healthcare (Raja & Stein, 2014). Findings by Adisa et al. (2017) show a negative relationship between unsupportive cultures or challenging work demands overall and employees' access to work-life balance policies. Ngcobo (2012) asserts that productivity, loyalty and retention can only be realised if managers assist the employees to bridge the gap between balancing

work-family life, as employees look up to management for their development and lifelong learning objectives.

The complexities brought about by the ever-changing world of work, including job and family responsibilities, have given rise to the significance of WLB, as it has become evident that employees will achieve a balance between family and work life if they experience a better QWL (Anhange et al., 2018). The human resource shortages exacerbate the pressures, which then inhibit the enhancement of WLB in developing countries (Adisa et al., 2017). Additionally, Taşdemir (2014) found issues such as working hours, workload and overtime, as barriers to WLB.

Work-life conflict can have negative health effects, reduces commitment, work satisfaction and fatigue, thus driving poor QWL (Teryima et al., 2016). Globalisation has brought much employee anguish, making it necessary for organisations to identify ways to create a balance between work and personal life (Swarochi et al., 2018) in order to enhance QWL. However, it is highly notable in research that there is no clear-cut standard for WLB, but that it is rather dependent on one's pro-activeness in ensuring personal WLB (Raja & Stein, 2014).

2.7.2 Quality of Work Life as Determined by Health and Well-being

Well-being in its relationship with QWL is concerned with the individual's physical and psychological health components existing in the working place (Letooane, 2013). Researchers agree that QWL is not only relevant for the organisation, but also for the well-being of the employees (Rastogi et al., 2018). The health and well-being of employees is defined as the physical and psychological conditions of employees in any work environment (Teryima et al., 2016). A study by Abiodun and Olumide (2019) revealed that it is essential for organisations to invest more in the emotional well-being of the employees to enhance their QWL. A less strenuous work environment facilitates optimum health and psychological states, which in turn drives employee performance without impediments, making health and well-being a critical dimension of QWL (Dhanalakshmi & Fasla, 2018). Hipólitol et al. (2017) found that a study on healthcare workers conducted in Brazil had identified a relationship between unfavourable psychosocial circumstances and substandard QWL for

employees, thus calling for cross-sectoral measures for health and promotion of QWL, given unpleasant work conditions.

2.7.3 Quality of Work Life as Determined by Developmental Opportunities

To ensure the enhancement of QWL, organisations should create jobs that ensure employee capacity development through the facilitation of training and development activities that empower employees (Swamy et al., 2015). Through career development and life-long learning, employee satisfaction and motivation are enhanced, which in turn drive a positive QWL (Teryima et al., 2016). On the contrary, increased work demands with poor control can hamper competence development, increase uncertainties and worsen QWL (Dhanalakshmi & Fasla, 2018). According to Letooane (2013), the honours to facilitate career advancement lie with the employee and the organisation, as they will decide the career path that is most suited for them. Reddy and Reddy (2010) mention competence development as encompassing career advancement opportunities, up-skilling, training and a reduction of stress, which results in better QWL. According to Páez-Cala and Castaño-Castrillón (2019), perceived QWL comes from having met the motivational and educational needs, thus creating opportunities for motivation and training. Continuous failure to facilitate growth and development can have adverse effects on the retention of highly competent employees and decrease the possibilities of attracting new talent (Teryima et al., 2016). Employees can stimulate their growth and enhance their QWL when training and career development opportunities are facilitated in the workplace (Dhanalakshmi & Fasla, 2018).

2.7.4 Quality of Work Life as Determined by Employees' Experiences of Job Security

QWL represents the strength of the organisation to provide permanent and stable employment regardless of the changes in the work environment (this relates QWL to the PC theory). Swamy et al. (2015) postulate that job security is a concern for employees and that their experience of job security has the potential to affect their QWL. The complex economic trajectory characterised by mergers, downsizing, acquisitions, retrenchments and restructuring has created uncertainty of job security

among employees (Teryima et al., 2016). As an important aspect of QWL, job security portrays the organisation's leverage in establishing permanent and stable employment, despite all the workplace transformations such as mergers and acquisitions, downsizing and outsourcing (Dhanalakshmi & Fasla, 2018). Research has indicated that employees working for companies that instituted QWL experienced enhanced quality of health and job safety (Swarochi et al., 2018). Looking at global trends, it is evident that the concept of QWL has become a major concern in attracting and driving staff retention, as organisations intensify their need for competent and suitable employees (Dahie et al., 2017).

2.7.5 Quality of Work Life as Determined by Supervisory and Organisational Support

Having supportive managers and supervisors could assist in eradicating work-life conflict for the employees, thus driving a favourable QWL (Ng'ang'a, 2010). Employees yearn for leaders who acknowledge and appreciate their work, are impactful, sociable and supportive to facilitate freedom of expression and encourage well-being activities (Letooane, 2013). Perceived support is the extent to which employees believe that the organisation appreciates their input and look after their well-being (Robbins et al., 2009).

2.7.6 Quality of work Life as Determined by Remuneration

It is evident from research that fair and adequate compensation can be correlated with QWL and organisational commitment (Omugo et al., 2016). In support of this view, Ahmad and Gelaiden (2013) determined a positive relationship between remuneration satisfaction QWL and turnover intentions. However, Ezeh and Olawale (2017) concluded that there was no relationship between QWL and pay satisfaction. Kelbiso et al. (2017) found remuneration to be significant determinant of QWL.

2.7.7 Quality of Work Life as Determined by Politics and Legislation

There is a clear disparity between developed and developing countries with regard to the significance of the varied dimensions of QWL, as developed countries tend to be

stricter in implementing legislation affecting QWL, for example flexible working hours that allow employees to create a balance between work and family life (Letooane, 2013). According to Ashwini (2016), QWL is observed in most developed countries, in contrast to the Indian context, where a large gap still exists between the unemployed and employed and is still not treated as relevant in most sectors. In countries like Bangladesh, factors that impact QWL are multifaceted and involve personal-work related issues, and to date, the concept of QWL has not received much attention and there is insufficient data to inform policies (Al-Amin et al., 2019). Initially, QWL was not seen as significant in India until lately when there have been challenges of inadequate resources, environmental challenges and monetary deficiencies (Swarochi et al., 2018). While studies done by Olasupo et al. (2019) and Abubakar et al. (2014) found there to be a positive link between organisational politics and QWL, other studies found a negative correlation between organisational politics and employee well-being In support of these studies. Nwizia et al. (2015) concluded that there was a link between organisational politics and job satisfaction.

2.8 Strategies to Improve Quality of Work Life

In trying to determine strategies to improve QWL, Srivastava and Kanpur (2014) support the notion that job and organisational redesign in line with desirable attributes and a perceived favourable environment by employees, would be key in trying to motivate them. Reddy and Reddy (2010) also suggest job redesign, career advancement, autonomy, flexible working hours, collaborative leadership, job security and administrative justice as some of the techniques that could be used to improve QWL. Ajala (2013) suggests options such as flexi-hours, career breaks, career advancement opportunities and policies that are family-friendly as ways that would ensure work-life balance, which would, in turn, enhance employee health. Ashwini (2016) sees the creation of flexible time tables in work schedules, autonomy, and growth potential, involvement in decision-making, job enhancement, feedback, job design and enhanced QWL as some of the approaches that could be used to enhance QWL. However, a commitment to improving QWL could be strengthened if employees resolve or commit to improving productivity and performance (Shrestha et al., 2019).

To assist in the creation of work-life balance for their employees, organisations should introduce flexible working hours, flexible work environments, Employee Assistance Programmes (EAPs), job redesign, flexible benefit programmes such as leave and wellness programmes (Ng'ang'a, 2010). Teryima et al. (2016) propose the following strategies to improve QWL: i) constant employee needs reviews, ii) QWL should be included in the total quality management and intervention strategies, iii) job redesign and an introduction of flexi-working hours, and iv) remove stringent rules that prohibit career advancement. Sadri and Goveas (2013) assert that job redesign, flexi-hours, career development and job security as some of the measures could be adopted to enhance QWL. Additionally, other strategies to improve QWL include job enrichment and job redesign, self-governing work redesign, growth potential, procedural justice, security, feedback system, flexible work hours and employee involvement (Abiodun & Olumide, 2019). Recognising and respecting human resources as a valuable factor in the workplace fosters a willingness to contribute towards the achievement of organisational goals (Jamil et al., 2020). Employee involvement will make the work environment favourable given the fact that QWL is viewed as an ongoing yardstick for the performance and sustainability of the organisation (Srivastava, 2018).

There is a need for organisations to align skills competence with the job, develop better advancement policies, evaluate their remuneration in comparison to the market, promote competence support programmes and ensure flexible working hours if they are to maintain a competitive edge (Daniel, 2019). Tyagi and Verma (2016) propose the inclusion of self-controlled job categories, career advancement opportunities, meaningful authority or supervision, flexible work routines and job security as some of the strategies that can be used to transform QWL. Organisations concerned with advancing the employees' QWL should endeavour to inculcate feelings of responsibility, ownership, democracy, autonomy, justice, security, family, flexibility and pride (Jamil et al., 2020). The role played by organisations to ensure QWL is aimed at satisfying the psychological and physiological welfare of employees (Robbins & Timothy, 2013). An increased scramble for competent employees has become prominent in many organisations worldwide, causing QWL to be a major concern, such that organisations have since used QWL as a mechanism to attract and retain talent (Abiodun & Olumide, 2019).

2.9 Chapter Summary

Chapter 2 comprised a literature review on the conceptualisation of the research topic and endeavoured to fulfil the literature objectives of this study. The researcher acknowledged and appreciated the complexity of the concept, including the fact that no consensus has been reached on defining it. However, attempts were made to ensure a critical and integrated exploration of the theoretical and empirical research.

Chapter 3: Research Article

Quality of work life: A hermeneutic phenomenological inquiry of oncology doctors' lived experiences in a Kwazulu-Natal provincial hospital

CHAPTER 3: JOURNAL ARTICLE

(This chapter is compiled according to the guidelines of the SA Journal of Industrial Psychology (SAJIP) for qualitative research and will be submitted to the SAJIP for review on acceptance of this dissertation)

Title of Dissertation: Quality of work life: A hermeneutic phenomenological inquiry of oncology doctors' lived experiences in a KZN provincial hospital.

Author: Lynette Siziba

Co-author: Prof HA Barnard

Affiliation: Department of Industrial and Organisational Psychology, College of Economic and Management Sciences, University of South Africa.

Corresponding author: sizibalynette@gmail.com

ABSTRACT

Orientation: The work environment in hospitals is characterised by challenges and complexities that can hinder health professionals' performance and productivity and the quality of care given to patients. Quality of work life remains a relevant research focus, as it seeks to facilitate favourable working conditions for both the employer and the employee.

Research Purpose: This research aimed to explore the quality of work life of oncology doctors in a bid to optimise their well-being and enhance the quality of care given to cancer patients.

Motivation of the study: To date, quality of work life research is not in clear agreement on the definition or measure of the concept. To create a favourable work environment, quality of work life is relevant in the organisation, especially in public hospitals where the job demands are complex and intense. Oncology doctors continue to experience hardships as the numbers of cancer diagnoses continue to grow, with limited resources that support them in rendering medical services.

Research approach, design and method: This qualitative study was conducted from a hermeneutic phenomenological approach. Consequent to purposive sampling, data were gathered using virtual, semi-structured interviews from nine (9) oncology doctors. Interpretive Phenomenological Analysis was used to analyse the data.

Main findings: Five superordinate themes describing the quality of work life of oncology medical doctors were constructed from the data and integrated with relevant quality of work life theory. Findings show a need for the fulfilment of lower-order needs (hygiene factors) in order to address poor quality of work life experiences. Higher-order needs (motivational factors) appear to act as moderators of unfulfilled lower-order needs towards a sense of quality of work life. Quality of work life challenges seem to be moderated by a strong career identity. Holistic quality of work life policies and interventions are proposed to ameliorate the experiences of QWL and mitigate the risks.

Practical/managerial Implications: Findings provide important information regarding the experiences of oncology doctors which can inform quality of work life policies and strategies to enhance overall work experiences for both the employee and the organisation.

Contributions/value add: This research contributes to the existing body of knowledge in quality of work life studies, especially in the context of the health sector aiming to enhance the experiences of the quality of work life in public hospitals in view of better service delivery and quality of patient care.

INTRODUCTION

The healthcare industry is consistently challenged with change, creating a work context that is unexpected, ambiguous, and uncertain (Nayak et al., 2017), yet has to attend to the essential service demands of high volumes of people requiring life-saving care on a daily basis (Maphumulo & Bhengu, 2019). The work conditions in hospitals and health care facilities, as well as the inherently traumatic nature of the work, have exacerbated premature exits, pointing to a need to ensure quality of work life (QWL) for healthcare employees (Parveen et al., 2016). Parveen et al. (2016) suggest that the challenges of attraction and retention of talent in healthcare, can be managed through accentuating and establishing a high level of QWL. This gives impetus to the need for the enhancement of QWL in healthcare, in order to retain talent and attract more individuals to the field. QWL gained prominence in the 1980s due to the challenges faced by healthcare personnel and the consequent succession of Legislative Acts that were disseminated in the safety, health and training domains (Ncgobo, 2012). Researchers hypothesised that if QWL is poorly managed it can drive absenteeism, medical errors, diminished productivity and poor quality of service (Ncgobo, 2012; Vidal-Blanco et al., 2019). Traditionally, QWL was utilised for job redesigning processes; however, in today's era, QWL has gained prominence and relevance globally as organisations face issues related to human resources stability and retention (Swamy et al., 2015). QWL continues to become increasingly significant in the healthcare sector in that it aims to enhance patient and employee satisfaction and produce better service standards (Parveen et al., 2016; Saygili et al., 2020). To enhance QWL in the health care work setting, Nayak et al. (2017) propose the use of welfare benefits which include providing employees with eating spaces, subsidised meals, health facilities, relaxation facilities, subsidised transport services and housing allowances. Socio-economic and political contrasts between developed and developing countries may render some dimensions of QWL as more or less relevant in different countries (Letooane, 2013). This is evident from Letooane's (2013) study which revealed that developed countries are stricter in implementing labour legislation that affects QWL as compared to the developing countries. Parveen et al. (2016) found that in France, QWL was associated with the absence of recognition, time constraints, a lack of compassion for patients and their families, insufficient training and a lack of teamwork.

Cancer has become a critical public health challenge globally and is the second major cause of death in the United States (US) (Siegel et al., 2020; Sung et al., 2021). Siegel et al. (2020) highlight statistics showing 1,806,590 new cancer incidences in 2020, with 606,520 deaths anticipated for the year in the US. Globally, there were approximately 19.3 million new cancer incidences and close to 10.0 million cancer deaths in 2020 (Sung et al., 2021). The current increase in cancer cases in South Africa has put additional strain on an already overburdened oncology system (Wentzel et al., 2019), making cancer a critical public health challenge (Lubuzo et al., 2019). Therefore, in the healthcare context, oncology care has become a prioritised service, and a specifically complicated clinical one, in which patients with a life-threatening disease are treated using lethal treatment (Alharbi et al., 2019). Stress, helplessness, hopelessness, burnout, depression, and job dissatisfaction have all been reported among oncology and onco-haematology personnel (Magnavita et al., 2018), demonstrating a need for understanding the QWL of oncology employees. The constant lack of resources and poor working circumstances, especially in developing countries, have had an impact on oncology doctors' optimal functioning and quality of healthcare services for patients, resulting in more staff resignations and shortages (Lubuzo et al., 2019; Maphumulo, 2017; Soobramoney, 2019). Vidal-Blanco et al. (2019) identify emotional well-being, compassion fatigue, burnout syndrome, and compassion satisfaction as components of QWL in healthcare, and note that if QWL is compromised, further problems such as emotional distress and physiological problems could impact the quality of patient care. In the context of constantly needing to enhance QWL in healthcare and the unique challenges in oncology care, this study focuses on the QWL of medical professionals working in oncology.

Research objectives

This study aimed to explore doctors’ lived experiences of working in an oncology unit, to enhance understanding of and describe their QWL and its role in how they conduct their work.

Potential value-add of the study

This study's findings contribute to the existing body of knowledge in South Africa on QWL, specifically in an oncology healthcare context, especially given the heightened rate of cancer incidence and the uniqueness of caring for people with a life-threatening disease in the South African public healthcare context. The study also offers an in-depth approach that explores the subjective experiences of QWL as opposed to the more conventional quantitative perspective to measure objective QWL in QWL research. Participants' QWL experiences prevalent in oncology healthcare, as found in this study, sensitise management and the government to the consequences and value of QWL, as well as the need for policies and programmes aimed at enhancing QWL in this unique work context.

LITERATURE REVIEW

The literature review comprises a conceptualisation of QWL, its outcomes, theoretical frameworks and the dimensions and factors that impact QWL.

Conceptualisation and origins of quality of work life

Over the years, the interest in studying QWL, especially in healthcare settings, has grown (Elshahat et al., 2019; Kelbiso et al., 2017; Vischer & Wifi, 2017). However, notably from most of the literature and studies on QWL, there is a lack of consensus on its definition (Jaiswal & Mahila, 2014; Zubair et al., 2017). Nayak et al. (2017) define QWL as the extent to which employees get satisfaction from their life in the workplace. Likewise, Sumathi and Velmurugan (2017) define QWL as the calibre of the relationship between employees and the work environment and how work impacts employees' and organisational effectiveness, while also looking at the total involvement of employees and the organisation in problem-solving and decision-making. Sattar et al. (2018) refer to QWL as the degree to which relationships are maintained between employees and organisational circumstances prevalent in the working environment.

While some researchers have defined QWL independently, some have likened it to **job satisfaction.** Swamy et al. (2015) conceptualise QWL as the degree to which

satisfaction of relevant personal needs is experienced by employees. According to Sari et al. (2019) job satisfaction is an outcome of QWL, whereas QWL is a comprehensive look at total workplace and life aspects. Leitão et al. (2019) similarly view job satisfaction as an outcome of QWL. In the current era of volatile, uncertain, complex and stressful work contexts, QWL is relevant and should never be compromised in achieving employee satisfaction, because that would lead to unfavourable outcomes for the organisation (Dahie et al., 2017).

Jaiswal and Mahila (2014) suggest that QWL has in the previous years, been known to be a vigorous and far-reaching organisation of technological, physical, psychological and social facets that impact organisational culture and re-establish a favourable work environment. QWL influences a range of positive work-related outcomes, such as commitment, performance, job satisfaction and productivity (Usha & Rohini, 2018). Priya (2015) categorises QWL outcomes as quantitative (increased productivity and better development, continuity of work, reduced turnover and costs, and low absenteeism) and qualitative (better quality products, boosted morale and motivation, healthy relations, individual responsibility and commitment to achieve goals, individual growth and development, and better decision-making and transparency).

Although several **objective** elements or criteria of QWL have been identified in establishing a favourable work environment, it is also fundamentally a **subjective** phenomenon, based on the individual's or group's perceptions, experiences, goals, opinions and circumstances about the various work-related elements that determine their level of work satisfaction (Letooane, 2013). Given the preceding discussion and for the purposes of this study, it can therefore be said that QWL is summatively defined as the desirability of the workplace based on perceptions of employees regarding aspects such as the adequacy of resources, autonomy in decision-making, support and social affiliations, which, if managed well, drive satisfaction and commitment. Comprehensively, from a consequential perspective, QWL is furthermore related to the degree to which the resources and processes of the organisation enhance the welfare and needs of the employee. It is therefore not surprising that the QWL construct has meta-theoretical roots in motivational theory.

Research has shown that QWL has its foundation in the **theories of motivation** of Maslow (1943) and Herzberg (1966). Narehan et al. (2014), as well as Sari et al. (2019) categorically posit that QWL is congruent to Maslow's motivational theory, which is a perspective to motivation related to a hierarchy of needs (safety needs, esteem needs, physiological needs, social or affiliation needs and self-actualisation). To further explain this, Narehan et al. (2014) highlight the importance of fulfilling the lower-order needs first, regardless of the higher level, distinguished needs of employees. Herzberg classified these needs as satisfiers or dissatisfiers using the Two Factor Theory (Verma & Sharma, 2018). According to Olasupo et al. (2019), QWL is a result of employees getting satisfaction from challenging and involving tasks, whereas poor working conditions result in dissatisfaction. This cements the congruence between Maslow's and Herzberg's motivational theories, in that the higher-order needs are regarded as motivators (intrinsic factors) and the lower-order needs as hygiene (extrinsic) to the job (Alshmemri et al., 2017). Apart from considering the fulfilment of lower and higher-order needs, QWL can thus be viewed as the satisfaction of both intrinsic and extrinsic needs (Rastogi et al., 2018).

The **multidimensionality** of the QWL construct is evident in different conceptual perspectives, yet all identify certain organisational dimensions or aspects that impact on employees' perceived and experienced levels of work satisfaction. Narehan et al. (2014) conclude that QWL is a broad concept covering aspects such as adequate remuneration, social belonging and a conducive and healthy work environment that can drive employee performance and skills utilisation. Researchers have distinguished variables such as job security, satisfaction and remuneration, and have identified certain physiological, physical and social factors to be critical for QWL (Swamy et al., 2015). Nanjudeswaraswamy and Swamy (2013), as well as Swamy et al. (2015) identify autonomy, organisational culture, training and development, relation and cooperation, work environment, job security, work satisfaction, remuneration and recognition, and resource adequacy as the nine (9) core dimensions of QWL. According to Jaiswal and Mahila (2014), competence development, health and welfare, job satisfaction, security and work-life balance are some of the components of QWL. Nilgün (2017) found QWL dimensions to include training, career opportunities, work design, participative team, job security, adequate

and fair remuneration, work content, recognition, involvement in decision-making and organisational culture.

From a dimensional perspective, QWL can be seen as a strategic mechanism in improving personal and professional development, motivation and commitment levels (Rastogi et al., 2018). It is when an organisation facilitates a good working environment based on these QWL components that it can achieve job satisfaction with its employees and enhance organisational commitment (Ngcobo, 2012). Furthermore, there has been an overall outcry for the development and redesigning of civilised jobs that can meet employees' higher-order needs, utilise their higher skills and make them favourable employees, parents and spouses, which has come to be known as QWL as it incorporates elements of work, such as the work environment, remuneration, working hours, career progression, rewards and well-being services (Sahni, 2019). As organisations seek to improve their employees' QWL through availing healthy and safe working conditions, fair remuneration and service, they must remain conscious of the subjective nature of QWL, namely how employees perceive work psychologically, as this may impact on performance and productivity (Dahie et al., 2017). Swamy et al. (2015) stress the need for organisations to treat employees as assets rather than liabilities that are only conceivable through a civilised job redesign process, which the authors recognised as QWL.

RESEARCH DESIGN

The research design includes a clarification of the applied research approach and the overall research strategy that were used to conduct this study. The research methods are outlined, comprising the setting, researcher access and roles, sampling and participants, data collection and analysis, and the strategies employed to ensure rigour and credibility.

Research approach

This study assumed a hermeneutic phenomenological (HP) approach, to explore doctors' lived experiences of working in an oncology unit, to enhance understanding

of and describe their QWL and its role in how they conduct their work, and in so doing derive a hermeneutic understanding of their QWL. Hermeneutic phenomenology focuses on discovering experiences as they are lived by research subjects to reveal meaning of a specific research phenomenon (Churchill, 2018; Laverty, 2003). In the HP tradition, empirical understanding of human experience is typically based on an interpretivist-constructivist epistemology, drawing upon inter-subjectivity and hermeneutics as an approach to interpretation (Suddick et al., 2020). The power of HP as a research approach lies in its ontological exploration of what is in the unknown and uncovering an understanding about a phenomenon from lived experience (Crowther & Thomson, 2020; Kafle, 2011). An HP approach was used in this study to pay attention to the subjective, lived work-life experiences of oncology doctors in an attempt to understand how they experience QWL. The findings provide an intersubjective interpretation of QWL as co-constructed from the lived experiences of oncology doctors and the researcher's preconceived meta-theoretical understanding of QWL. Participants' lived experience constitutes the situational data that are studied in order for the researcher to make sense of a research phenomenon (Churchill, 2018), which in the case of this study is QWL.

Research strategy

A qualitative research strategy was applied. Qualitative methods are characterised by their pronounced potential to explore, relate, acknowledge and elucidate social phenomena (Vidal-Blanco et al., 2019). Purposive sampling was used to select nine (9) participants according to predetermined inclusion criteria ensuring participants as information rich in relation to the research phenomenon. In-depth semi-structured virtual interactive interviews were conducted to gather narrative descriptions of oncology doctors' lived work experiences. From an HP stance, an interview guide was carefully designed based on a review of QWL literature to elicit rich narratives related to the research phenomenon. Data were then interpreted using Interpretive Phenomenological Analysis (IPA).

Research method

Below is a discussion of the research setting, entrée and establishment of researcher roles, the sampling strategy and participants, data collection methods employed, recording and analysis of data, and strategies to ensure rigour and credibility.

Research setting

The study was carried out with a group of doctors working in an oncology unit in a public sector, provincial hospital in South Africa's Kwazulu-Natal (KZN) region using in-depth semi-structured virtual interactive interviews via Microsoft Teams. This hospital was chosen because it is one of the province's only two tertiary or referral specialist hospitals that provide comprehensive oncology care and work-integrated training of oncology medical professionals. The hospital’s oncology unit provides services to the hinterland of KZN, servicing a population of about 4 million from five (5) districts in KZN, as well as some patients from the Zululand district, the Eastern Cape and Lesotho. The unit is fully accredited for training of specialists and consultants and is affiliated with the University of Kwazulu-Natal (UKZN). The oncology unit has seven (7) medical officers, three (3) registrars (general practitioners specialising in oncology) and three (3) specialists. Additionally, there are two (2) clerks, five (5) general orderlies, eight (8) nursing staff, three (3) medical physicists and about 16 to 19 radiotherapists. Moreover, the unit has close relationships with allied healthcare workers (physiotherapists, occupational therapists, psychologists, social workers, and dieticians). They do not work directly in the department, because of staffing constraints, but form an integral part of the management of cancer patients at this hospital. The number of new patients seen each day varies, but ranges from eight (8) to 21 on any given day. Chemotherapy is administered to 30 patients, 50 to 60 patients receive radiotherapy and 1 to 3 brachytherapy treatments are given daily. Most new patients are managed by a multi-disciplinary team, depending on both the diagnosis and staff availability. The unit has 40 lodger ward beds for patients requiring radiotherapy. This caters for patients who live too far away to travel daily, sometimes for as long as a seven-week period. There is also a 14-bed ward, which is small, considering the number of

patients requiring oncology care. Generally, the healthcare system in South Africa is challenged with inadequate resources, demand and supply factors, management and leadership problems, increased disease burden and poor infrastructure (Maphumulo & Bhengu, 2019).

Entrée and establishing researcher roles

Permission was granted by the hospital management and the Head of Department (HOD) for the oncology unit served as the gatekeeper for this study. Ethical clearance was granted by the UNISA-CAES Health Research Committee (2020/CAES_HREC/092) as well as the Department of Health (DOH) (NHRD Ref: KZ_202005_016). The HOD shared the details of the research with potential participants and upon receiving their written consent, the gatekeeper then shared the contact details of the willing individuals with me. Following that, I contacted each person individually to schedule appointments and begin the research interviews. Even though each participant had received the information sheet through the gatekeeper, they also received the consent and information sheets again via e-mail. At the start of each interview, the consent and information sheets were reviewed again to reinforce issues such as confidentiality, anonymity, voluntary participation, and the right to withdraw from the study at any time. Permission to record the interview sessions was obtained from all the participants, with the assurance that confidentiality would be maintained through the use of pseudonyms and using the information in such a way that no one would be able to link them to their responses. I also informed them that field notes would be taken on the side as a backup. In order to establish rapport, each interview included a check-in process that asked "who are you and how you are feeling today?"

Research sample and participants

Purposive sampling was employed for this study. Purposeful sampling focuses on selecting participants based on their prior experience with the study phenomenon and willingness to share those experiences (Laverty, 2003). Small purposefully selected homogeneous samples are typical to HP studies employing the IPA method (Peat et al., 2019). From an HP perspective, IPA emphasises the importance of

selecting participants based on their homogeneity in terms of experience and knowledge of the study phenomenon, as well as competence and eagerness to share their experiences (Alase, 2017; Etikan et al., 2016; Ramsook, 2018). To achieve homogeneity, only doctors who were qualified medical practitioners with at least three years of experience in the oncology department, were included. The gatekeeper helped to select ten participants who met the inclusion criteria. Six females and three males were among the nine participants, who included three medical officers, five registrars, and one consultant with three or more years of oncology expertise. The participants' biographic details are depicted in Table 3.1.

The qualified medical practitioners (doctors) take up positions ranging from medical officers, registrars and specialists (also referred to as consultants). A medical officer position is the entry-level position for a medical practitioner entering the oncology unit, after they have completed their general practitioner internship and community service. Taking up a position in the oncology unit allows the general practitioner to choose a specific area in which to specialise. The registrar post is a four to five-year specialisation position in which one has already qualified as a general practitioner and is now in training to become a specialist. After completion of registrar training, one becomes a specialist in a particular field such as oncology, and registers with the Health Professions Council of South Africa (HPCSA) as a specialist medical practitioner. Specialists in the oncology unit are also referred to as consultants.

Table 3.1

Biographical Information of Participants

	Age Range (Years)				
Gender	**30 - 39**	**40 - 49**	**50 - 60**	**Position**	**Experience in Oncology (Years)**
Female	x			Medical Officer	6
Female	x			Registrar	5
Female			x	Medical Officer	7
Female	x			Registrar	3+
Male		x		Registrar	10+
Female		x		Consultant	14

Male	x		Registrar	3+
Male	x		Registrar	3+
Female		x	Medical Officer	5

Data collection

Data were collected over the course of a month, utilising in-depth, semi-structured virtual interactive interviews with open-ended interactive questions (congruent to HP studies), enabling participants to share their in-depth experiences of the phenomenon (Alase, 2017; Crowther et al., 2017; Singh et al., 2019). Microsoft Teams was used to conduct the interviews, of which the duration varied between 30 to 60-minutes. In-depth, semi-structured interviews facilitate the provision of rich and in-depth first-person experiences (Arunasalam, 2018; Gyollai, 2020). The open-ended interview questions provided for consistent probing and flexibility, allowing for exploration of pertinent issues as they arose (Mselle et al., 2018). At the start of each interview, I discussed the research goal and how the data collected would be used. I commenced with a check-in to establish rapport before moving on to the introductory questions. From an ontological standpoint, the majority of questions concerned the ‘’whatness’’ and “howness” of experience (Behal, 2019; Smith & Osborn, 2007). To ensure a thorough exploration of the phenomenon as experienced by the participants and to reinforce my subjectivist epistemological stance (Thomas et al., 2020), in each interview, I modified some of the questions based on the participants' responses in order to explore emerging areas of interest. The practise of adjusting questions based on the natural flow of the interview is pertinent to IPA (Alase, 2017). To elicit their idiosyncratic (individualistic) interpretations and to clarify emerging insights, I probed with the phrase "tell me more about …" (Bu & Pare, 2018; Crowther & Thomson, 2020).

Throughout the interviews, I used reflexivity to critically reflect on each participant's contribution as well as my own preconceptions, and its potential undue influence on the participants (Rettke et al., 2018). To maintain reflexivity, I took notes during the interview sessions, kept a reflexive journal, and recorded any thoughts that came to mind. I stayed cognitively alert while listening to each participant to determine meaning and comprehension (Gyollai, 2020). In between interviews, I engaged in self-reflection by remaining aware of preconceptions or biases and by drawing on my

second-hand experiences with the phenomenon (Gyollai, 2020; Laverty, 2003). My understanding of the phenomenon was influenced by the dialogical nature of the conversations (Gyollai, 2020) and the hermeneutic alertness, which allowed for flexibility in adapting the questions while consistently suspending my preconceptions (Suddick et al., 2020). Interrogating the participants' silent voices improved comprehension of the data (Spence, 2017). At interview number nine, I was satisfied with the data saturation and decided to discontinue further interviews. The interviews were informed by the principle of data saturation or redundancy, which is a point at which the data gathered is sufficient and no additional information is required (Aldiabat & Le Navenec, 2018).

Data recording

Permission to record the interviews on MS Teams was obtained from the participants. To enable real-time transcriptions, the otter.ai program was used (Mselle et al., 2018). As a backup in case the recordings failed unexpectedly, I jotted down the participants' narratives on paper (Creswell, 2014). The field notes included observations made during the interviews and were useful as additional data to support the interview transcriptions as well as verification of information during data analysis.

Data analysis

In the HP tradition, IPA was adopted because it focuses on the participants, conveys respect and sensitivity to the subject's experiences, and allows for the collection of rich and descriptive data (Alase, 2017; Gyollai, 2020). The IPA also advocates for the preservation of the researcher's subjectivity in the study (Kirn et al., 2017). Through IPA, participants' feelings, perceptions, and incidents can be clarified, and the method has incalculable potential to aid in the co-construction of knowledge (Anderson et al., 2019).

To begin the data analysis, I followed the IPA procedures outlined by Peat et al. (2019) and Smith and Osborn (2007). I began with the first case, immersing myself in transcript data to identify themes. I also made a note of anything noteworthy in the

data transcript. Using the first transcript, I began to identify themes or recurring patterns, keeping in mind the research phenomenon as defined by the research question and objective (Peat et al., 2019). Secondly, I formulated themes and began clustering them into subordinate and superordinate themes, attaching relevant verbatim texts. Thirdly, I proceeded with the analysis of the other cases using the first case as a guide, repeating steps 1 and 2 above. I then moved to the other cases, paying reflexive attention to the emerging patterns that supported the evolving themes from the data set as a whole (Crowther & Thomson, 2020). Moving between individual interviews and the data set as a whole (hermeneutic circle), resulted in an iterative listening and reading approach during which I used intuition and my preconceived theoretical assumptions about QWL to generate a rich and deep understanding of the research phenomenon (Hasanpur et al., 2017; Kirn et al., 2017). My reflexive journal further enabled the application of the hermeneutic circle principle as I constantly reflected on any important issues that arose during data analysis, moving back and forth between the data (Laverty, 2003). The interaction between the first and subsequent cases resulted in a revision of the original theme structure. The refining of theme labels and conceptualisations resulted in the categorisation of themes as subordinate and superordinate, further strengthening comprehension of participant experiences (Alase, 2017). In addition to analysing recurring themes across all cases (Kirn et al., 2017), I focused on discovering meaning rather than correctness and amplification (Kafle, 2011).

Finally, I began constructing narratives from the themes and verbatim data, drawing on my prior knowledge. To improve understanding and meaning of the research phenomenon, a reflexive journal, reflexivity, and questioning were also used as part of the interpretive process (Laverty, 2003). The ongoing reflexive dialogue with the texts, as well as the questioning and interrogation of one's own interpretations, improved comprehension and meaning (Spence, 2017). I continued to employ the hermeneutic circle, moving between part (participants' individual meanings) and the whole (own interpretations and theoretical knowledge), to enhance understanding and meaning (Hasanpur et al., 2017; Suddick et al., 2020). The findings were then linked to the study's theoretical foundations, and to elaborate the findings in accordance with IPA specifications, verbatim texts were attached to give the participants a voice.

Quality criteria and strategies

Participants were informed of the confidentiality and anonymity that would be maintained throughout the research to ensure **credibility**. The credibility of the data was increased by constant member checking and probing certain aspects that would have emerged in another interview. In an attempt to account for different experiences as a result of COVID-19, I constantly reminded the participants to refer to pre-COVID era experiences. I made a point of establishing rapport with each participant prior to the start of each interview to ensure credibility. I also made sure that enough time was allotted for each interview, gathered all relevant demographic information, took notes, and recorded each interview (Ramsook, 2018; Singh et al., 2019). **Transferability** was addressed by detailed description of the research setting and the participants' biographic profile. In addition, I ensured **dependability** by continuing data collection until saturation was reached. I attempted to improve confirmability by reviewing and revising the interview guide before it was used on the participants with the help of my supervisor. To supplement the recordings, I took notes on the side, kept a reflexive journal, and made sure to capture correct participant narrations. Rich verbatim quotes from participants were used to construct credible interpretations, to enhance the study's **trustworthiness** and **rigour**. Furthermore, the use of homogeneous purposive sampling and the incorporation of pertinent details with rich textual accounts contributed to the overall credibility of the process (Singh et al., 2019). I also ensured **authenticity** by providing multiple verbatim extracts for each identified theme, as well as using the exact words of the participants in certain circumstances to give them a voice.

FINDINGS

Five superordinate themes were constructed from the data, to describe the QWL of oncology doctors in this study. The findings summatively suggest that the QWL of oncology doctors is at a basic need level i) determined by specific work-related elements, ii) affected by their ability to manage their work-life interface, and iii) related to work and non-work support systems. From a higher-order needs perspective their QWL seems moderated by iv) their commitment towards service

delivery, and v) a need for achievement and development. Figure 3.1 is a visual depiction of the themes where after each superordinate theme is conceptualised with its related subordinate themes and at the hand of substantiating verbatim data.

Figure 3.1

Summary of Findings: Superordinate and Subordinate Themes

Contextual limitations to optimal functioning	Work-life-conflict	Support as an integral part of functioning	Commitment towards a service	A need for achievement and development
• Limited medical resources • Inadequate human resources • Work overload • Poor infrastructure • Helplessness and fatigue	• Family time affected • Studies impacted	• Management support • Consultant and team support • Need for psychological wellness support • Family and spousal support	• Wanting to assist patients • Interacting and communicating with patients • Finding meaning and satisfaction from patient satisfaction	• Need for career and skills advancement • Academic and career advancement challenges • Career advancement support

Superordinate Theme 1: Contextual limitations to optimal functioning

A lack of resources, which includes staff (human resources), drugs, equipment, time and infrastructure, has been crucial to the doctors' growing dissatisfaction, thus driving poor QWL experiences. Participants indicated a shortage of a medical and human resources as impeding not only their day-to-day functioning, but the satisfaction of their patients as well, because these limitations lead to work overload and, together with poor infrastructure, leave doctors feeling stressed, fatigued and helpless.

Several participants emphasised how their work was constantly hampered by a lack of medical resources, making it difficult to perform their duties effectively. According to OMD7, *"If we could have enough drugs, instruments, also a quick replacement and procurement of equipment"* it would support the QWL in the oncology unit. Similarly, OMD2 noted *"Sometimes there are some inefficiencies in the system we short of drugs, which is challenging. All these drugs stock-outs which make it difficult"*. Doctors get their motivation and satisfaction from being able to offer the best quality of care. Yet, according to OMD3, a lack of medical resources results in medical care situations that are not favourable to the patients, which caused them to feel helpless and frustrated: *"So, I don't look forward to bring patients some sub-*

optimal treatment. I think we do them a great injustice because I think they don't have a voice to be heard, that's not fair". OMD1 summarised the limited medical resources which are impacting the quality of care that they offer patients:

> *I mean, we do have scarce resources in that sense. So that's one thing that I would like to change. The other thing is that the access to more advanced drugs, in terms of chemotherapy, we are very limited in what we can offer … So, it means us chopping and changing and adopting a regimen which is substandard and it's not what's best for the patients.*

Staff shortages in the oncology unit further affected the doctors' QWL. The need for more doctors as well as for specialist expertise and guidance was evident in the words of OMD7: *"If the resources, and in resources I mean human resources, that is more doctors, addressing the shortages of specialists. Currently, only two centres are providing oncology in KZN"*. In particular, the shortage of staff that is fluent in the native languages that are predominantly spoken and understood by patients fuelled the larger human resources problem. The language barrier that existed between doctors and their patients was a recurrent theme among most of the participants that do not speak a South African native language:

> *Also the language barrier is an issue, a lot of our patients are not first language, they are not fluent in English, and as speakers we've got some patients who speak other African languages … it's challenging and difficult to communicate with some patients, because of the language barrier (OMD2).*

Having inadequate staff has also impacted mentorship opportunities from oncology specialists, which exacerbated the participants' sense of a lack of support as most of the participants are general medical practitioners. The human resource shortage was, according to OMD8, aggravated by the lack of oncology specialists, to the extent that it has become a healthcare crisis: *"Overall I think in terms of oncology, and particularly with the oncology crisis that I was exposed in … a lack of oncologists is a huge challenge"*. He continued to explain that the shortage of oncologists leads to work overload and fatigue: *"Those oncologists that are here have to basically do double work and it can lead to fatigue"*. Taking the effect of poor support due to limited specialist resources a step further, OMD2 also expressed concern over consequent work overload which resulted in undue levels of stress. Stress again

impacted on timely service delivery, and the whole dynamic challenged the QWL in the oncology unit:

> *Sometimes the number of patients that you know is sitting there waiting to see you. And the fact that they're all coming in early in the morning and you might only see them at 12 o'clock or 2 o'clock in the afternoon. So, there's pressure on it.*

OMD4 echoed this sentiment, stating that their heavy workloads had an influence on the amount of time they spent with their patients: *"And it's usually, you know, the volume of patients we see, they are so many such that now, you are rushing time. So you end up not getting lunch or nothing"*.

The work environment is characterised by poor infrastructure, which played a significant role in how participants perceived their QWL. In this regard, OMD6 highlighted several work conditions related to infrastructure that negatively affected their QWL:

> *So let's start with ventilation, I have a huge issue with optimal ventilation I don't think management over here enhances our quality of life … With respect to cleanliness, I am not happy with that, either. But that was down to staffing constraints.*

OMD9 concurred with the issues of ventilation, limited space and noise:

> *The whole structural configuration ... The clinics and our radiotherapy don't have much ventilation …. Ah, the department is a bit congested, they can open up the space more, and you know, so that we can get more natural air and the working environment will be better … We have no space it's very noisy.*

Participants noted how the infrastructure does not support their QWL and capacity to handle the volume of patients they see every day. For example, OMD5 indicated how poor infrastructure impacts on effective patient treatment or care:

> *I do not look forward to complicated patients and depending on the advancement, knowing that you can't assist them and knowing that you can't do much to help. I wish we could have earlier treatment for patients and*

reduced waiting time for patients. And also, more oncology departments in the province, because currently there are only two servicing the whole of KZN.

Contextual limitations, such as medical and human resource shortages in the context of patient volumes and poor infrastructure, lead to work overload, stress and feelings of helplessness and fatigue. As noted by OMD4: *"The challenges there is the work load here. It's crazy, that's one thing that's like really takes my energy away"*.

According to Kleiner and Wallace (2017), the workload and stress associated with cancer care makes oncologists susceptible to poor mental health, burnout and compassion fatigue. The intersection of all these contextual limitations causes a barrier to optimal functioning and substantiates a poor QWL for the participants. The contextual limitations affecting their ability to provide optimal care are fuelling feelings of helplessness and fatigue. Long working hours, heavy workloads and a lack of autonomy have resulted in poor QWL experiences, jeopardizing doctors' work life balance (Murali et al., 2019), which constitutes the next superordinate theme.

Superordinate Theme 2: Work-life conflict

The afore-mentioned challenges result in a conflict between work and life. There are differences in terms of how participants managed their work and personal life. A polarity between male and female participants with regard to maintenance of quality family time, juggling work and academics, can be observed. Playing multiple roles of being a professional, an academic, mother and wife seem to be a challenge, driving much need for support. OMD 1 narrates some of the challenges:

Mmm, that's a mess. That's a mess, unfortunately. I mean, look, my circumstances are exceptional … So it means me cooking in the morning because my kids go to school. And they also, I need to make sure that they have their lunch prepared before they come to school, I mean I have a helper for them, my husband's a bit flexible. So he does the school run. I do that, such that when I go home, there's nothing really for me to do. So lunch and supper has been prepared. It just means now sorting out the children. But it's a 24hour job. Not much time to study. So I've had to wake up in the morning at four in the morning so that I can get at least two hours done …

According to OMD3, these unique demands affected their psychological well-being and continued struggle to create a balance:

> *Yeah, it’s a struggle hey, I don’t do it too well. I think work takes up my hours here and the minute I’m in the car I’m thinking of what’s next to do for my other half of my life. And that takes up all my time and then I get up in the morning and start thinking about work again. So I don’t balance it very well.*

On the other hand, those studying, like OMD5, wished there could be days set aside for academic work as they believed this would help create a balance:

> *I am working towards becoming a specialist and completing my research. But the challenge in trying to progress is the time to study and family life. Coupled with busy work schedules, so I think time off for research would really help.*

Participants such as OMD6 emphasised the lack of progress in trying to advocate favourable working times: *“we still haven't managed to improve our working times …”*

In order to enhance QWL, work should not be so stressful that humanity is lost, causing disruptions to other life functions (Swarochi et al., 2018). Involvement imbalances became apparent when there were significant work-family engagement disparities that exacerbated stress levels and impacted one's QWL (Bhende et al. 2020). The work or non-work configurations revealed a potential link between oncologists' workload and burnout, demonstrating the influence of time strain on mental health and resulting home conflict (Kleiner & Wallace, 2017).

Superordinate Theme 3: Support as an integral part of functioning

The challenges experienced in the oncology unit and the unique setting of South African public hospitals require that medical health professionals get the necessary support that can enhance their experiences of QWL and service delivery. It was evident throughout all the interviews that participants were pleased with the current relationship with their management. Employees require managers who display sovereignty and supportive behaviours in a way that encourages their well-being, performance and job satisfaction (Lejeune et al., 2020). A clear distinction was made

between a good and a bad employee/manager relationship. OMD1 for example described a bad relationship in the following manner:

> *So, I mean, even like, in him addressing issues with us, personally, I mean, he will take off with you in front of colleagues and take off with you in front of people of other departments and other disciplines and it is sort of a bit of a disrespectful approach, sort of embarrassed you in that situation. He wasn't very approachable. You couldn't ask him anything without him being upset with you for silly things. It was a bit of a difficult place to work.*

While OMD1 spoke of the impact and importance of management styles, OMD7 expressed the need for the relationship to extend to the hospital administration as well if they are to address resource constraints:

> *Consultants are my immediate management. The relationship is good; they are accessible, approachable and willing to listen to my problems. We discuss patient care together. I learn from them which gives me the confidence to perform procedures … If the administration management could be more involved in being present to address our resource constraints. You know to have procurement managers come to the clinic more often.*

Apart from managerial support, team support was also mentioned as crucial, with OMD9 citing the importance of what each member brings to the team: *"When someone is not there, you realise what they bring into the department … So it is important for the department to have teamwork, we don't want to leave anyone, we want teamwork".* To further assert this theme, regardless of the non-existence of support programmes, OMD7 spoke of support and teamwork in this regard: *"There is no programme provided. But at a departmental level, we have team building activities, lunch and so on"*.

However, most participants, like OMD2, expressed concern over psychological well-being issues and them not being aware of any employee assistance programmes (EAP) except human resources representatives: *"So it just felt more comfortable and it made more sense to go into the private sector to use the employee wellness programs which, you know, it was more than just what an HR member could deal with"*. While some preferred seeing their own therapists, others like OMD7 indicated

the need for psychological services to help them deal with the challenges promptly as time was also a constraint:

> *They could introduce well-being programmes because at times you are overwhelmed, just having an opportunity to speak to a professional. There is a need for access to psychologists or group therapy. Doctors also get mental issues. They end up committing suicide so that support is needed.*

The time constraints, according to OMD6, further made it difficult to utilise psychological support services due to the demanding nature of their work schedules and patient volumes:

> *They do have exercise programmes and staff wellness days and all that but unfortunately, the reality is we're fully booked for months to months. And as doctors, we do not have the capacity to be going to workshops and things that are not scheduled around work. So I guess there is some sort of effort but it's not really practical effort.*

Although some preferred psychological support services to cope with challenges, OMD5 claims to use spirituality and family as a way to mitigate the effects of work life conflict: *"I cope through prayer and my family is very supportive. My wife is the biggest support structure as well as my mom"*. Despite having challenges, most such as OMD6 claimed to have supportive families and spouses who help ease the burden: *"I have a wonderful husband. So he is more of the mom than the dad in the traditional sense if you know what I'm saying he does a lot more with the kids than I do".*

Managerial and organisational support is critical aspects of QWL and employee well-being. Nayak et al. (2017) identify teamwork and supervision as strong predictors of QWL specific to the health care work context. Furthermore, Lejeune et al. (2020) discovered that positive leadership, organisational or managerial factors, team support, and perceived support were related to the QWL and satisfaction of oncology healthcare workers. The findings indicate that any type of support, internal or external, can improve QWL experiences. Employees find their work life more manageable when they are able to balance work and life. As a result, their QWL experiences will be enhanced by their perceptions of support. While various job

stressors have been shown to have a negative impact on QWL, social support has been shown to reduce stress and improve QWL (Eisapareh et al., 2020).

Superordinate Theme 4: Commitment to making a difference through service delivery

Despite the contextual and work-life balance challenges faced, doctors strongly identified with their profession and derived energy from providing a service. Most mentioned that "making a difference" and helping patients give them deep satisfaction. Their sense of making a difference and the resulting deep satisfaction relate to meaningfulness and purpose, which corresponds to Maslow's and Herzberg's higher-order needs (motivational factors). As a case in point, OMD6 noted:

> *I've always had an interest in oncology and particularly in … The other reason is, if you take into account vocation and wanting to help people, you can make a difference in cancer, not just by treating patients, curing them because often that's not the case, especially in the public sector but you can offer them a lot of emotional support and you can offer them symptomatic support so that also makes it an incredibly rewarding experience.*

Similarly, OMD9 aspired to improve service delivery quality: *"I would like to reduce the waiting times for patients and to administer radiotherapy*", and OMD3 expressed the deep satisfaction that comes from seeing happy patients:

> *Like I said, it's been your patient. You see them at the 3-month visit, the 6-month visit and the 1-year visit and they are still okay. And you think a child at least has a mother or a grandmother and they are not in pain and they are okay.*

Like others, OMD4 explained his satisfaction in this way:

> *And I like it. Yeah, that's one thing that I've actually realised, being here that even with the patients, they constantly coming to say thank you. You've helped me. I feel like, I'm more in touch with my patients. Of which it makes me really*

> *feel good about the job that I'm doing … That makes me feel that I'm making a difference.*

OMD2 gave a useful analogy, in stating that satisfaction comes not only from building a good relationship with the patient, but with their family members as well:

> *I think in sometimes you can connect with an individual patient, one individual family member and you know you've made a difference to that person and you've helped them through a really difficult time. Regardless of the outcome, and you make people feel valued and appreciated so I really enjoy that part of it.*

Responses here show that, despite dissatisfaction with insufficient resources, the desire to help and engage with patients was still very much alive. This implies that if resources were available, patients would receive acceptable and worthwhile care, with the majority being cured. Finding meaning and purpose, as expressed by doctors, promotes QWL. This is consistent with the findings of Nayak et al. (2017), who discovered a positive relationship between QWL and commitment.

Superordinate Theme 5: A need for achievement and development

Findings indicate that irrespective of the limiting contextual nature of the oncology unit, participants still have a passion for their jobs. A need for career growth and development amongst most of the participants was evident. Participants showed a desire for opportunities for continuous learning, skills development and career progression.

On the one hand, medical officers and registrars cited a need for career progression which would lead to them becoming medical specialists, while on the other hand, some indicated a strong need to continuously update skills to align with the latest developments in oncology. For example, OMD9, indicated a strong passion and drive to become a specialist oncologist: *"I see myself, I want to be a specialist and apply, hopefully, if everything goes well, they choose me. I want to be a specialist, an oncologist".* Participants indicated that they are passionate about continuously enhancing their knowledge in the field (life-long learning) so that they can provide a better service and holistic treatment to patients, as noted by OMD7:

> *I look forward to learning new things. Look there is always new things to learn in oncology. I look forward to meeting new patients and the challenge to try and ascertain treatments, not all about treating but learning also … There are so many things that you can physically do for a patient, Learning new procedures and the change because of research. I love the change and just to keep updating myself.*

On the one hand some have had opportunities to advance in their career, such as OMD8:

> *So, from medical officer, I've moved now to a registrar ... to specialise. So I've got development in terms of now moving to complete my registrar programme, and thereafter becoming a specialist and contributing as an oncologist to South Africa.*

On the other hand, OMD2 has not been as lucky as there are in-take processes that one cannot control: *"I have applied for a post, I'll go to the interview, but I can't control whether I get the post or not"*. Additionally, to enhance their specialist training opportunities and positions, OMD1 felt strongly about the need to have more training facilities in different institutions to aid career progression: *"We can adapt that and say that academic facilities should be provided, not only in XYZ only, but in other institutions"*.

Participants are clearly motivated by the opportunity to advance in their careers and to update their skills and knowledge. Satisfaction of such higher-order needs can be expected to drive motivation and self-actualisation, thereby improving participants' QWL perceptions. According to Páez-Cala and Castaño-Castrillón (2019), perceived QWL stems from the fulfilment of motivational and educational needs. The philosophy underlying QWL hypothesises that it is justified for all employees to have the opportunity to make meaningful contributions to their organisation while also advancing their professional and career development (Al-Maskari et al., 2020). Improved healthcare employee qualifications and expectations about work and the work environment have also prompted employers to make decisions and implement practises that prevent burnout and help employees achieve optimal QWL (Saygili et al., 2020).

DISCUSSION

The discussion presents an integrated interpretation of the findings by considering the themes that were constructed from the data in light of relevant QWL theory. The discussion is concluded with a consideration of practical and managerial implications, limitations of the research, recommendations for practice and future research.

Outline of the findings

To contribute to the existing body of knowledge, this study aimed to explore the oncology doctors' lived experiences of working in the oncology department to describe their QWL and its role in how they conduct their work. Themes constructed from the data describe oncology doctors QWL as being negatively impacted by specific work- related elements and WLB challenges but enhanced through perceived work and non-work support systems, as well as their commitment to doing meaningful work through service delivery and their need for career advancement and development. The study's findings can be linked to QWL dimensions, motivational theories, and job satisfaction as relevant theoretical perspectives to QWL presented in the literature review.

Contextual limitations in the oncology work setting have led to poor QWL experiences, which have impacted the doctors' well-being, resulting in work-life conflict, and an increased need for support and social affiliation. There seems to be a link between QWL and managerial or organisational support in that participants report more positive QWL perceptions if they perceive positive support. The doctors' service orientation and commitment as well as need for achievement and professional development, emphasise what they regard as meaningful work and may be definitive of how their unique career identity, causes them to bear and cope with contextual challenges. Service orientation and commitment, as well as achievement and professional development need was interpreted as indicative of doctors' career identity. It is proposed that their strong career identity feeds their resilience in the face of contextual constraints yet may also lead to burnout or compassion fatigue if not supported by the organisation and management. This finding is consistent with the findings of Wentzel and Brysiewicz (2018) highlighting how resilience flows from

compassion satisfaction, but for maintained resilience it is necessary to drive QWL policies or programmes from the organisation’s side. In considering the findings of this study, a note of caution thus seems appropriate in that compassion satisfaction or a strong career identity may not be a sustainable factor in coping with QWL challenges. The role and responsibility of the organisation in establishing a QWL environment is still necessary to ensure long-term retention of oncology doctors in public healthcare.

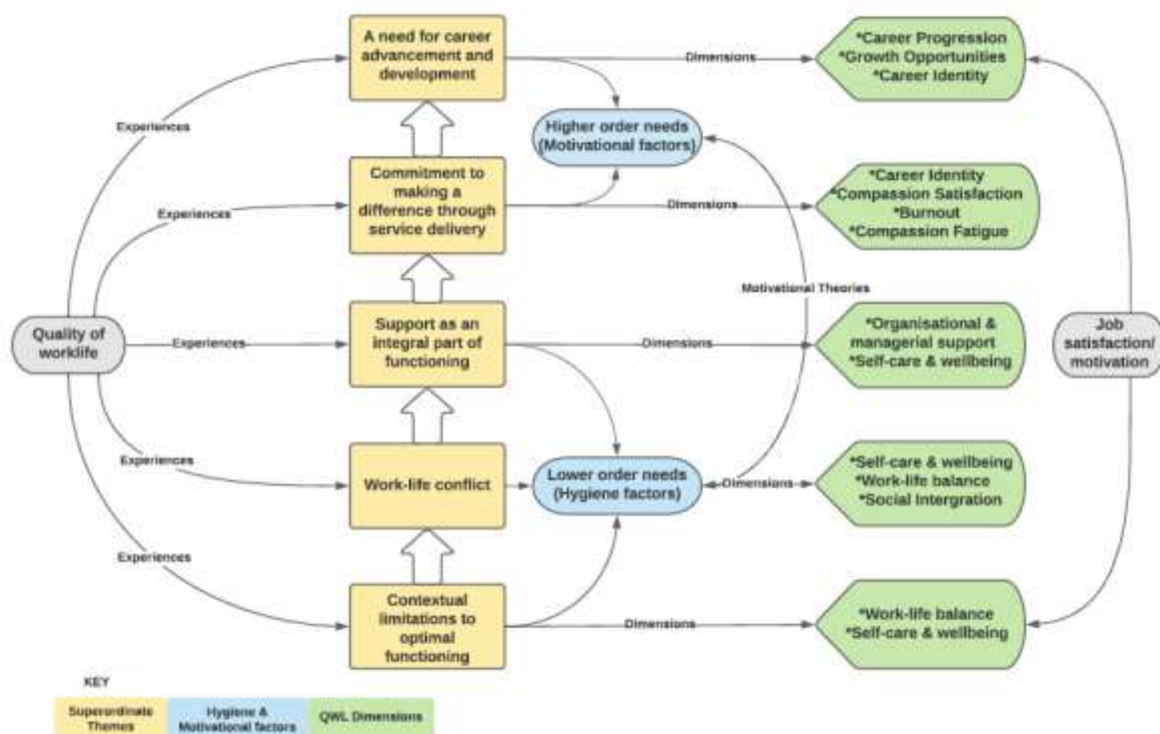
Career identity was a unique, unexpected finding that appears to have a significant impact on doctors’ QWL experience. It is proposed that doctors’ career identity may potentially act as a moderator of poor QWL. Martin et al. (2020) define career identity as the subjective, emotional, and collective processes and strategies used by professionals to construct a strong and congruent self-concept by constructing new identities, maintaining existing identities, and abandoning undesirable identities. Similarly, Lee and Ahn (2021) defined career identity as the ability to exemplify career objectives and outcomes from the social learning process as realized through interaction with others. Furthermore, Leitão et al. (2021) and Mohammadi and Karupiah (2020) found a correlation between QWL dimensions: career progression, opportunity for growth and development and career identity and motivational factors. The significance of career identity in the experience of QWL, motivates the need for further research on enhancing oncology doctors’ well-being through supporting and strengthening their career identity.

By applying Maslow's and Herzberg's motivational theories, the themes can be divided into two categories: hygiene (themes 1 to 3) and motivational (themes 4 to 5) factors. Themes 1 to 3 are pertinent to establishing the immediate QWL experience and relates to objective QWL dimensions as well as basic, lower-order need satisfaction. Despite reflecting various objective elements of QWL, the doctors’ experiences were, however, subjective and context-specific. Themes 4 and 5 are proposed to reflect the doctor’s career identity and build job satisfaction by playing on higher-order needs or intrinsic motivational factors to positively affect job satisfaction (as an important construct in a favourable QWL [Mohammadi & Karupiah, 2020]). While motivational factors are linked to intrinsic factors that may lead to satisfaction, their absence may not lead to dissatisfaction (Leitão et al., 2021), yet without a strong career identity, the oncology doctors may not cope well in

a poor QWL work setting. Similarly, the absence of hygiene factors leads to poor QWL, but their presence may not necessarily lead to higher QWL (Leitão et al., 2021). Moreover, while increased satisfaction with one dimension can lead to increased satisfaction with another and overall QWL, there can also be an inverse relationship in which a decrease in one, leads to an increase in the other (Sabonete et al., 2021). There may thus be a unique balancing dynamic between motivational and hygiene factors in establishing a more consistent QWL for oncology doctors. Facilitating an environment that encourages job satisfaction in healthcare can result in motivated and content practitioners (Srivastava et al., 2019). Figure 3.2 indicates how findings were integrated with theory by categorising the five themes (yellow buttons) according to higher-order (motivational) and lower-order (hygiene) needs (blue buttons) and by linking to the objective QWL elements previously identified in QWL literature green buttons).

Figure 3.2

Quality of Work Life Model



Source: *Author's construct*

The oncology doctors' QWL experiences emerged as contextually and subjectively determined. The findings contribute to the knowledge field of QWL, by pointing out that a proper definition of QWL should incorporate not only the objective context-dependent QWL elements and how these are subjectively experienced, but also the dynamic between these elements and intrinsic motivational factors, such as in this case, career identity. QWL can be viewed as the incorporation of objective elements that are subjectively experienced and interact with one's career identity to present a holistic QWL experience where the whole is greater than the sum of the parts. In this view, intrinsic aspects are proposed to moderate the negative experience of objective QWL dimensions, particularly in medical health professionals. In attending to the research objective of understanding the role of doctors' QWL experiences in how they conduct their work, the following is hypothesised in line with each main theme in the findings:

Contextual limitations to optimal functioning emerged as a major recurring theme influencing how doctors function. Similarly, Brugha et al. (2020) discovered a positive relationship between poor QWL and resource shortages, poor working conditions, performance, and premature exits. However, findings show that the dissatisfaction with these QWL challenges was not as distressing, nor did it warrant defensible grievances. Rather it reinforces their understanding of their work environment, which further strengthens the career identity. Workplaces have been identified as predictors of how an individual develops a sense of professional identity, which then informs how an individual responds to situations (Spooner et al., 2017). It is also worth noting that ignoring the challenges may result in burnout, which could reduce psychological attachment and jeopardize a sense of career calling (Zhang et al., 2020). According to Maslow and Herzberg's motivational theories, meeting oncology doctors' higher-order needs may alleviate dissatisfaction caused by hygiene factors (Khalil-Ur et al., 2017; Verma & Sharma, 2018).

Due to the various challenges and juggling multiple roles, most doctors experience **work-life conflict**. The effects of oncology's challenges may have far-reaching consequences for their future prospects, job satisfaction, patient care practices, interpersonal relationships, and potential therapeutic outcomes (Broom et al., 2016). This demonstrates that the various demands associated with cancer care, such as working hours, administrative tasks, a lack of autonomy, and a rapidly changing

scientific field, have a negative impact on doctors' well-being and work-life balance (Murali & Banerjee, 2018). As a result, time constraints in healthcare may have an impact on mental health, potentially leading to domestic conflict (Kleiner & Wallace, 2017). Hospitals should ensure the implementation of policies that could alleviate such difficulties, as the family is an important component of an employee's QWL (Colichi et al., 2017). Employees today require an environment that reduces work-life conflict and provides an innate sense of satisfaction (Swarochi et al., 2018).

To cope with the various challenges, doctors indicated that **support is an integral part of functioning**, which could improve how they feel and alleviate some of the emotional or psychological issues they face as a result of the complex nature of their job. The findings corroborate the findings of Mahmood et al. (2019), who discovered that work-home stress, discernible work demands, and colleague support were the most important predictors of life satisfaction in relation to doctors' work. Ogbuabor and Okoronkwo (2019) found good supervisory support as paramount in improving motivation. As a result, the organisation's failure to address staff challenges and inadequate organisational support could have a negative impact on QWL (Raeissi et al., 2019). Having said that, establishing a long-term PC with employees becomes a necessity for management. The PC refers to employees' perceptions of the reciprocal or exchange relationship obligations that exist between them and their employers (Shi & Gordon, 2019). Similar to the findings of this study, Kutaulaa et al. (2020) discovered a link between proper PC management and increased job satisfaction, commitment, and performance. The leadership style comparisons demonstrate the impact leadership can have on QWL and how a lack of supervisor or organisational support can lead to a violation of the PC. Both work and non-work related support appear to be essential for oncology doctors' optimal functioning and sense of QWL. Similar to the findings of Brousseau et al. (2019), this study discovered that creating a humanised and balanced working environment where care and leadership support are valued is critical in influencing QWL.

Despite their dissatisfaction with some organisational environmental factors, much of their contentment stems from being able to provide a service and some form of comfort to their patients. The unwavering **commitment to service delivery** and the sense of doing meaningful work appear to mitigate some of the negative experiences and enhance a sense of QWL. While a better understanding of their work

environment seems to enhance commitment, a good doctor-patient relationship appears to give meaning to the profession, thereby strengthening the doctors’ career identity. This confirms the findings of Batool and Ghayas (2020), which claim that career identity is an endeavour influenced by a variety of contextual factors, as well as innate subjective processes. Furthermore, it appears that career identity has resulted in the mastery of career resilience, which focuses on the ability to encourage both intrinsic and extrinsic dialogue in the process of establishing personal and meaningful career narratives (Lengelle et al., 2017). As a result, a strong sense of career identity is proposed to mitigate doctors’ negative QWL experiences. As a result, the more employees are satisfied with their QWL, the more committed they are to the organisation (Agus & Selvaraj, 2020).

Regardless of the challenges, there is still a need for **career advancement and continuous skills development.** The fact that career advancement is viewed as a process rather than a one-time event validates previous findings by researchers such as Ramawickrama et al. (2017). Theoretically, a link can be established between career advancement and satisfaction of intrinsic needs. The cultivation of intrinsic motivation is critical in the twenty-first century, and as such, a firm learning environment is critical in the development of career competencies and a career identity (Meijers et al., 2017). Meeting doctors' higher-order needs may improve service delivery and strengthen their career identity, thereby motivating lifelong learning. To support this, Lee and Ahn (2021) found career identity development as critical in maintaining life-long learning particularly in the medical field. Moreover, career identity associated with an individual's studies has the potential to influence well-being, thus enhancing motivation and mindfulness, establishing a virtual circle, impacting knowledge construction and skills, which are the foundation of pro-activeness and conviction in one's career building (Santisi et al., 2018). As a result, organisations must consider not only what individuals can do in the interim, but also how they can be developed to mitigate future challenges and developments (Swamy et al., 2015). Therefore, it can be argued that career advancement and development may positively influence QWL (Raeissi et al., 2019).

The findings make a significant contribution to the study of QWL and the field of industrial psychology at large, through the unique discovery of the impact of career identity on QWL. Theoretically, motivational factors are proposed to act as

moderators for the hygiene factors, strengthening doctors' sense of QWL and well-being. This proposition may be explored and tested in continued future studies. Paying attention to the hygiene factors that cause dissatisfaction and improving the motivational factors may help to amplify positive perceptions and QWL experiences. The findings of this study are consistent with the literature in highlighting job satisfaction and job motivation as pertinent to establishing and developing a favourable QWL.

Implications

While research has indicated the experiences and factors that influence the QWL of medical oncology doctors, the majority of the literature in this chapter and preceding chapters has focused on the QWL of nurses. According to the literature, burnout is the most significant factor influencing QWL and compassion fatigue. The study's findings advocate for workplace humanisation, so that management could devise intervention strategies that would improve the quality of care and service delivery. It is apparent from the findings that QWL is achievable through a collective effort of both the organisation and the employees. The contextual limitations to optimal functioning indicate a need for well-being and QWL discussions to commence between management and employees in the healthcare sector. The study also raises awareness of the need for psychological support services to assist participants and other healthcare professionals with the numerous challenges they face on a daily basis. Perhaps having conversations on the type of psychological interventions that would be meaningful for employees could inform QWL policy changes and programmes thereof. The presence of a good QWL reduces exit intentions and enhances general psychological well-being, thus consideration of employees' QWL is essential right at the grassroots of policy development (Hardjanti et al., 2017).

Hospitals in KZN have seen a huge exodus of oncologists or specialists in the past few years. Working towards addressing some of the concerns, not only at the research hospital, could see an increase in the retention and attraction of talent. Strategies such as flexi-working hours, EAP policies and support services could be implemented to improve the QWL of doctors and other healthcare personnel. EAPs

are workplace sponsored programs designed to address employee well-being and mental health issues (Bartram et al., 2020). However, the prosperity of a QWL programme depends on the relationship between the management and employees (Hardjanti et al., 2017). Creating more facilities for cancer management, rather than relying on only two tertiary institutions, could assist with the workload, patient volumes and improvement in the quality of care where doctors could give their patients undivided attention and care. There is a need to assist doctors involved in multiple roles such as work, family and studies to create a balance to avoid burnout and fatigue which could impact on their mental health and emotional well-being. This shows the relevance of a psychological contract between the employer and the employee or QWL enhancement. The fact that doctors still love and are passionate about their job show that QWL should not only focus on hygiene factors such as resources, but factors that bring motivation, and try to create a balancing effect between the two. The possibility of reaching a consensus on the definition of the construct could be realised in future studies.

There is a clear link between QWL, motivational theories, QWL dimensions, job satisfaction and motivation. In the context of this study - despite hygiene factors resulting in dissatisfaction and poor QWL experiences, the motivational factors were seen to moderate negative QWL experiences. Based on literature, doctor satisfaction is paramount as it impacts the quality of patient care (Ali Umrani et al., 2019). As such, the resource constraints in healthcare call for a rapid discernment of effective and cost-efficient interventions (Johnson et al., 2017). It can be concluded that a satisfaction of lower-order needs would result in job satisfaction, whereas fulfilment of higher-order needs would drive motivation and enhance self-actualisation, thus bringing about oncology doctors' sense of QWL.

Limitations

Data collection was delayed due to COVID-19 protocols and some of the interviews were postponed due to unforeseen occurrences brought about by the pandemic. The poignant effect of COVID-19 on the work context and especially in health care may have impacted the results in a particular manner. Thus the challenges faced in the research setting at the time of data collection could not permit data triangulation [the

use of different data collection methods (Natow, 2019)]. Due to confidentiality required by the DOH, participants could not share some information and requested not to be quoted in some instances. The sample size had a high participant identification probability, hence some of the verbatim data could not be used in the report. Transferability and generalisation to other healthcare settings could be a challenge as the study only utilised a homogenous sample comprising oncology doctors. The purposive sampling criteria and my preconceptions may have created bias in this study. The aims of the research have however been addressed through the research design and in the findings, which render the purpose of the study relevant and appropriate.

Recommendations for future research

The findings of this study provide practical and valuable information for management and the government in the healthcare sector, further sensitising them on effective QWL programmes and policies that could be implemented. These findings contribute to the awareness of what factors would motivate or satisfy doctors in oncology. Having more practitioners would help to address issues of patient load, reduce fatigue and burnout. To enhance the QWL of the doctors, the government should ensure the improvement of infrastructure and availability of resources. This research revealed that extrinsic needs were a significant source of dissatisfaction. The uncertainties and complexities found in the health sector call for the strengthening of the psychological contract between the employers and the employees. Furthermore, qualitative studies on QWL of oncology doctors in both public and private health care sectors would aid in the establishment of policies and programmes that could facilitate QWL. The unique challenges existent in developed countries' public healthcare facilities, coupled with a high rate of cancer incidence, warrant further exploration of the concept. This calls for hospitals to continue being innovative if they are to improve the quality of human resources, achieve organisational goals and overall QWL (Hardjanti et al., 2017). Perhaps future studies could use data or methodological triangulation, in order to enhance the findings.

CONCLUSION

Based on the work life experiences of oncology doctors, this study facilitates understanding of how satisfaction, well-being and motivation manifest in QWL in the healthcare sector. Characterised by a unique work setting, public hospitals and the government should invest in ensuring better working conditions and satisfaction of doctors higher-order needs. A realisation of this, in conjunction with career identity development, could enhance oncology services. The limitations due to inadequate resources consistently emphasise the need for the satisfaction of higher-order needs. QWL may be achieved when the higher-order needs of esteem and actualisation have been met despite contextual limitations and challenges. As such, the higher-order needs are assisting in moderating the negative experiences and building a sense of QWL. However, poor management of lower-order needs and their related factors could result in doctors being susceptible to burnout and compassion fatigue and negatively affect their long-term retention. It is argued that neither job satisfaction elements nor job motivation elements could stand alone in promoting a QWL.

REFERENCES

Agus, A., & Selvaraj, R. (2020). The mediating role of employee commitment in the relationship between quality of work life and the intention to stay. *Employee Relations: The International Journal, 42*(6), 1231-1248. https://doi.org/10.1108/ER-07-2019-0292

Alase, A. (2017). The interpretive phenomenological analysis. (IPA): Good qualitative research approach. *International Journal of Education and Literacy Studies, 5*(2), 9-19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Aldiabat, K. M., & Le Navenec, C. (2018). Data saturation: The mysterious Stepiin Grounded Theory Method. *The Qualitative Report, 23*(1), 245-261. http://nsuworks.nova.edu/tqr/vol23/iss1/18

Alharbi, W., Cleland, J., & Morrison, Z. (2019). Exploring healthcare professionals' perceptions of medication errors in an adult oncology department in Saudi Arabia: A qualitative study. *Saudi Pharmaceutical Journal 27,* 176–181. https://doi.org/10.1016/j.jsps.2018.10.001

Ali Umrani, W. A., Afsar, B., Khan, M., & Ahmed, U. (2019). Addressing the issue of job performance among hospital physicians in Pakistan: The role of job security, organizational support, and job satisfaction. *Journal of Applied Biobehavioral Research, 24*(3), 1-17. https://doi.org/10.1111/jabr.12169

Al-Maskari, M. A., Dupo, J. U., & Al-Sulaimi, N. K. (2020). Quality of Work Life among nurses: A case study from Ad Dakhiliyah Governorate, Oman. *Sultan Qaboos University Medical Journal, 20*(4), e304–e311. https://doi.org/10.18295/squmj.2020.20.04.005

Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2017). Herzberg's Two-Factor Theory. *Life Science Journal, 14*(5), 12-16. https://doi.org/10.7537/marslsj140517.03

Anderson, N. E., Slark, J., & Gott, M. (2019). Unlocking intuition and expertise: Using interpretative phenomenological analysis to explore clinical decision making. *Journal of Research in Nursing, 24*(1-2), 88-101. https://doi.org/10.1177/1744987118809528

Arunasalam, N. (2018). Using hermeneutic phenomenology and the ethnographic principle of cultural interpretation with Malaysian nurses. *Nurse Researcher*, *26*(1). https://doi.org/0.7748/nr.2018.e1557

Bartram, M., Atanackovic, J., Runnels, V., Bourgeault, I. L., Fournier, C., Kovacina, N., Contant, A., MacDonald, L., Porteous, N., & Renaud, A. (2020). Applying gender-based analysis plus to Employee Assistance Programs: A Canadian perspective. *Journal of Workplace Behavioral Health*, *35*(2), 80-99. https://doi.org/10.1080/15555240.2020.1726773

Batool, S. S., & Ghayas, S. (2020). Process of career identity formation among adolescents: Components and factors. *Heliyon*, *6*(9), 1-9. https://doi.org/10.1016/j.heliyon.2020.e04905

Behal, A. (2019). Use of IPA in qualitative data analysis. [PowerPoint slides]. https://youtu.be/vHoR1WEWDL0

Bhende, P., Mekoth, N., Ingalhalli, V., & Reddy, Y. V. (2020). Quality of work life and work-life balance. *Journal of Human Values*, *26*(3), 256-265. https://doi.org/10.1177/2F0971685820939380

Broom, A., Wong, W. T., Kirby, E., Sibbritt, D., Karikios, D., Harrup, R., & Lwin, Z. (2016). A qualitative study of medical oncologists' experiences of their profession and workforce sustainability. *PLoS ONE*, *11*(11), e0166302. https://doi.org/10.1371/journal.pone.0166302

Brousseau, S., Cara, C., & Blais, R. (2019). Factors that influence the quality of worklife of first-line nurse managers in a French Canadian Healthcare system. *Journal of Hospital Administration,* *8*(4), 1-9. https://doi.org/10.5430/jha.v8n4p1

Brugha, R., Clarke, N., Hendrick, L., & Sweeny, J. (2020). Doctor retention: A cross-sectional study of how Ireland has been losing the battle. *International Journal of Health Policy and Management,* *x*(x), 1-11. https://doi.org/10.34172/ijhpm.2020.54

Bu, S., & Paré, D. A. (2018). A hermeneutic phenomenological exploration of counsellors' practice of mindful acceptance. *Canadian Journal of Counselling and Psychotherapy*, *52*(2). https://cjc-rcc.ucalgary.ca/article/view/61154

Churchill, S. D. (2018). Explorations in teaching the phenomenological method: Challenging psychology students to "grasp at meaning" in human science research. *Qualitative Psychology,* *5*(2), 207-228. http://dx.doi.org/10.1037/qup0000116

Colichi, R. M. B., Bocchi, S. C. M., Lima, S. A. M., & Popim, R. C. (2017). Interactions between quality of life at work and family: integrative review. *International Archives of Medicine, 9*. http://dx.doi.org/10.3823/2229

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches.* (4th ed.). SAGE.

Crowther, S., & Thomson, G. (2020). From description to interpretive leap: Using philosophical notions to unpack and surface meaning in hermeneutic phenomenology research. *International Journal of Qualitative Methods, 19*, 1–11. https://doi.org/10.1177/1609406920969264

Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research, 27*(6), 826–835. https://doi.org/10.1177/1049732316656161

Dahie, A. M., Mohamed (Aligees), A. A., & Khalif, H. B. (2017). Examining factors affecting the quality of work life of lecturers: Case study from University of Somalia in Mogadishu, Somalia. *Australian Journal of Science and Technology, 1*(2), 72-79. https://doi.org/10.21090/ijaerd.36226

Eisapareh, K., Nazari, M., Kaveh, M. H., & Ghahremani, L. (2020). The relationship between job stress and health literacy with the quality of work life among Iranian industrial workers: The moderating role of social support. *Current Psychology*, 1-9. https://doi.org/10.1007/s12144-020-00782-5

Elshahat, E. M., Shazly, M. M., & Abd-Elazeem, H. (2019). Relationship between quality of work life and turnover intention among staff nurses. *Egyptian Journal of Health Care, 10*(1), 178-193.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics. 5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Gyollai, D. (2020). Getting into it in the wrong way: Interpretative phenomenological analysis and the hermeneutic circle. *Nursing Philosophy*, *21*(2), e12294. https://doi.org/10.1111/nup.12294

Hardjanti, I. W., Noermijati. N., & Dewanto, A. (2017). Influence of quality of work life towards psychological wellbeing and turnover intention of nurses and midwives in hospital. *National Public Health Journal, 12*(1), 7-14. https://doi.org/10.21109/kesmas.v12i1.1144

Hasanpur, M., Keyhanpour, M., & Nourozitalab, A. R. (2017). Essence of hermeneutic circle of understanding in aesthetics of photograph interpretation. *The Scientific Journal of NAZAR Research Center (NRC) for Art, Architecture & Urbanism, 13*(44), 5-14.

Herzberg, F. I. (1966). *Work and the nature of man.* World.

Jaiswal, A., & Mahila, A. (2014). Quality of work life. *Journal of Business Management & Social Sciences Research, 3*(2), 83-87.

Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2017). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing, 27*(1), 20-32, https://doi.org/10.1111/inm.12416

Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bhodhi: An Interdisciplinary Journal*, 5, 181-200. https://doi.org/10.3126/bodhi.v5i1.8053

Kelbiso, L., Belay, A., & Woldie, M. (2017). Determinants of quality of work life among nurses working in Hawassa town public health facilities, South Ethiopia: Cross-sectional study. *Hindawi Nursing Research and Practice,* 1-11. https://doi.org/10.1155/2017/5181676

Khalil-Ur, R., Waheed, A., & Saad Ullah, K. (2017). Factors affecting employee job satisfaction: A comparative study of conventional and Islamic insurance. *Cogent Business & Management, 4,* 1-15. http://dx.doi.org/10.1080/23311975.2016.1273082

Kirn, A., Godwin, A., Cass, C., Ross, M. S., & Huff, J. L. (2017). Mindful Methodology: A transparent dialogue on Adapting Interpretative Phenomenological Analysis for Engineering Education Research. *ASEE Annual Conference & Exposition.* https://par.nsf.gov/biblio/10042232.

Kleiner, S., & Wallace, J. E. (2017). Oncologist burnout and compassion fatigue: Investigating time pressure at work as a predictor and the mediating role of work-family conflict. *BMC Health Services Research 17*(639). https://doi.org/10.1186/s12913-017-2581-9

Kutaulaa, S., Gillanib, A., & Budhwarc, P. S. (2020). An analysis of employment relationships in Asia using psychological contract theory: A review and research agenda. *Human Resource Management Review, 30*, 1-22. https://doi.org/10.1016/j.hrmr.2019.100707

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2*(3), 21-35. https://doi.org/10.1177/2F160940690300200303

Lee, H. J., & Ahn, M. (2021). Consensual qualitative research on the internship experience and development of career identity of Korean doctors. *BMC Medical Education, 21,* 12. https://doi.org/10.1186/s12909-020-02451-4

Leitão, J., Pereira, D., & Gonçalves, A. (2019). Quality of work life and organizational performance: Workers' feelings of contributing, or not, to the organization's productivity. *International Journal of Environmental Research and Public Health, 16*(3803), 1-18. https://doi.org/doi:10.3390/ijerph16203803

Leitão, J., Pereira, D., & Gonçalves, Â. (2021). Quality of work life and contribution to productivity: Assessing the moderator effects of burnout syndrome. *International Journal of Environmental Research and Public Health*, *18*(5), 2425. https://doi.org/10.3390/ijerph18052425

Lejeune, J., Chevalier, S., Fouquereau, E., Chenevert, D., Coillot, H., Binet, A., & Colombat, P. (2020). Relationships between managerial and organizational practices, psychological health at work, and quality of care in Pediatric Oncology*. JCO (Journal of Clinical Oncology) Oncology Practice, 16*(10), e1112-e1119. https://doi.org/10.1200/JOP.19.00583

Lengelle, R., Van der Heijden, B. I., & Meijers, F. (2017). The foundations of career resilience. In *Psychology of career adaptability, employability and resilience* (pp. 29-47). Springer. https://doi.org/10.1007/978-3-319-66954-0_3

Letooane, M. K. (2013). *Factors impacting on the quality of work life: A case study of University 'A'.* [Unpublished Master of Technology thesis, Durban University of Technology]. https://ir.dut.ac.za

Lubuzo, B., Ginindza, T., & Hlongwana, K. (2019). Exploring barriers to lung cancer patient access, diagnosis, referral and treatment in Kwazulu-Natal, South Africa: the health providers' perspectives. *Translational Lung Cancer Research, 8*(4), 380–391. https://doi.org/10.21037/tlcr.2019.08.17

Magnavita, N., Sestili, C., Mannocci, A., Ercoli, E., Boccia, A., Bonaga, G., Sica, S., Maurici, M., Alvaro, R., Sili, A., Cartoni, C., & La Torre, G. (2018). Mental and physical well-being in oncology-hematology–unit personnel. *Archives of Environmental & Occupational Health, 73*(6), 375-380, https://doi.org/10.1080/19338244.2017.1361901

Mahmood, J. I., Grotmol, K. S., Tesli, M., Moum, T., Andreassen, O., & Tyssen, R. (2019). Life satisfaction in Norwegian medical doctors: A 15-year longitudinal study of work-related predictors. *BMC Health Services Research*, *19*(1), 1-10. https://doi.org/10.1186/s12913-019-4599-7

Maphumulo, S. (20 June 2017). Fight for cancer patients to go on. *New Age*, p. 3.

Maphumulo, W. T., & Bhengu, B. R. (2019). Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curationis, 42*(1), 1-9. https://doi.org/10.4102/curations.v42i1.1901

Martin, G., Bushfield, S., Siebert, S., & Howieson, B. (2020). Changing logics in healthcare and their effects on the identity motives and identity work of doctors. *Organization Studies, 42*(9), 1477-1499. https://doi.org/10.1177/0170840619895871

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346

Meijers, F., Lengelle, R., Winters, A., & Kuijpers, M. (2017). A dialogue worth having: Vocational competence, career identity and a learning environment for twenty-first century success at work. In De Bruijn, E., Billett, S., & Onstenk, J. (eds.), *Enhancing Teaching and Learning in the Dutch Vocational Education System. Professional and Practice-based Learning,* vol 18. Springer. https://doi.org/10.1007/978-3-319-50734-7_7

Mohammadi, S., & Karupiah, P. (2020). Quality of work life and academic staff performance: A comparative study in public and private universities in Malaysia. *Studies in Higher Education*, *45*(6), 1093-1107. https://doi.org/10.1080/03075079.2019.1652808

Mselle, L. T., Kohi, T. W., & Dol, J. (2018). Barriers and facilitators to humanizing birth care in Tanzania: findings from semi-structured interviews with midwives and obstetricians. *Reproductive Health* *15*(137), 2-10. https://doi.org/10.1186/s12978-018-0583-7

Murali, K., & Banerjee, S. (2018). Burnout in oncologists is a serious issue. What can we do about it? *Cancer Treatment Review, 68*, 55-61. https://doi.org/10.1016/j.ctrv.2018.05.009

Murali, K., Makker, V., Lynch, J., & Banerjee, S. (2019). From burnout to resilience: An update for oncologists. *American Society of Clinical Oncology,* 862-872. https://doi.org/10.7190/shu-thesis-00245

Nanjundeswaraswamy, T. S., & Swamy, D. R. (2013) Quality of work life of employees in private technical institutions. *International Journal for Quality Research 7*(3) 3–14.

Narehan, H., Hairunnisa, M., Norfadzillah, R. A., & Freziamella, L. (2014). The effect of quality of work life (QWL) programs on quality of life (QOL) among employees at multinational companies in Malaysia. *Procedia - Social and Behavioral Sciences 112,* 24–34. https://doi.org10.1016/j.sbspro.2014.01.1136

Natow, R. S. (2019). The use of triangulation in qualitative studies employing elite interviews. *Qualitative Research* *20*(3), 160-173. https://di.org/10.1177/1468794119830077

Nayak, T., Sahoo, C. K., & Mohanty, P. K. (2017). Impact of HR interventions on quality of work life: Evidence from healthcare units. *International Journal Indian Culture and Business Management, 14*(2), 214–236. https://doi.org/10.11772/F0972063415589236

Ngcobo, N. C. (2012). *The relationship between quality of work life factors and organisational Commitment within the Pulp and Paper Industry in the Durban Metropolitan area.* [Unpublished Doctor of Technology dissertation, Durban University of Technology].

Nilgün, A. V. C. I. (2017). The relationship between co-worker supports, quality of work life and wellbeing: An empirical study of hotel employees. *International Journal of Management Economics and Business, 13*(3), 577-590. http://dx.doi.org/10.17130/ijmeb.2017331328

Ogbuabor D. C., & Okoronkwo I. L. (2019). The influence of quality of work life on motivation and retention of local government tuberculosis control programme supervisors in South-eastern Nigeria. *PLoS ONE 14*(7): e0220292. https://doi.org/ 10.1371/journal.pone.0220292

Olasupo, M. O., Idemudia, E. S., Arowosegbe, G. S., & Fagbenro, D. A. (2019). Pay satisfaction and organizational politics as predictors of quality of work life among government employees. *European Review of Applied Sociology*, *12*(18), 32-42. https://doi.org/10.1515/eras-2019-0003

Páez-Cala, M. L., & Castaño-Castrillón, J. J. (2019). Occupation and correlation between perceived quality of work life, emotional intelligence and coping strategies in university graduates. *Revista de la Facultad de Medicina (Journal of the Faculty of Medicine)*, *67*(4), 419-427. http://dx.doi.org/10.15446/revfacmed.v67n4.71216

Parveen, M., Maimani, K., & Kassim, N. M. (2016). Quality of work life: The determinants of job satisfaction and job retention among RNs AND OHPs. *International Journal for Quality Research, 11*(1), 173–194. https://doi.org/10.18421/IJQR11.01-11

Peat, G., Rodriguez, A., & Smith, J. (2019). Interpretive phenomenological analysis applied to healthcare research. *Evidence Based Nursing, 22*(1), 7-9. https://doi.org/10.1136/ebnurs-2018-103017

Priya, L. S. (2015). Quality of working life of female staff nurses. *Shanlax International Journal of Management, 2*(3), 80-92.

Raeissi, P., Rajabi, M. R., Ahmadizadeh, E., Rajabkhah, K., & Kakemam, E. (2019). Quality of work life and factors associated with it among nurses in public hospitals, Iran. *Journal of the Egyptian Public Health Association, 94*(25), 1-8. https://doi.org/10.1186/s42506-019-0029-2

Ramawickrama, J., Opatha, H. H. D. N. P., & Pushpakuman, M. D. (2017). Quality of work life, job satisfaction and the facets of the relationship between the two constructs. *International Business Research, 10*(4), 167-182. https://doi.org/10.5539/ibr.v10n4p167

Ramsook, L. (2018). A methodological approach to hermeneutic phenomenology. *International Journal of Humanities and Social Sciences, 10*(1), 14-24.

Rastogi, M., Rangnekar, S., & Rastogi, R. (2018). Enhancing quality of work life in India: the role of workplace flexibility. *Industrial and Commercial Training*, 50(5), 234-249. https://doi.org/10.1108/ICT-10-2017-0086

Rettke, H., Pretto, M., Spichiger, E., Frei, I. A., & Spirig, R. (2018). Using reflexive thinking to establish rigor in qualitative research. *Nursing Research, 67*(6), 490-497. https://doi.org/10.1097/NNR.0000000000000307

Sabonete, S. A., Lopes, H. S. C., Rosado, D. P., & Reis, J. C. G. (2021). Quality of work life according to Walton's Model: Case study of the Higher Institute of Defence Studies of Mozambique. *Social Sciences*, *10*(7), 1-14. https://doi.org/10.3390/socsci10070244

Sahni, J. (2019). Role of quality of work life in determining employee engagement and organizational commitment in telecom industry. *International Journal for Quality Research, 13*(2), 285–300. https://doi.org/10.24874/IJQR13.02-03

Santisi, G., Magnano, P., Platania, S., & Ramaci, T. (2018). Psychological resources, satisfaction, and career identity in the work transition: An outlook on Sicilian college students. *Psychology Research and Behavior Management*, *11*, 187. https://dx.doi.org/10.21472FPRBM.S164745

Sari, N. P. R., Bendesa, K. G., & Antara, M. (2019). The Influence of quality of work life on employees' performance with job satisfaction and work motivation as intervening variables in star-rated hotels in Ubud tourism area of Bali. *Journal of Tourism and Hospitality Management, 7*(1), 74-83. https://doi.org/10.15640/jthm.v7n1a8

Sattar, S., Laila, K., Zakir, M., Khan, H., & Khan, G. M. A. M. (2018). Relation of job related factors with different dimensions of quality of work life. *World Journal of Public Health, 3*(1), 16-22. https://doi.org/10.11648/j.wjph.20180301.13

Saygili, M., Avci, K., & Sönmez, S. (2020). Quality of work life and burnout in healthcare workers in Turkey. *Journal of Health Management, 22*(3), 317-329. https://doi.org/10.1177/0972063420938562

Sharma, G. (2017). Pros and cons of different sampling techniques. *International Journal of Applied Research, 3*(7), 749-752.

Shi, X. C., & Gordon, S. (2019). Organizational support versus supervisor support: The impact on hospitality managers' psychological contract and work engagement*. International Journal of Hospitality Management, xxx*(xxxx), 1-9. https://doi.org/10.1016/j.ijhm.2019.102374

Siegel, R. L., Miller, K. D., & Jemal, A. (2020). Cancer statistics. *CA: Cancer Journal of Clinicians, 70*(1), 7-30. https://doi.org/10.3322/caac.21590

Singh, J., Wiese, A., & Sillerud, B. (2019). Using phenomenological hermeneutics to understand the experiences of managers working with quality improvement strategies in an assisted living facility. *Healthcare, 7*(3), 1-13. https://doi.org/10.3390/healthcare7030087

Smith, J. A., & Osborn, P. (2007). Interpretative phenomenological analysis. In Smith, J. A. (Ed.). *Qualitative psychology. A practical guide to research methods* (pp. 53-80). Sage

Soobramoney, J. T. (2019). *The oncology crisis in KZN during the period 2015-2017: Do cervical cancer patients have a civil remedy.* [Unpublished Master of Laws thesis, University of Kwazulu-Natal]. https://researchspace.ukzn.ac.za/handle/10413/18624

Spence, D. G. (2017). Supervising for robust hermeneutic phenomenology: Reflexive engagement within horizons of understanding. *Qualitative Health Research*, *27*(6), 836-842. https://doi.org/10.1177/2F1049732316637824

Spooner, S., Pearson, E., Gibson, J., & Checkland, K. (2017). How do workplaces, working practices and colleagues affect UK doctors' career decisions? A qualitative study of junior doctors' career decision making in the UK. *BMJ (British Medical Journal) Open, 7*(10). https://doi.org/10.1136/bmjopen-2017-018462

Srivastava, S., Misra, R., & Madan, P. (2019). 'The saviors are also humans': Understanding the role of quality of work life on job burnout and job satisfaction relationship of Indian doctors. *Journal of Health Management, 21*(2), 210–229. https://doi.org/10.1177/0972063419835099

Suddick, K. M., Cross, V., Vuoskoski, P., Galvin, K. T., & Stew, G. (2020). The work of hermeneutic phenomenology. *International Journal of Qualitative Methods, 19*, 1-14. https://doi.org/10.1177/1609406920947600

Sumathi, V., & Velmurugan, R. (2017). Quality of work life of employees in private companies with reference to Coimbatore. *International Journal of Multidisciplinary Research and Development, 4*(5), 128-131.

Sung, H., Ferlay, J., Siegel, R. L., Laversanne, L., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal of Clinicians 0*(0), 1-41. https://doi.org/10.3322/caac.21660

Swamy, D. R., Nanjundeswaraswamy, T. S., & Rashmi, S. (2015). Quality of work life: Scale development and validation. *International Journal of Caring Sciences May-August, 8*(2), 281-300.

Swarochi, G., Seema, A., & Sujatha, S. (2018). An empirical research on quality of work-life: An employee perspective. *International Journal of Management Development, 2*(1), 34-80. https://doi.org/10.1504/IJMD.2018.10014777

Thomas, A., Lubarsky, S., Varpio, L., Durning, S. J., & Young, M. E. (2020). Scoping reviews in health professions education: challenges, considerations and lessons learned about epistemology and methodology. *Advances in Health Sciences Education*, *25*(4), 989–1002. https://doi.org/10.1007/s10459-019-09932-2

University of Adelaide. (n.d.). *Writing in the first person*. University of Adelaide.

Usha, S., & Rohini, V. (2018). Impact of quality of work life on work outcome of employees in automobile companies in Chennai. *International Journal of Pure and Applied Mathematics*, *118*(20), 787-799.

Verma, P., & Sharma, D. (2018). Quality of work life in academics with reference to motivational theories. *Pacific Business Review International, 11*(4), 159–165.

Vidal-Blanco, G., Oliver, A., Galiana, L., & Sansó, N. (2019). Quality of work life and self-care in nursing staff with high emotional demand. *Enfermería Clínica (Clinical Nursing), 29*(3), 186-194. https://doi.org/10.1016/j.enfcli.2018.06.004

Vischer J. C., & Wifi, M. (2017). The effect of workplace design on quality of life at work. In: Fleury-Bahi, G., Pol, E., & Navarro, O. (eds.), *Handbook of Environmental Psychology and Quality of Life Research. International Handbooks of Quality-of-Life.* Springer. https://doi.org/10.1007/978-3-319-31416-7_21

Wentzel, D. L., & Brysiewicz, P. (2018). A survey of compassion satisfaction, burnout and compassion fatigue in nurses practicing in three oncology departments in Durban, South Africa. *International Journal of Africa Nursing Sciences, 8*, 82-86. https://doi.org/10.1016/j.ijans.2018.03.004

Wentzel, D., Collins, A., & Brysiewicz, P. (2019). Describing compassion fatigue from the perspective of oncology nurses in Durban, South Africa. *Health SA Gesondheid, 24*(0), a1279. https://doi.org/10.4102/hsag.v24i0.1279

Zhang, S., Wang, J., Xie, F., Yin, D., Shi, Y., Zhang, M., Yin, H., Li, F., Cao, D., & Sun, T. (2020). A cross-sectional study of job burnout, psychological attachment, and the career calling of Chinese doctors. *BMC (British Medical Journal) Health Services Research*, *20*(1), 1-11. https://doi.org/10.1186/s12913-020-4996-y

Zubair, M. H., Hussain, L. R., Williams, K. N., & Grannan, K. J. (2017). Work-related quality of work life in the US general surgery residents: Is it really so bad. *Journal of Education,* 74(6), e138-e146. http://dx.doi.org/10.1016/i-isurg.2017.09.019

Chapter 4: Conclusions, Limitations and Recommendations

This chapter summarises findings from literature and the empirical study as outlined by the research question and objectives. The limitations and recommendations for both industry and future research are discussed in detail. As a way of expressing my appreciation of this research, I offer a few of my own view points.

4.1 Conclusions

The main aim of this study was to explore doctors' lived experiences of working in an oncology unit, to enhance understanding of and describe their QWL and its role in how they conduct their work, which could possibly optimise their well-being and enhance the quality of care. Conclusions emerging from literature and this research are discussed below:

4.1.1 Literature Conclusions

Attaining QWL appears to be a fallacy in the South African context given the unique challenges, particularly in the public sector, where resource constraints abound. Cancer incidents have increased unquestionably, putting enormous strain on oncologists. Consequently, the conditions in public hospitals aggravate stress levels, impacting the well-being and service delivery. A plethora of challenges found in the public facilities gave impetus to the study of QWL among oncology doctors.

Literature aimed to conceptualise QWL through an application of motivational theories and a description of work and non-work-related outcomes, which are then distinguished through various QWL dimensions. Through extensive consultation with literature, I endeavoured to fully explore the concept of QWL.

A variety of definitions of the concept have been proposed in the literature. Some have defined QWL from an organisational standpoint, while others have done so from an employee's perspective. Likewise, while others viewed it as an outcome, others saw it as a process (Vagharseyyedin et al., 2010). It can be concluded that on the one hand, some have likened QWL as relating to interventions or processes

applied in the organisation to enhance job satisfaction, whereas some views have equated it to job satisfaction emanating from the favourableness of the work environment. However, job satisfaction cannot be equated with QWL, which focuses on a broader understanding of the employee’s well-being than just job satisfaction. Furthermore, despite the fact that QWL has been measured using various objective elements, the contextual subjective nature of QWL experiences makes it difficult for researchers to measure and define the concept conclusively. Even though various definitions have been suggested, to date there is still no consensus on the definition of the concept. QWL has been viewed as both subjective and objective, although its subjective nature has resulted in researchers failing to determine a measure for the concept (Ramawickrama et al., 2017; Vagharseyyedin et al., 2010). After careful analysis of the literature (Chapter 2), I concluded that QWL refers to employees' perceptions of job satisfaction (subjective perspective) as well as the provision of a work environment (objective perspective) that promotes well-being. QWL thus entails the *reciprocal* fulfilment of expectations from both the employer and the employee. QWL has specifically been linked to the psychological contract as it entails the reciprocal relationship that should exist between the employer and the employee and also leads to the attainment of some of the dimensions of QWL (Eslavath & Khaleel, 2019).

The importance of QWL in the workplace is undeniable, and when managed properly, it can result in increased productivity and favourable outcomes for both the employer and the employee. According to the literature, a good QWL has a positive relationship with productivity, performance, well-being, and job and life satisfaction (Jaiswal & Mahila, 2014; Kotzé, 2005; Priya, 2015; Rahman et al., 2017 Srivastava & Kanpur, 2014).

QWL has its foundation rooted in the theories of motivation such as Maslow's, Herzberg and McGregor (Ngcobo, 2012). A “marriage” between Herzberg and Maslow's theories stresses the need to fulfil lower-order (intrinsic) before higher-order needs (extrinsic). QWL has been viewed as a multidimensional construct encompassing work environment, job security, well-being, supervisory support, job satisfaction, work-life balance, safety and health, capacity development, commitment and involvement in decision-making (Letooane, 2013; Sahni, 2019; Sattar et al., 2018).

There seems to be a clear polarity between the developed and developing countries regarding the importance of QWL and the implementation of legislation affecting the concept. According to Al-Amin et al. (2019), there is still limited data to influence the formation of policies that can help enhance QWL. Thus QWL has gained momentum globally through its power to influence retention and tenure.

4.1.2 Literature Recommendations

There is a call for the humanisation of the work life and prioritisation of the human element (Abiodun & Olumide, 2019). Various researchers proposed improvements such as job and organisational redesign, capacity development, flexible working hours, independence, inclusive decision-making, supportive and collaborative leadership, and security as essential for QWL attainment (Ajala, 2013; Ashwini, 2016; Reddy & Reddy, 2010). Aside from this, literature has suggested that organisations should consider programmes that aid in facilitating work-life balance, such as the use of Employee Assistance Programmes (EAPs). This calls for organisations to also assess the working environment to eliminate any barriers to QWL. Daniel (2019) urges organisations to consider utilising life-long learning and continuous up-skilling of their employees if they are to maintain a reciprocal relationship with them. Given the confusion that still exists in research circles, Slater et al. (2018) propose that more research on QWL be conducted, focusing on employee challenges in the workplace and the implementation of policies that could improve satisfaction. The majority of QWL studies conducted globally have primarily focused on oncology nursing staff, indicating the need for additional research on oncology doctors.

4.1.3 Empirical Study Conclusions

From an epistemological viewpoint, the use of HP methodology as an approach and IPA for data analysis offered me an opportunity to explore rich and in-depth meanings of the phenomenon. Semi-structured in-depth interviews helped to uncover the experiences based on each participant’s narrative. Moreover, the subjective experiences towards objective QWL elements rendered HP relevant for

the exploration of lived experiences based on how each individual perceives the situation.

The empirical aim of this study was to explore the doctors' lived experiences of working in the oncology department in order to describe their QWL and its role in how they conduct their work. An link was established between the subjective QWL experience, motivational theories and the dimensions of QWL. Based on a qualitative analysis conducted, the conclusions from this study revealed how i) contextual limitations impact oncology doctors' QWL, which results in ii) work-life conflict, causing them to see iii) support as an integral part of their functioning. However, the negative experiences are moderated by iv) their commitment to make a difference through service delivery or career identity which is associated with v) the need for career advancement and growth. These findings were further categorised into hygiene and motivational factors (lower and higher-order needs). The hygiene factors found in themes 1 to 3 have been linked to job satisfaction, while themes 4 and 5 have been linked to motivation, thus making satisfaction unique for the establishment of QWL, and motivational factors in moderating negative effects. In line with the research question, the results confirm that QWL is significant, especially in the health sector. There is convincing evidence from the results which indicates the relevance of the concept amongst healthcare professionals, which makes it easier to identify some of the barriers to QWL and the improvement required thereof.

Findings indicate that doctors' job satisfaction is diminished by a lack of resources, time constraints, infrastructure and workload. It would seem that satisfaction of the lower-order needs would enhance perceptions of QWL. Although there seems to be a wish for improvement of working conditions, the strong career identity of oncology doctors is possibly serving as a moderator for job satisfaction. Participants showed a strong identity with their profession despite the inadequacies in their work environment. Satisfaction of intrinsic or higher-order needs would therefore drive motivation and satisfaction of the doctors. Despite having a strong career identity, there seems to be disequilibrium between stressful conditions and the kind of support offered to them. This has an impact not only on them, but also on patient satisfaction. There is a link between the need for career advancement and Maslow's and Herzberg's motivational factors. However, in some cases, this is hampered by a lack of opportunities to advance into registrar positions. Even though there are

differences in balancing work and family life, some of the participants are still challenged with creating quality family time while also studying. This study introduced a new dimension of QWL: career identity, which appears to foster a sense of QWL among oncology doctors. After careful consideration of the findings, I concluded that QWL refers to the subjective job satisfaction experiences of employees as a result of various objective QWL elements in the workplace and moderated by the nature of their career identity. Given these findings, the following conclusions were arrived at:

4.1.3.1 Contextual Limitations to Optimal Functioning

The conditions experienced in public sector oncology make it difficult for doctors to offer quality care and service to their patients. Despite the challenges faced, it appears that they do not view them as problematic or warranting a grievance but rather enhanced their understanding of their work context. One possible explanation could be that diminished experiences of poor work environmental factors impact on positive experiences of QWL. Such conditions, if left unattended, could lead to burnout of oncologists. In tandem with job satisfaction, Neumann et al. (2018) found burnout to be associated with career satisfaction. Perhaps an understanding of the work environment could help employees to develop coping mechanisms and enhance autonomy. These challenges faced in the oncology department further drive the need for the humanisation of the work environment.

4.1.3.2 Work-life Conflict

The workloads and time constraints are not only affecting work but personal life as well. Work conditions in public facilities seem to be having spill-over effects on family and personal life. Consequently, a job should be able to satisfy both work and personal life, thus further driving QWL experiences. Having a balance between work and life could enhance the QWL of doctors. This perhaps suggests that support and spirituality could help to ameliorate the impacts of work-life conflict. The findings indicate a possible negative connection between work-life conflict and an employee’s psychological well-being. Therefore, supportive work environments that value mental

health could realise the favourable benefits for their organisation and their patients (Kleiner & Wallace, 2017).

4.1.3.3 Support as an Integral Part of Functioning

The unique challenges faced by oncology doctors in public healthcare facilities have the potential of affecting mental health. A comparison between supportive and non-supportive leadership styles indicates a possible connection with motivation. As a dimension of QWL, burnout has been associated with a lack of access to support services in the workplace among oncologists (Murali et al., 2019). The oncology unit presents challenges that require different forms of support, such as management, family, workmates and spirituality. Due to organisational and leadership support playing a huge role in an employee's life, creating a supportive work environment becomes critical for optimal functioning. Perhaps a collaborative effort is required between immediate management and the entire hospital management to ensure that challenges are addressed. A lack of time and huge workloads seem to prohibit doctors from seeking the much-needed support. While supportive behaviours of managers have the potential to motivate, drive satisfaction, performance, and favourable outcomes for patients and achievement of organisational goals, poor leadership could affect employee morale and commitment.

4.1.3.4 Commitment to making a Difference through Service Delivery

Furthermore, despite the challenges, doctors find it more meaningful and satisfying to provide comfort and assistance to their patients. This could imply that meaningfulness and purpose are linked to commitment, satisfaction, and a better doctor-patient relationship. Employees appear to be motivated by small acts of appreciation from those to whom they provide services. Employees' commitment to providing a service could help to mitigate the other challenges they face. This could imply that feelings of accomplishment have the potential to motivate employees to perform better. A strong career identity could lead to a sense of QWL among oncology doctors, which could improve QWL dimensions such as social interaction and commitment. However, while a strong sense of career identity appears to

mitigate poor QWL experiences, insufficient management of this could result in burnout and compassion fatigue.

4.1.3.5 A Need for Achievement and Development

In addition, participants showed a need for career advancement, growth and continuous skills update despite other external factors, such as Black Economic Empowerment (BEE), that may impact their career progression. It seems that attainment of knowledge and career progression would help strengthen their professional identity. Thus it can be concluded that satisfaction of higher-order needs such as career progression seems to drive a sense of QWL for medical doctors. The findings appear to have a link with Maslow's and Herzberg's motivational theories, possibly indicating that satisfaction of higher-order needs is much more important for doctors. Employees who have high self-esteem, confidence in their abilities, and have a positive experience with fairness are less likely to detect psychological contract breach.

4.1.4 Limitations

The presence of COVID-19 may have indirectly impacted the results of this study. Data triangulation was also not possible given the research setting conditions during data collection. Realising that there were some underlying issues that the participants could not share, I could not stop wondering how the findings of this research could have turned out if delving into those issues was probable. Based on the findings from the literature, it was impossible to ask the participants to define the concept QWL as it is a multidimensional concept that even researchers are still to reach a consensus on defining. Due to confidentiality and the work specific and the DOH protocols, it was not possible to explore certain experiences. The homogeneity of the sample made it impossible to generalise the findings across all oncology units in both the public and private sectors, thus further studies would be required. The sample size and high participant identification probability caused some of the findings not to be reported. I acknowledge that the purposive sample utilised and my preconceptions could have created a bias during reporting. However, for the

purposes of this research, the findings do address the aims and questions of this research.

4.1.5 Recommendations for Industry

Given the fact that there are varied factors that affect doctors' QWL experiences when working in oncology, I would like to propose the following recommendations for hospital management together with the government DOH. A collaborative effort to engage in conversations around the preferable type of support by oncology doctors could help mitigate the effects of burnout. A psychological contract is thus important in healthcare to ensure the fulfilment of not only the economic aspects of work, but rather the physiological and psychological needs. In light of these findings, one may perhaps get a picture of the exact experiences, which could assist communities and family members to understand the real issues at hand. This could probably drive a collective effort in finding ways to humanise the work environment and create favourable work conditions. The rise in cancer incidence globally and nationally has put immense pressure on an already vulnerable oncology unit, which calls for more support from the leadership and management. The fact that doctors need career advancement, but face barriers of BEE selection criteria calls for a shift in recruitment and selection policies and processes.

A coalition between hospital management is required to enhance and avert the risks of staff turnover. Furthermore, hospitals should strive to create a work environment that facilitates a balance between work and life, if they are to improve QWL. Creating an environment that enhances WLB and reduces burnout should be a tactical priority for management in constructing ability and resilience within the workforce (Schwartz et al., 2019). Kleiner and Wallace (2017) in their study found that work-life conflict and the mental health of oncologists could be improved if time pressures, working hours and patient load are lessened. Therefore, this encourages hospitals to drive continuous innovations around employee well-being, given the alarming rate of cancer incidence. The establishment of more cancer facilities could help lessen the burden on the few existing facilities. Resilience has been defined as a constructive reaction to tribulations ranging from minor stressors to major life-changing events,

allowing one to persevere in the face of adversity, resulting in fruitful growth, endurance, and a sense of meaningfulness in life (Murali et al., 2019).

4.1.6 Recommendations for Future Research

In view of the findings and conclusions, future studies could build on the findings of this research through further exploration of the concept among oncology doctors and perhaps address the effectiveness of the policies that have been implemented thus far. Given the limitations of this study and to ameliorate researcher bias, future researchers could utilise a larger sample size to determine if similar findings would be discovered. QWL discussions and programmes to improve QWL should become part of the core discussions in research circles, organisations, government and other stakeholders. To better comprehend the implications of these results, researchers and other practitioners should explore this concept in both the public and private sectors. The vulnerable system and working conditions in oncology have exacerbated attrition (immature exits) and impacted greatly on the well-being of oncology doctors.

This research sought to understand how oncology doctor experience QWL and the factors which impact on their well-being, which have been seen to drive attrition and diminish service delivery. The results indicated the daily experiences of oncology doctors working in public sector oncology units. There is thus an urgent need to address the challenges faced by oncology doctors and healthcare professional, more especially now when the rates of cancer incidents have increased and are still expected to rise, putting immense stress on an already overwhelmed healthcare system. The implications of the research stretch much further than this particular hospital, but also to other public healthcare facilities. Further research is needed to determine the relevant interventions. Career identity, which was a novel finding in this study, necessitates additional research into QWL and career identity. Given the fact that data triangulation was impossible, future studies could use different data collection methods in trying to enhance the rigour of the findings.

4.1.7 Personal Viewpoints on the Study

"We cannot understand without wanting to understand, that is, without wanting something to be said … Understanding does not happen when we try to intercept what someone wants to say to us by claiming we already know it" - Hans-George Gadamer

Coming into this research, I was well aware of the challenges faced by oncology doctors and had preconceived notions that their QWL might be less favourable. Despite my preconceptions of the phenomenon, I, like Gadamer, was curious and eager to know more about how doctors experience QWL. My passion for this study fuelled my pursuit of and quest for knowledge. Using a person-centred approach and HP as a methodology during the interviews enabled me to gain useful insights from the participants. As Gadamer states, my aim as a researcher was to acknowledge that understanding would happen through not claiming that I knew or intercepting what someone wanted to say, but rather through comprehending what was being said and an appreciation of what was not being said. The use of reflexivity throughout the research assisted in keeping my own biases in check, while also giving the participants a voice.

The fact that no clear definition or measure is available for the concept of QWL warrants further research. From literature, it is evident that research on QWL, especially concerning medical doctors, is still very much minimal. Most of the research conducted focused on the nurses instead. An exploration of this study gave much insight into the experiences of those who offer the service in oncology. Having had some relatives being survivors or succumbing to cancer, I cannot stop wondering how my understanding of the oncology unit and its employees would have been back then. Getting first-hand information from the medical doctors brought deep introspection and reflection on the challenges that they face. It was very emotional to learn of the real work life situations present in public hospitals and the health sector in general. I have realised that in as much as most would view doctors as resilient with emotional intelligence, at some point they also need support.

4.2 Chapter Summary

Chapter 4 comprised the conclusions drawn from both the literature and empirical study. It further highlighted the limitations and recommendations for the field and future studies on QWL and experiences on employees. The research aims and questions were used to formulate the conclusions of this chapter. Lastly, a brief personal reflection on the study was used to conclude this chapter.

Reference List

Abdelmoteleb, S. A. (2018). The interrelationships among job satisfaction, work-home interference and psychological contract breach. *German Journal of Human Resource Management, 33*(1), 32-55. https://doi.org/10.1177/2397002218791566

Abiodun, U. E., & Olumide, A. S. (2019). Investigating the effect of quality of work-life on employees' attrition: An evidence of selected tertiary institutions in Osun State. *International Conference of Science, Engineering & Environmental Technology (ICONSEET), 4*(22), 163-174. https://www.researchgate.net/publication/341713541

Abubakar, E., Chauhan, S., & Kura, P. (2014). Relationship between perceived organisational politics, and quality of work life. *Journal of Contemporary Research in Business, 4*(1), 156-170.

Adisa, T. A., Chima Mordi, C., & Osabutey, E. L. C. (2017). Exploring the implications of the influence of organisational culture on work-life balance practices: Evidence from Nigerian medical doctors. *Personnel Review, 46*(3), 454-473. https://doi.org/10.1108/PR-05-2015-0138

Afroz, S. (2017). Quality of work life: A conceptual model. *Advances in Economics and Business Management (AEBM), 4*(8), 570-578. http://www.krishisanskriti.org/Publication.html

Agarwal, R. (2015). A 'Ontology' and Epistemology in qualitative research. *International Journal of Engineering Research and Management Technology, 2*(3), 258-262. www.ijermt.org

Agarwal, S. (2020). Trust as a missing link between quality of work life and subjective wellbeing. *Engineering Solidarity, 16*(1), 1-21. https://doi.org/10.16925/2357-6014.2020.01.06

Agus, A., & Selvaraj, R. (2020). The mediating role of employee commitment in the relationship between quality of work life and the intention to stay. Employee Relations: *The International Journal, 42*(6), 1231-1248. https://doi.org/10.1108/ER-07-2019-0292

Ahmad, O., & Gelaidan, T. (2013). Relationship between pay satisfaction, turnover intentions and quality of work life. *Journal of Couselling Psychology, 3*, 45-67.

Ajala, E. M. (2013). Quality of work life and workers wellbeing: The industrial social workers approach. *IFE PsychologIA, 21*(2), 46-56. https://hdl.handle.net/10520/EJC141146

Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *The Qualitative Report, 12*(4), 612-638. https://doi.org/10.46743/2160-3715/2007.1616

Al-Amin, S., Salahin, K. F., Husain, T., Abir, T., & Agho, K. E. (2019). Analysing the prevailing status of nurses at private hospitals in Bangladesh: A study on quality of work life. *Clinical Sciences Research and Reports, 2*, 1-5. https://doi.org/10.15761/CSRR.1000121

Alase, A. (2017). The interpretive phenomenological analysis. (IPA): Good qualitative research approach. *International Journal of Education and Literacy Studies, 5*(2), 9-19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Alase, A. O. (2016). *The impact of the Sarbanes-Oxley Act (SOX) on small companies and their communities*. [Unpublished Doctor of Education dissertation (Ed.D), North-Eastern University]. https://doi.org/10.13140/RG.2.2.30639.12967

Aldiabat, K. M., & Le Navenec, C. (2018). Data saturation: The mysterious step In Grounded Theory Method. *The Qualitative Report, 23*(1), 245-261. http://nsuworks.nova.edu/tqr/vol23/iss1/18

Alharbi, W., Cleland, J., & Morrison, Z. (2019). Exploring healthcare professionals' perceptions of medication errors in an adult oncology department in Saudi Arabia: A qualitative study. *Saudi Pharmaceutical Journal 27,* 176–181. https://doi.org/10.1016/j.jsps.2018.10.001

Ali Umrani, W. A., Afsar, B., Khan, M., & Ahmed, U. (2019). Addressing the issue of job performance among hospital physicians in Pakistan: The role of job security, organizational support, and job satisfaction. *Journal of Applied Biobehavioral Research, 24*(3), 1-17. https://doi.org/10.1111/jabr.12169

Almaaitah, M, F., Harada, Y., Sakdan, M. F., & Almaaitah, A. M. (2017). Integrating Herzberg and Social exchange theories to underpinned human resources practices, leadership style and employee retention in health sector. *World Journal of Business and Management, 3*(1), 16-34. https://dx.doi.org/105296/wjbm.v3i1.10880

Almalki, M. J., FitzGerald, G., & Clark, M. (2012). The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. *BMC Health Services Research, 12*, 314. https://doi.org/10.1186/1472-6963-12-314

Almarshad, S., Toukabri, M., & Yillah, M. S. (2019). Quality of work life as a determinant of social responsibility in the public sector: The case of the governmental sector of the northern borders region in Saudi Arabia. *European Journal of Sustainable Development 8*(1), 82-98. https://doi.org/10.14207/ejsd.2019.v8n1p82

Al-Maskari, M. A., Dupo, J. U., & Al-Sulaimi, N. K. (2020). Quality of Work Life among nurses: A case study from Ad Dakhiliyah Governorate, Oman. *Sultan Qaboos University Medical Journal, 20*(4), e304–e311. https://doi.org/10.18295/squmj.2020.20.04.005

Alowna, B. E., Al-fakehb, F. A., & Aburummanc, A. (2021). The role of quality of work life in Jordanian hotel industry. *Management Science Letters, 11*, 347–356. https://doi.org/10.5267/j.msl.2020.9.035

Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2017). Herzberg's Two-Factor Theory. *Life Science Journal, 14*(5), 12-16. https://doi.org/10.7537/marslsj140517.03

Alzahrani, M. A. (2019). *Philosophical assumptions in educational research.* University of Exeter. https://doi.org/10.13140/RG.2.2.17768.01286

Amer, A. B., & AL-Zakri, N. (2013). A qualitative study of the Omani physicians' lived experiences with truth disclosure to cancer patients. *Open Journal of Nursing, 3,* 130-137. https://doi.org/10.4236/ojn.2013.31017

Anderson, N. E., Slark, J., & Gott, M. (2019). Unlocking intuition and expertise: Using interpretative phenomenological analysis to explore clinical decision making. *Journal of Research in Nursing, 24*(1-2), 88-101. https://doi.org/10.1177/1744987118809528

Anhange, S. T., Aondowase Iorwuese, P., & Hannah, C. (2018). Work family balance and emotional intelligence as predictors of quality of life among married people in Makurdi Metropolis. *IFE PsychologIA, 26*(2), 31-43. https://handle.net/10520/EJC-119bbeccd7

Ashwini, J. (2016). A comparative study of quality of work life in manufacturing and service sector industries in Karnataka. *Dharana - International Journal of Business, 10*(2), 52-59. https://doi.org/10.1109/ICGTSPICC.2016.7955354

Barkhuizen, H., Jorgensen, L. I., & Brink, L. (2014). Exploring the role of the industrial and organisational psychologist as counsellor. *SA Journal of Industrial Psychology, 40*(1), 1-11. https://doi.org/10.4102/sajip.v40i1.1193

Barnard, A., & Furtak, A. (2020). Psychological resilience of volunteers in a South African health care context: A salutogenic approach and hermeneutic phenomenological inquiry. *International Journal of Environmental Research and Public Health, 17*, 2922. https://doi.org/10.3390/ijerph17082922

Bates, S. R., & Jenkins, L. (2007). Teaching and learning ontology and epistemology in political sciences. *Politics, 27*(1), 55-63. https://doi.org/10.1111/j.1467-9256.2007.00279.x

Batool, S. S., & Ghayas, S. (2020). Process of career identity formation among adolescents: components and factors. *Heliyon*, *6*(9), 1-9. https://doi.org/10.1016/j.heliyon.2020.e04905

Battisti, M., Fraccaroli, F., Fasol, R., & Depolo, M. (2007). Psychological contract and quality of organizational life: An empirical study on workers at a rest home. *Relations Industrielles/Industrial Relations, 62*(4), 664-689. http://id.erudit.org/iderudit/016956ar

Behal, A. (2019). Use of IPA in qualitative data analysis. [PowerPoint slides]. https://youtu.be/vHoR1WEWDL0

Berger, R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 0*(0), 1-16. https://doi.org/10.1177/1468794112468475

Bland, A., & DeRobertis, E. M. (2019). The humanistic perspective in psychology. *Encyclopedia of Personality and Individual Differences,* 1-19. https://doi.org/10.1007/978-3-319-28099-8_1484-2

Bleiker, J., Morgan-Trimmer, S., Knapp, K., & Hopkins, S. (2019). Navigating the maze: Qualitative research methodologies and their philosophical foundations. *Radiography*, *25*, S4-S8. https://doi.org/10.1016/j.radi.2019.06.008

Bonnet, E. G., De Clercq, A., Endres, W. E., Meyer, C., Odendaal, M. M., Sherriff, A., & Joubert, G. (2017). Burnout in radiation oncologists and oncology registrars in the Free State province. *Occupational Health Southern Africa*, *23*(4), 18-23. https://hdl.handle.net/10520/EJC-c235974f5

Bowe, S. N., Laury, A. M., & Gray, S. T. (2017). Improving otolaryngology residency selection principles from personnel psychology. *Otolaryngology-Head and Neck Surgery, 156*(6), 981-984. https://doi.org/10.1177/0194599817698432.Epub2017

Bragard, I., Dupuis, G., Razavi, D., Reynaert, C., & Etienne, A. M. (2012). Quality of work life in doctors working with cancer patients. *Occupational Medicine, 62,* 34-40. https://doi.org/10.1093/occmed/kqr149

Bragard, I., Fleet, R., Ettiene, A., Archambault, P., Legare, F., Chauny, J., Levesque, J., Quimet, M., Poitras, J., & Dupuis, G. (2015). Quality of work life of rural emergency department nurses and physicians: A pilot study. *BMC Research Notes, 8*(1), 1-9, 116. https://doi.org/10.1186/s13104-015-1075-2

Bray, F., Ferlay, J., Soerjomatoram, I., Siegel, R. L., Torre, L. A., & Jemal, A. (2018). Global cancer statistics 2018: GLOBACAN estimates of incidence and mortality. World-wide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians, 68*(6), 394-424. https://doi.org/10.3322/cagc.21492

Brousseau, S., Cara, C., & Blais, R. (2019). Factors that influence the quality of worklife of first-line nurse managers in a French Canadian Healthcare system. *Journal of Hospital Administration, 8*(4), 1-9. https://doi.org/10.5430/jha.v8n4p1

Brown, A., & Danaher, P. A. (2019). CHE principles: Facilitating authentic and dialogical semi-structured interviews in educational research. *International Journal of Research & Method in Education, 42*1*,* 76-90. https://doi.org/10.1080/1743727X.2017.1379987

Brugha, R., Clarke, N., Hendrick, L., & Sweeny, J. (2020). Doctor retention: A cross-sectional study of how Ireland has been losing the battle. *International Journal of Health Policy and Management, x*(x), 1-11. https://doi.org/10.34172/ijhpm.2020.54

Bu, S., & Paré, D. A. (2018). A hermeneutic phenomenological exploration of counsellors' practice of mindful acceptance. *Canadian Journal of Counselling and Psychotherapy*, *52*(2). https://cjc-rcc.ucalgary.ca/article/view/61154

Busolo, D., & Woodgate, R. (2015). Palliative care experiences of adult cancer patients from ethnocultural groups: a qualitative systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports, 13*(1), 99-111. https://doi.org/10.11124/jbisrir-2015-1809

Butt, R. S., Chohan, I. M., Sheikh, B. A., & Iqbal, M. B. (2019). Assessing the impact of leadership and quality of work life on employees' job satisfaction: Evidence from Jiangsu University. *International Journal of Management, Accounting and Economics, 6*(9), 655-671. www.ijmae.com

Cañadas-De la Fuente, G. A., Gómez-Urquiza, J. L., Ortega-Campos, E. M., Cañadas, G. R., Albendín-García, L., & De la Fuente-Solana, E. I. (2018). Prevalence of burnout syndrome in oncology nursing: a meta-analytic study. *Psycho-oncology*, *27*(5), 1426-1433. https://doi.org/10.1111/jan.14318

Cass, I., Duska., L. R., Blank, S. V., Cheng, G., Dupoint, N. C., Frederick, P. J., Hill, E, K., Matthews, C.M., Pua, T. L., Rath, K. S., Ruskin, R., Thacker, P. H., Berchuck, A., Gostout, B. S., Kushner, D, M., & Flower, J. M. (2016). Stress and burnout among gynaecological oncologists: A society of gynaecologic oncology evidence-based review and recommendations. *Gynaecologic Oncology, 143,* 421-427. http://dx.doi.org/10.1016/j.ygyno.2016.08.319

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it easy as it sounds? *Currents in Pharmacy Teaching and Learning, 10,* 807-815. https://doi.org/10.1016/j.cptl.2018.03.019

Çetinkanat, A. C., & Kösterelioğlu, M. A. (2016). Relationship between quality of work life and work alienation: Research on teachers. *Universal Journal of Educational Research 4*(8), 1778-1786. https://doi.org/10.13189/ujer.2016.040806

Chan, Z. C. Y., Fung, Y.L., & Chien, W. T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. *The Qualitative Report, 18*(59), 1-9. http://www.nova.edu/sss/QR/QR18/chan59.pdf.

Chandra, Y., & Mathur, K. (2018). Paradigm shift from managerial to intrapreneurial: A study of need for achievement and quality of worklife among corporate manager. *Research Frontiers in Human Resources Management and Marketing Management,* 98-119. https://www.researchgate.net/publication/325169674

Chinomona, R., & Dhurup, M. (2014). The influence of the quality of working life on employee job satisfaction, job commitment and tenure intention in the SME sector in Zimbabwe. *South African Journal of Economic and Management Sciences, 17*(4), 363-378. http://ref.scielo.org/h4vrsy

Churchill, S. D. (2018). Explorations in teaching the phenomenological method: Challenging psychology students to “grasp at meaning” in human science research. *Qualitative Psychology, 5*(2), 207-228. http://dx.doi.org/10.1037/qup0000116

Coetzee, M., & Roythorne-Jacobs, H. (2011). *Career counselling and guidance in the workplace: A manual for career practitioners.* (2nd Ed.). Juta.

Coetzee, M., & Schreuder, D. (2010). An overview of industrial and organisational psychology research in South Africa: A preliminary study. *SA Journal of Industrial Psychology, 36*(1), 1-11. https://doi.org/10.4102/sajip.v36i1.903

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches.* (4th Ed.). SAGE.

Crowther, S., & Thomson, G. (2020). From description to interpretive leap: Using philosophical notions to unpack and surface meaning in hermeneutic phenomenology research. *International Journal of Qualitative Methods, 19*, 1–11. https://doi.org/10.1177/1609406920969264

Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research, 27*(6), 826–835. https://doi.org/10.1177/1049732316656161

Dahie, A. M., Mohamed (Aligees), A. A., & Khalif, H. B. (2017). Examining factors affecting the quality of work life of lecturers: Case study from University of Somalia in Mogadishu, Somalia. *Australian Journal of Science and Technology, 1*(2), 72-79. https://doi.org/10.21090/ijaerd.36226

Daniel, C. O. (2019). Analysis of quality work life on employees' performance. *International Journal of Business and Management Invention, 8*(2), 60-65.

Dargahi, H., Changizi, V., & Gharabagh, E.J. (2012). Radiology employees' quality of work-life. *Acta Media Iranica (Iranian Media Act), 50*(4), 250-256.

Darla, F. (2006). *An examination of quality of work life and quality of care within a health care setting.* [Unpublished MA thesis, Canada: University of Waterloo]. http://hdl.handle.net/10012/2798

David, S., Ganesh, V., Malviya, S., & Mujalda, S. (2015). A study on employee quality of work life. *International Journal of Engineering Research and Management (IJERM), 2*(4), 68-71.

De Cavalcante Almeida, G., De Souza, H. R., De Almeida, P. C., & Almeida, G, H. (2016). The prevalence of burnout in medical students. *Archives of Clinical Psychiatry, 43*(1), 6-10. https://doi.org/10.1590/0101-60830000000072

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2), e000057.

Del Carmen, M. G., Herman, J., Rao, S., Hidrue, M. K., Ting, D., Lehrhoff, S. R., Lenz, S., Heffernan, J., & Ferris, T. G. (2019). Trends and factors associated with physician burnout at a multispecialty academic faculty practice organization. *JAMA Network Open*, *2*(3), 1-10. https://doi.org/10.1001/jamanetworkopen.2019.0554

Department of Health (DOH). (n.d.). KwaZulu Natal Provincial Government. http://www.kznhealth.gov.za/Referral-system.htm

Deshpande, Y., & Bhakane, B. J. (2015). A comparative study on quality of work life dimensions in small medium enterprises & large scale enterprises. *International Journal of Management (IJM), 6*(5), 46-52.

Dhanalakshmi, D., & Fasla, N. P. (2018). An empirical research on impact on quality of work life of employees. *International Journal of Advance Research and Innovative Ideas in Education* (*IJARIIE), 4*(3). https://www.researchgate.net/publication/327474345

Dhurup, M., & Mahomed, F. E. (2013). Quality of work life and the relationship with job satisfaction: empirical evidence from school sport facilitators. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD), 2*, 193-208. https://hdl.handle.net/10520/EJC165324

Dieronitou, I. (2014). The ontological and epistemological foundations of qualitative and quantitative approaches to research with particular reference to content and discourse analysis of textbooks. *International Journal of Economics, Commerce and Management, 2*(10), 1-17.

Ebby Joseph Idicula, J. (2020). Quality of work life and organisational citizenship behaviour of faculty members in higher learning centres, Kerala-A Position Paper. *PalArch's Journal of Archaeology of Egypt/Egyptology*, *17*(9), 9898-9908. https://archives.palarch.nl/index.php/jae/article/view/6134

Edwards, L. B., & Greef, L. E. (2017). Exploring grassroots feedback about cancer challenges in South Africa: A discussion of themes derived from content thematic analysis of 316 photo-narratives. *Pan African Medical Journal, 28*(173), https://doi:10.11604/pamj.2017.28.173.11894

Ekebosi, N. C., Nnonyelu, A. N., & Nwankwo, I. U. (2019). The examination of employees' perception of quality of work life (QWL) in federal universities in South East Zone of Nigeria*. International Journal of Health and Social Inquiry, 5*(1), 19-38.

Elshahat, E. M., Shazly, M. M., & Abd-Elazeem, H. (2019). Relationship between quality of work life and turnover intention among staff nurses. *Egyptian Journal of Health Care, 10*(1), 178-193. https://doi.org/10.21608/ejhc.2019.28793

Erdogan, B., Bauer, T. N., Truxillo, D. M., & Mansfield, L. R. (2012). Whistle while you work: A review of the life satisfaction literature. *Journal of Management*, *38*(4), 1038-1083. https://doi.org/10.1177/2F0149206311429379

Eslavath, K. D. N., & Khaleel, A. F. (2019). Quality of work life of educators in Lebanese French University. *International Journal of Management (IJM), 10*(1), 65-82.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Ezeh, L., & Olawale, Y. (2017). Pay satisfaction, job satisfaction and quality of work life as correlates of turnover intention among federal civil servants in Awka metropolis of Anambra state, South-East, Nigeria. *International Journal of Advanced Multidisciplinary Research Reports, 2*(1), 34- 55.

Fasla, N. P. (2017). A study on quality of worklife among private hospital nurses with special reference to Munnarkkad Municipality, Palakkad District. *International Journal of Research - Granthaalayah, 5*(4), 128-134. https://doi.org/10.29121/granthaalayah.v5.i4.2017.1802

Fitzmaurice, C., Akinyemiju, T. F., Al Lami, F. H., Alam, T., Alizadeh-Navaei, R., Allen, C., Alsharif, U., Alvis-Guzman, N., Amini, E., Anderson, B. O., Aremu, O., Artaman, A. I., Asgedom, S. W., Assadi, R., Atey, T. M., Avila-Burgos, L., Awasthi, A., Ba Saleem, H. O., Aleksandra Barac, ... & Yonemoto, N. (2018). Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 29 cancer groups, 1990 to 2016: a systematic analysis for the global burden of disease study. *Journal of the American Medical Association* (*JAMA) Oncology, 4*(11), 1553-1568. https://doi.org/10.1001/jamaoncol.2018.2706

Font, A., Corti, V., & Berger, R. (2015). Burnout in healthcare professionals in oncology. *Procedia Economics and Finance, 23,* 228-232. https://doi.org/10.1016/S2212-5671(15)00320-2

Franco, P., Tesio, V., Bertholet, J., Gasnier, A., Gonzalez del Portillo, E., Spalek, M., Bibault, J. E., Borst, G., Van Elmpt, W., Thorwarth., D., Mullaney, L., Redalen, K. R., Dubois, L., Chargari, C., Perryck, S., Heukelom, J., Petit, S., Lybeer, M., & Castelli, L. (2020). Professional quality of life and burnout amongst radiation oncologists: The impact of alexithymia and empathy. *Radiotherapy and Oncology 147,* 162–168. https://doi.org/10.1016/j.radonc.2020.05.017

Gayathiri, R., & Ramakrishnan, L. (2013). Quality of work life: Linkage in job satisfaction and performance. *International Journal of Business and Management Invention, 2*(1), 1-8.

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report, 20*(11), 1772-1789. https://doi.org/10.46743/2160-3715/2015/2373

Gogoleva, A. S., Sorokin, P. S., & Efendiev, A. G. (2017). Problems and perspectives in research into the quality of work life in organisational studies. *Society and Economy, 39*(4), 597-616. https://doi.org/10.1556//204.2017.006

Goldspink, S., & Engward, H. (2019). Booming clangs and whispering ghosts: Attending to reflexive echoes in IPA research. *Qualitative Research in Psychology, 16*(2), 291-304. https://doi.org/10.1080/14780887.2018.1543111

Grunfeld, E., Whelan, T. J., Zitzerlsberger, L., Willan, A. R., Montesanto, B., & Evans, W. K. (2000). Cancer care workers in Ontario: Prevalence of burnout, job stress and job satisfaction. *Canadian Medical Association Journal (CMAJ), 163*(2), 166-169. PMID: 10934978 PMCID: PMC80206

Gunbayi, I., & Sorm, S. (2018). Social paradigms in guiding social research design: The Functional, Interpretive, Radical Humanist and Radical Structural paradigms. *Online Submission, 9*(2), 57-76.

Guveli, H., Anuk, D., Oflaz, S., Guveli, M. E., Yildirim, N. K., Ozkan, M., & Ozkan, S. (2015). Oncology staff: Burnout, job satisfaction and coping with stress. *Psycho-Oncology, 24*(8), 926-931. https://doi.org/10.1002/pon.3743

Ha, J. F., Anat, S., & Langnecker, N. (2010). Doctor-patient communication: A review. *The Ochsner Journal, 10,* 38-43.

Hardjanti, I. W., Noermijati, N., & Dewanto, A. (2017). Influence of quality of work life towards psychological wellbeing and turnover intention of nurses and midwives in hospital. *National Public Health Journal, 12*(1), 7-14. https://doi.org/10.21109/kesmas.v12i1.1144

Hasanpur, M., Keyhanpour, M., & Nourozitalab, A. R. (2017). Essence of hermeneutic circle of understanding in aesthetics of photograph interpretation. *The Scientific Journal of NAZAR research center (NRC) for Art, Architecture & Urbanism, 13*(44), 5-14.

Hemanathan, R., Sreelekha, P. P., & Golda, M. (2017). Quality of work life among nurses in a tertiary care hospital. *Juniper Online Journal (JOJ) Nurse Health Care, 5*(4), 1-8. https://doi.org/10.19080/JOJNHC.2017.05.555667

Hersey, P., & Blanchard, K. (1982). *Management and organizational behavior: Utilizing human resources.* (4th Ed.). Prentice-Hall.

Herzberg, F. I. (1966). *Work and the nature of man.* World.

HipólitoI, M. C. V., Masson, V. A., MonteiroIII, M. I., & Gutierrez, G. L. (2017). Quality of working life: Assessment of intervention studies. *Revista Brasileira de Enfermagem (Brazilian Journal of Nursing), 70*(1):178-86. http://dx.doi.org/10.1590/0034-7167-2015-0069

Hlubocky, F. J., Rose, M., & Epstein, R. M. (2017). Mastering resilience in oncology: learn to thrive in the face of burnout. *American Society of Clinical Oncology Educational Book*, *37*, 771-781. https://doi.org/10.1200/EDBK_173874

Hosseini Zare, M., Ahmadi, B., Akbari Sari, A., Arab, M., & Movahed Kor, E. (2012). Quality of working life on residents working in hospitals. *Iranian Journal of Public Health, 41*(9), 78-83.

Izindaba. (2011). "Fix the damn system!" – Johannesburg tertiary hospital doctors. *South African Medical Journal* (*SMJ), 101*(3), 152-156.

Jaiswal, A., & Mahila, A. (2014). Quality of work life. *Journal of Business Management & Social Sciences Research, 3*(2), 83-87.

Jamil, S., Titisari, P., & Suryaningsih, I. B. (2020). The effect of quality of work life on woman civil servants' performance at Situbondo's government: The mediating role of work motivation and organizational commitment. *IOSR Journal of Business and Management, 22*(7), 46-56. https://doi.org/10.9790/487X-2207024656

Jayakumar, A., & Kalaiselvi, K. (2012). Quality of work life: An overview. *International Journal of Marketing, Financial Services and Management Research, 1*(10), 140-157.

Joaquim, A., Custodio, S., Savva-Bordalio, J., Chasim, S., Carvalho, I., Lombard, L., Lopez, H., Araujo, A., & Gomez, R. (2017). Burnout and occupational stress in the medical residents of oncology hematology and radiotherapy: A prevalence and predictors study in Portugal. *Psychology, Health and Medicine,* 1-8. https://dx.doi.org/10:1080/13548506.2017.1344256

Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2017). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing, 27*(1), 20-32, https://doi.org/10.1111/inm.12416

Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bhodhi: An Interdisciplinary Journal*, 5, 181-200. https://doi.org/10.3126/bodhi.v5i1.8053

Kanten. S., & Sadullah, O. (2012). An empirical research on relationship quality of work life and work engagement. *Procedia - Social and Behavioral Sciences 62,* 360-366. https://doi.org/10.1016/j.sbspro.2012.09.057

Kelbiso, L., Belay, A., & Woldie, M. (2017). Determinants of quality of work life among nurses working in Hawassa town public health facilities, South Ethiopia: Cross-sectional study. *Hindawi Nursing Research and Practice,* 1-12. https://doi.org/10.1155/2017/5181676

Kennedy, B., & Thorpe, R. (2006). Selecting foster carers: Could personnel psychology improve outcomes? *Adoption and Fostering, 30*(3), 29-38. https://doi.org/10.1177%2F030857590603000305

Khalid, F., & Abbasi, A. N. (2018). Challenges faced by Pakistani health care system: Clinician's perspective. *Journal of College of Physicians and Surgeons Pakistan, 28*(12), 899-901.

Khalil-Ur, R., Waheed, A., & Saad Ullah, K. (2017). Factors affecting employee job satisfaction: A comparative study of conventional and Islamic insurance. *Cogent Business & Management, 4,* 1-15. http://dx.doi.org/10.1080/23311975.2016.1273082

Kirn, A., Godwin, A., Cass, C., Ross, M. S., & Huff, J. L. (2017). Mindful methodology: A transparent dialogue on adapting Interpretative Phenomenological Analysis for Engineering Education Research. *ASEE Annual Conference & Exposition*. https://par.nsf.gov/biblio/10042232.

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigm in educational contexts. *International Journal of Higher Education, 6*(5), 26-41.

Kleiner, S., & Wallace, J. E. (2017). Oncologist burnout and compassion fatigue: Investigating time pressure at work as a predictor and the mediating role of work-family conflict. *BMC Health Services, 17*, 1-8. https://doi.org/10.1186/s12913-017-2581-9

Kotzé, T. (2005). The nature and development of the construct "quality of work life". *Acta Academica, 37*(2), 96-122.

Krauss, S. E. (2005). Research paradigms and meaning making: A primer. *The Qualitative Report, 10*(4), 758-770. https://doi.org/10.46743/2160-3715/2005.1831

Kutaulaa, S., Gillanib, A., & Budhwarc, P. S. (2020). An analysis of employment relationships in Asia using psychological contract theory: A review and research agenda. *Human Resource Management Review, 30*, 1-22. https://doi.org/10.1016/j.hrmr.2019.100707

Kwahar, N., & Iyortsuun, A. S. (2018). Determining the underlying dimensions of quality of work life (QWL) in the Nigerian hotel industry. *Entrepreneurial Business and Economics Review, 6*(1), 53-70. https://doi.org/10.15678/EBER.2018.060103

Lagerlund, M., Sharp, L., Lindqvist, R., Runesdotter, S., & Tishelman, C. (2015). Intention to leave the work-place among nurses working with cancer patients in acute care hospitals in selection. *European Journal in Oncology Nursing, 19,* 629-637. https://doi.org/10.1016/j.ejon.2015.03.011

Larkin, M., & Thompson, A. (2012). Interpretive phenomenological analysis. In Thomson, A., & Harper, D. (Eds.), *Qualitative research methods in mental and psychotherapy: A guide for students and practitioners* (pp. 96-116). John Wiley & Sons. https://doi.org/10.1002/97811199732249

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2*(3), 21-35. https://doi.org/10.1177/2F160940690300200303

Lee, H. J., & Ahn, M. (2021). Consensual qualitative research on the internship experience and development of career identity of Korean doctors. *BMC Medical Education, 21*, 12. https://doi.org/10.1186/s12909-020-02451-4

Leitão, J., Pereira, D., & Gonçalves, A. (2019). Quality of work life and organizational performance: Workers' feelings of contributing, or not, to the organization's productivity. *International Journal of Environmental Research and Public Health, 16*(3803), 1-18. https://doi.org/10.3390/ijerph16203803

Leitão, J., Pereira, D., & Gonçalves, Â. (2021). Quality of work life and contribution to productivity: Assessing the moderator effects of burnout syndrome. *International Journal of Environmental Research and Public Health*, *18*(5), 2425. https://doi.org/10.3390/ijerph18052425

Lejeune, J., Chevalier, S., Fouquereau, E., Chenevert, D., Coillot, H., Binet, A., & Colombat, P. (2020). Relationships between managerial and organizational practices, psychological health at work, and quality of care in Pediatric Oncology*. JCO Oncology Practice, 16*(10), e1112-e1119. https://doi.org/10.1200/JOP.19.00583

Lengelle, R., Van der Heijden, B. I., & Meijers, F. (2017). The foundations of career resilience. In *Psychology of career adaptability, employability and resilience* (pp. 29-47). Springer. https://doi.org/10.1007/978-3-319-66954-0_3

Letooane, M. K. (2013) *Factors impacting on the quality of work life: A case study of University 'A'.* [Unpublished Master of Technology, Durban University of Technology]. https://ir.dut.ac.za

Levers, M. J. D. (2013). Philosophical paradigms, grounded theory, and perspectives on emergence. *Sage Open*, *3*(4), 2158244013517243. https://doi.org/10.1177/2F2158244013517243

Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative data collection in an era of social distancing. *International Journal of Qualitative Methods. 19*, 1–8. https://doi.org/10.1177/2F1609406920937875

Lubuzo, B., Ginindza, T., & Hlongwana, K. (2019). Exploring barriers to lung cancer patient access, diagnosis, referral and treatment in Kwazulu-Natal, South Africa: the health providers' perspectives. *Translational Lung Cancer Research, 8*(4), 380–391. https://doi.org/10.21037/tlcr.2019.08.17

Lwin, Z., Broom, A., Sibritt, D., Francis, K., Karapetis, C. S., Karikios, D., & Harrup, R. (2018). The Australian medical oncologist survey: The profile and challenges of medical oncology. *Seminars in Oncology, 45*(5), 284-290. https://doi.org/10.1053/j.seminoncol.2018.06.004

Ma, S., Huang, Y., Yang, Y., Ma, Y., Zhou, T., Zhao, H., Chen, L., Zhou, N., & Zhang, L. (2019). Prevalence of burnout and career satisfaction among oncologists in China: A national survey. *The Oncologist, 24*(7), e480–e489. https://doi.org/10.1634/theoncologist.2018-0249

Made, F., Wilson, K., Jina, R., Tlotleng, N., Jack, S., Ntlebi, Y., & Kootbodien, T. (2017). Distribution of cancer mortality rates by province in South Africa. *Cancer Epidemiology, 51*, 56-61. https://doi.org/10.1016/j.canep.2017.10.007

Madjar, I., Kacen, L., Ariad, S., & Denham, J. (2007). Telling their stories, telling our stories: Physicians experiences with patients who decide to forgo or stop treatment for cancer. *Qualitative Health Research, 17*(4), 428-441. https://doi.org/10.1177/2F1049732306298806

Mafini, C. (2016). Decrypting the nexus between organisational culture, quality of work life, job satisfaction and employee productivity in the public sector. *South African Journal of Labour Relations, 40*(1), 59-82. https://doi.org/10.25159/2520-3223/5860

Mafini, C., Surujlal, J., & Dhurup, M. (2012). Examining the relationship between job satisfaction, life satisfaction and quality of work life among municipal sports officers. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD), 1*(1), 181-199.

Magnavita, N., Sestili, C., Mannocci, A., Ercoli, E., Boccia, A., Bonaga, G., Sica, S., Maurici, M., Alvaro, R., Sili, A., Cartoni, C., & La Torre, G. (2018). Mental and physical well-being in oncology-hematology–unit personnel. *Archives of Environmental & Occupational Health, 73*(6), 375-380. https://doi.org/10.1080/19338244.2017.1361901

Mahmood, J. I., Grotmol, K. S., Tesli, M., Moum, T., Andreassen, O., & Tyssen, R. (2019). Life satisfaction in Norwegian medical doctors: a 15-year longitudinal study of work-related predictors. *BMC Health Services Research*, *19*(1), 1-10. https://doi.org/10.1186/s12913-019-4599-7

Maphumulo, S. (20 June 2017). Fight for cancer patients to go on. *New Age, p. 3.*

Maphumulo, W. T., & Bhengu, B. R. (2019). Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curationis, 42*(1), 1-9. https://doi.org/10.4102/curations.v42i1.1901

Martell, J. P., & Dupuis, G. (2006). Quality of work life: Theoretical and methodological problems and presentation of a new model and measuring instrument. *Social Indicators Research, 77*(2), 333-368. https://doi.org/10.1007/511205-004-5368-4

Martin, G., Bushfield, S., Siebert, S., & Howieson, B. (2020). Changing logics in healthcare and their effects on the identity motives and identity work of doctors. *Organization Studies.* https://doi.org/10.1177/0170840619895871

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396. https://doi.org/10.1037/h0054346

McKevitt, C., & Wolfe, C. (2002). Quality of life: What, how, why? The view of healthcare professionals. *Quality in Ageing – Policy, Practice and Research, 3*(1), 13-19. https://doi.org/10.1108/14717794200200003

Meijers F., Lengelle R., Winters A., Kuijpers M. (2017) A Dialogue Worth Having: Vocational Competence, Career Identity and a Learning Environment for Twenty-First Century Success at Work. In de Bruijn E., Billett S., Onstenk J. (eds.), *Enhancing Teaching and Learning in the Dutch Vocational Education System. Professional and Practice-based Learning,* vol 18. Springer. https://doi.org/10.1007/978-3-319-50734-7_7

Mobaraki, H., Meymandi, R. G., Kamali, M., & Pourbakht, A. (2017). The relationship between quality of work life and job satisfaction among audiologists in Iran. *Auditory and Vestibular Research, 26*(4), 215-222.

Moestain, I., Hamidah, H., & Kadir, K. (2020). Leadership, quality of worklife, job satisfaction and organizational citizenship behavior in PT. Pertamina. *Management Science Letters, 10*(6), 1213-1224. https://doi.org/10.5267/j.msl.2019.11.037

Mohammadi, S., & Karupiah, P. (2020). Quality of work life and academic staff performance: a comparative study in public and private universities in Malaysia. *Studies in Higher Education*, *45*(6), 1093-1107. https://doi.org/10.1080/03075079.2019.1652808

Montague, J., Phillips, E., Holland, F., & Archer, S. (2020). Expanding hermeneutic horizons: Working as multiple researchers and with multiple participants. *Research Methods in Medicine & Health Sciences*, *1*(1), 25-30. https://doi.org/10.1177/2F2632084320947571

Mselle, L. T., Kohi, T. W., & Dol, J. (2018). Barriers and facilitators to humanizing birth care in Tanzania: findings from semi-structured interviews with midwives and obstetricians. *Reproductive Health, 15*(137), 2-10. https://doi.org/10.1186/s12978-018-0583-7

Murali, K., & Banerjee, S. (2018). Burnout in oncologists is a serious issue. What can we do about it? *Cancer Treatment Review, 68*, 55-61. https://doi.org/10.1016/j.ctrv.2018.05.009

Murali, K., Makker, V., Lynch, J., & Banerjees, S. (2019). From burnout to resilience: An update for oncologists. *American Society of Clinical Oncology,* 862-872. https://doi.org/10.7190/shu-thesis-00245

Musich, S., Hook, D., Baaner, S., Spooner, M., & Edington, D. W. (2006). The association of corporate work environment factors, health risks, and medical conditions with presenteeism among Australian employees. *American Journal of Health Promotion, 21*(2), 127–136. https://doi.org/10.4278/2F0890-1171-21.2.127

Naggamal, S., Nashwan, A., Nair, S. L. K., & Susmitha, A. (2017). Quality of work life of nurses in a tertiary cancer centre in Qatar. *Global Journal of Medicine and Public Health, 6*(1), 1-9.

Nanjundeswaraswamy, T. S., & Sandhya, M. N. (2016). Quality of work life components: A literature review. *The International Journal of Indian Psychology,* *4*(1), 12-36. https://journalofbusiness.org/index.php/GJMBR/article/view/2507

Narehan, H., Hairunnisa, M., Norfadzillah, R. A., & Freziamella, L. (2014). The effect of quality of work life (QWL) programs on quality of life (QOL) among employees at multinational companies in Malaysia. *Procedia - Social and Behavioral Sciences, 112,* 24-34. https://doi.org/10.1016/j.sbspro.2014.01.1136

Nayak, T., & Sahoo, C. K. (2015). Quality of work life and organisational performance: The mediating role of employee commitment. *Journal of Health and Management, 17*(3), 263-273. https://doi.org/10.1177/2F0972063415589236

Nayak, T., Sahoo, C. K., & Mohanty, P. K. (2017). Impact of HR interventions on quality of work life: evidence from healthcare units. *International Journal of Indian Culture and Business Management, 14*(2), 214–236. https://doi.org/10.1504/IJICBM.2017.081975

Natow, R. S. (2019). The use of triangulation in qualitative studies employing elite interviews. *Qualitative Research 20*(3), 160-173. https://di.org/10.1177/1468794119830077

Neumann, J. L., Mau, L., Virani, S., Denzen, E. M., Boyle, D. A., Boyle, N. J., Dabney, J., De Kesel, L., Kalbacker, M., Khan, T., Majhail, N. S., Murphy, E. A., Paplham, P., Parran, L., Perales, M. A., Rockwood, T. H., Schmit-Pokorny, K., Shanafelt, T. D., Stenstrup, E., … & Burns, L. J. (2018). Burnout, moral distress, work-life balance and career satisfaction among haematopoietic cell transplantation professionals. *Biology of Blood and Marrow Transplantation, 24*(4)*,* 849-860. https://doi.org/10.1016/j.bbmt.2017.11.015

Ng'ang'a, E. W. (2010). *Quality of work life practices among international non-governmental organizations in the health sector in Kenya.* [Unpublished Master of Business Administration (MBA) thesis. University of Nairobi].

Ngcobo, N. C. (2012). *The relationship between quality of work life factors and organisational commitment within the pulp and paper industry in the Durban Metropolitan area.* [Unpublished Doctor of Technology dissertation, Durban University of Technology].

Nilgün A. V. C. I. (2017). The relationship between co-worker supports, quality of work life and wellbeing: An empirical study of hotel employees. *Int. Journal of Management Economics and Business, 13*(3), http://dx.doi.org/10.17130/ijmeb.2017331328

Nowrouzi, B., Gidden, E., Gohar, B., Schoenenberger, S., Bautista, M. G., & Casole, J. (2016). The quality of work life of registered nurses in Canada and the United States: A comprehensive literature review. *International Journal of Occupational and Environmental Health. 22*(4), 341-358. https://doi.org/10.1080/10773525.2016.1241920.Epub

Nowrouzi, B., Lightfoot, N., Carter, L., Lariviene, M., Rukholm, E., Schink, R., & Belanger-Gardener, D. (2015). The relationship between quality of work life and location of cross-training among obstetric nurses in North-Eastern Ontario, Canada. *International Journal of Occupational Medicine and Environmental Health, 28*(3), 571-586. https://doi.org/10.13075/ijomeh.1896.00443

Nwizia, U., Ojiabo, U., & Alagah, D. (2015). Organizational politics and employee's job satisfaction in the health sector of Rivers State. *International Journal of Advanced Academic Research/Social & Management Sciences, 3*(7), 88-106.

Oerther, S. (2021). Analysis methods in hermeneutic phenomenological research: interpretive profiles. *Frontiers of Nur*sing, 7(4), 293-298. https://doi.org/10.2478/fon-2020-0038

Ogbuabor D. C., & Okoronkwo I. L. (2019). The influence of quality of work life on motivation and retention of local government tuberculosis control programme supervisors in South-eastern Nigeria. *PLoS ONE 14*(7): e0220292. https://doi.org/ 10.1371/journal.pone.0220292

Ojo, S., Olonade, Z., & Luqman. B. (2020). Influence of quality of work life on organizational citizenship behaviour: A case study of selected ministries in State Secretariat, Abere, Osogbo, Osun State, Nigeria. *World Journal of Business and Management, 6*(1), 87-103. https://doi.org/10.5296/wjbm.v6i117288

Olasupo, M. O., Idemudia, E. S., Arowosegbe, G. S., & Fagbenro, D. A. (2019). Pay satisfaction and organizational politics as predictors of quality of work life among government employees. *European Review of Applied Sociology*, *12*(18), 32-42.

Omugo, H. O., Onuoha, B. C., & Akhigbe, J. O. (2016). Quality of work-life and organizational commitment in public sector organizations in Rivers State. *International Journal of Novel Research in Humanity and Social Sciences, 3*(3), 35-44.

Osemeke, M., & Adegboyega, S. (2017). Critical review and comparison between Maslow, Herzberg, and McClelland's theory of needs. *Funai Journal of Accounting, Business and Finance*, *1*(1), 161-173.

Páez-Cala, M. L., & Castaño-Castrillón, J. J. (2019). Occupation and correlation between perceived quality of work life, emotional intelligence and coping strategies in university graduates. *Revista de la Facultad de Medicina* (Journal of the Faculty of Medicine), *67*(4), 419-427. http://dx.doi.org/10.15446/revfacmed.v67n4.71216

Paiva, C. E., Martins, B. P., & Paiva, B. S. R. (2018). Doctor, are you healthy? A cross-sectional investigation of oncologist burnout, depression, and anxiety and an investigation of their associated factors. *BMC (BioMed Central), Cancer*, *18*(1044), 1-11. https://doi.org/10.1186/512885-08-4964-7

Palaganas, E. C., Sanchez, M. C., Molintas, M. V. P., & Caricativo. R. D. (2017). Reflexivity in qualitative research: A journey of learning. *The Qualitative Report, 22*(2), 426-438. https://doi.org/10.46743/2160-3715/2017.2552

Parliament of the Republic of South Africa (RSA). (2018). *Republic of South Africa Tablings and Committee Reports, (10)*, 234-323. Parliamentary Monitoring Group (PMG).

Parveen, M., Maimani, K., & Kassim, N. M. (2016). Quality of work life: the determinants of job satisfaction and job retention among RNs AND OHPs. *International Journal for Quality Research, 11*(1), 173–194 https://doi.org/10.18421/IJQR11.01-11

Patnaik, E. (2013). Reflexivity: Situating the researcher in qualitative research. *Human and Social Science Studies, 2*(2), 98-106.

Peat, G., Rodriguez, A., & Smith, J. (2019). Interpretive phenomenological analysis applied to healthcare research. *Evidence Based Nursing, 22*(1), 7-9. https://doi.org/10.1136/ebnurs-2018-103017

Phan, G. T., & Vo, T. Q. (2016). A literature review on quality of work life: A case of health care workers. *Journal of Applied Pharmaceutical Science, 6*(7), 193-200. https://doi.org/10.7324/JAPS.2016.60729

Ponterotto, J. G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counselling Psychology, 52*(2), 126-136. https://doi.org/10.1037/0022-0167.52.2.126

Porter, C. (2018). Long live Social Exchange Theory. *Industrial and Organisational Psychology, 11*(3), 498-504. https://doi.org/10.1017/iop.2018.102

Prip, A., Møller, K. A., Nielsen, D. L., Jarden, M., Olsen, M. H., & Danielsen, A. K. (2018). The patient-healthcare professional relationship and communication in the oncology outpatient setting: A systematic review. *Cancer Nursing, 41*(5), 11-22. https://doi.org/10.1097/NCC.0000000000000533

Priya, L. S. (2015). Quality of working life of female staff nurses. *Shanlax International Journal of Management, 2*(3), 80-92.

Raeissi, P., Rajabi, M. R., Ahmadizadeh, E., Rajabkhah, K., & Kakemam, E. (2019). Quality of work life and factors associated with it among nurses in public hospitals, Iran. *Journal of the Egyptian Public Health Association, 94*(25), 1-8. https://doi.org/10.1186/s42506-019-0029-2

Rahman, M. (2015). A qualitative study on the quality of work-life, organisational citizenship behaviour and job satisfaction. *Journal for Worldwide Holistic Sustainable Development, 1*(1), 32-49

Rahman, M. M., Abdul, M., Ali, N. A., Uddin, M. J., & Rahman, M. S. (2017). Employees' retention strategy on quality of work life (QWL) dimensions of private commercial banks in Bangladesh. *Pertanika Journal of Social Sciences & Humanities, 25*(2), 647-662. https://core.ac.uk/download/pdf/153832341.pdf#page=161

Raja, S., & Stein, S. L. (2014). Work life balance: History, costs and budgeting for balance. *Clinics in Colon and Rectal Surgery, 27*(2), 71-74. http://dx.doi.org/10.1055/s-0034-1376172

Ramawickrama, J., Opatha, H. H. D. N. P., & Pushpakuman, M. D. (2017). Quality of work life, job satisfaction and the facets of the relationship between the two constructs. *International Business Research, 10*(4), 167-182. https://doi.org/10.5539/ibr.v10n4p167

Ramsook, L. (2018). A methodological approach to hermeneutic phenomenology. *International Journal of Humanities and Social Sciences, 10*(1), 14-24. http://ijhss.net/index.php/ijhss/

Rashid, Y., Rashid, A., Warraich, M. A., Sabir, S. S., & Waseem, A. (2019). Case study method: A step-by-step guide for business researchers. *International Journal of Qualitative Methods*, *18*, 1609406919862424. https://doi.org/10.1177/2F1609406919862424

Rastogi, M., Rangnekar, S., & Rastogi, R. (2018). Enhancing quality of work life in India: the role of workplace flexibility. *Industrial and Commercial Training, 50*(5), 234-239. https://doi.org/10.1108/ICT-10-2017-0086

Reddy, L., & Reddy, M. (2010). Quality of work life of employees: Emerging dimensions. *Asian Journal Management Research,* 827-839. http://www.ipublishing.co.in/ajmrvol1no1/EIJMRS1063.pdf

Reiners, G. M. (2012). Understanding the differences between Hurssel's (Descriptive) and Heidegger's (Interpretive) phenomenological research. *Journal of Nursing & Care, 1*(5), 1-5. https://doi.org/10.4172/2167-1168.1000119

Rettke, H., Pretto, M., Spichiger, E., Frei, I. A., & Spirig, R. (2018). Using reflexive thinking to establish rigor in qualitative research. *Nursing Research, 67*(6), 490-497. https://doi.org/10.1097/NNR.0000000000000307

Riggio, R. E. (2013). *Introduction to industrial/ organisational psychology.* (6th Ed.). Pearson.

Risla, M. K.F., & Ithrees, A. G. I. M. (2018). The impact of quality of work life on organizational commitment with special reference to department of community based corrections. *Global Journal of Management and Business Research: G-Interdisciplinary,* *18*(1), 21-29. https://journalofbusiness.org/index.php/GJMBR/article/view/2507

Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). *Qualitative Research Practice: A Guide for social science students and researchers.* (2nd Ed.). SAGE Publications.

Robbins, P. S., & Timothy A. J. (2013). *Organizational Behavior*. Pearson Education.

Robbins, S. P., Judge, T. A., Odendal, A., & Roodt, G. (2009). *Organisational Behaviour: Global and Southern African perspectives.* (2nd Ed.). Pearson.

Sabonete, S. A., Lopes, H. S. C., Rosado, D. P., & Reis, J. C. G. (2021). Quality of work life according to Walton's Model: Case study of the Higher Institute of Defense Studies of Mozambique. *Social Sciences*, *10*(7), 1-14. https://doi.org/10.3390/socsci10070244

Sadri, S., & Goveas, C. (2013). Sustainable quality of work life and job satisfaction: An Indian case study. *Journal of Economic Development, Environment and People, 2*(4), 26-37. https://doi.org/10.26458/jedep.v2i4.51

Sahni, J. (2019). Role of quality of work life in determining employee engagement and organizational commitment in telecom industry. *International Journal for Quality Research, 13*(2), 285–300. https://doi.org/10.24874/IJQR13.02-03

Sale, J. E. M. (2007). Perceptions of a quality of work life survey from the perspective of employees in a Canadian Cancer Centre. *Canadian Institute of Health Research, 44,* 779-791. https://doi.org/10.1007/s11135-006-9025-7

Salkind, N. J. (2012). *Exploring research.* (8th Ed.). Pearson.

Santisi, G., Magnano, P., Platania, S., & Ramaci, T. (2018). Psychological resources, satisfaction, and career identity in the work transition: an outlook on Sicilian college students. *Psychology Research and Behavior Management*, *11*, 187. https://dx.doi.org/10.2147/2FPRBM.S164745

Saraji, G. N., & Dargahi, H. (2006). Study of quality of work life (QWL). *Iranian Journal of Public Health, 35*(4), 8-14.

Sari, N. P. R., Bendesa, K. G., & Antara, M. (2019). The Influence of quality of work life on employees' performance with job satisfaction and work motivation as intervening variables in star-rated hotels in Ubud tourism area of Bali. *Journal of Tourism and Hospitality Management, 7*(1), 74-83. https://doi.org/10.15640/jthm.v7n1a8

Sattar, S., Laila, K., Zakir, M., Khan, H., & Khan, G. M. A. M. (2018). Relation of job related factors with different dimensions of quality of work life. *World Journal of Public Health, 3*(1), 16-22. https://doi.org/10.11648/j.wjph.20180301.13

Saygili, M., Avci, K., & Sönmez, S. (2020). Quality of work life and burnout in healthcare workers in Turkey. *Journal of Health Management. 22*(3), 317-329. https://doi.org/10.1177/0972063420938562

Schreuder, D., & Coetzee, M. (2010). An overview of industrial and organisational psychology research in South Africa: A preliminary study. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde, 36*(1), https://doi.org/10.1590/0101-60830000000072

Schwartz, S. P., Adair, K. C., Bae, J., Rehder, K. J., Shanafelt, T. D., Profit, J., & Sexton, J. B. (2019). Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: A cross-sectional survey analysis. *BMJ Quality & Safety, 28*(2), 142-150. http://dx.doi.org/10.1136/bmjqs-2018-007933

Seçkin, S. N., & Çoban, R. (2018). A research on work life quality, psychological contract and psychological ownership relationship in the context of social exchange theory. Interpretation-Management-Methods *International Journal of Management-Economy and Philosophy, 6*(1), 7-17. https://dergipark.org.tr/en/pub/yorumyonetim/issue/36886/350858

Sessiani, L., & Syukur, F. (2020). Emotion regulation in teachers for students with special needs in inclusive Islamic Elementary School: An interpretive phenomenological analysis. In *ICON-ISHIC 2020: Proceedings of the First International Conference on Islamic History and Civilisation, ICON-ISHIC, 2020, 14 October Semerang, Indonesia* (p. 148). European Alliance for Innovation.

Shah, S. C., Kayamba, V, Peek Jr, R. M., & Heimburger, D. (2019). Cancer control in low- and medium income countries: Is it time to consider screening? *Journal of Global Oncology, 5*, 1-8. https://doi.org/10.1200/JGO.18.00200

Sharma, G. (2017). Pros and cons of different sampling techniques. *International Journal of Applied Research 2017, 3*(7), 749-752.

Shaw, R. L. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology, 7*(3), 233-243. https://doi.org/10.1080/14780880802699092

Shi, X. C., & Gordon, S. (2019). Organizational support versus supervisor support: The impact on hospitality managers' psychological contract and work engagement*. International Journal of Hospitality Management, xxx*(xxxx), 1-9. https://doi.org/10.1016/j.ijhm.2019.102374

Shrestha, S., Thapa, S., Mangrati, L., Devkota, P., Rai, R., & Adhikari, K. (2019). Quality of work life (QWL) situation in the Nepalese corporate sector. *Quest Journal of Management and Social Sciences: Corporate Governance Edition, 1*(1), 119-145. https://ssrn.com/abstract=3649059

Siegel, R. L., Miller, K. D., & Jemal, A. (2020). Cancer Statistics. *CA Cancer Journal of Clinicians, 70*(1), 7-30. https://doi.org/10.3322/caac.21590

Singh, J., Wiese, A., & Sillerud, B. (2019). Using Phenomenological Hermeneutics to understand the experiences of managers working with quality improvement strategies in an assisted living facility. *Healthcare, 7*(3), 1-13. https://doi.org/10.3390/healthcare7030087

Singh, T., Nandan, S., & Chawla, G. (2015). HR service dimensions of quality of work life factors: IT enabled services perspectives in India. *International Journal of Indian Culture and Business Management, 10*(4), 460-475. https://doi.org/10.1504/IJICBM.2015.069647

Slater, P. J., & Edwards, R. M. (2018). Needs analysis and development of staff wellbeing programme in a paediatric, haematology and palliative care services group. *Journal of Healthcare Leadership, 10,* 55-65. https://dx.doi.org/10.2147/2FJHL.S172665

Sloan, A., & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology: The philosophy, the methodologies and using hermeneutic phenomenology to investigate lecturers' experience of curriculum design. *Quality and Quantity, 48*(3), 1291-1303. https://doi.org/10.1007/s11135-013-9835-3

Smith, J. A., & Osborn, P. (2007). Interpretative phenomenological analysis. In Smith, J. A. (Ed.). *Qualitative psychology. A practical guide to research methods.* Sage.

Soobramoney, J. T. (2019). *The oncology crisis in KZN during the period 2015-2017: Do cervical cancer patients have a civil remedy.* [Unpublished Master of Laws thesis, University of Kwazulu-Natal]. https://researchspace.ukzn.ac.za/handle/10413/18624

Spence, D. G. (2017). Supervising for robust hermeneutic phenomenology: Reflexive engagement within horizons of understanding. *Qualitative Health Research*, *27*(6), 836-842. https://doi.org/10.1177/2F1049732316637824

Spooner, S., Pearson, E., Gibson, J., & Checkland, K. (2017). How do workplaces, working practices and colleagues affect UK doctors' career decisions? A qualitative study of junior doctors' career decision making in the UK. *BMJ (British Medical Journal) Open, 7*(10). https://doi.org/10.1136/bmjopen-2017-018462

Srivastava, S. (2018). The impact of women participation on their quality of work life with special reference to Select Banks. *International Journal of Research in Social Sciences, 8*(2), 27-41. https://www.indianjournals.com/ijor.aspx?target=ijor:ijrss&volume=8&issue=2&article=003

Srivastava, S., & Kanpur, R. (2014). A study on quality of work life: Key elements and its implications. *IOSR Journal of Business and Management (IOSR-JBM), 16*(3), 54-59.

Srivastava, S., Misra, R., & Madan, P. (2019). The saviors are also humans: Understanding the role of quality of work life on job burnout and job satisfaction relationship of Indian doctors. *Journal of Health Management*, *21*(2), 210-229. https://doi.org/10.1177/097063419835099

Starks, H., & Trinidan, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis and grounded theory. *Qualitative Health Research, 17*(10), 1372-1380. https://doi.org/10.1177%2F1049732307307031

Stephenson, H., Giles, D., & Bissaker, K. (2018). The power of hermeneutic phenomenology in restoring the centrality of experiences in work-integrated learning. *International Journal of Work-Integrated Learning*, *19*(3), 261-271. https://eric.ed.gov/?id=EJ1196747

Suddick, K. M., Cross, V., Vuoskoski, P., Galvin, K. T., & Stew, G. (2020). The work of hermeneutic phenomenology. *International Journal of Qualitative Methods*, *19*, 1-14. https://doi.org/10.1177/1609406920947600

Sumathi, V., & Velmurugan, R. (2017). Quality of work life of employees in private companies with reference to Coimbatore. *International Journal of Multidisciplinary Research and Development, 4*(5), 128-131. https://www.academia.edu/download/53191592/4-4-66-155.pdf

Sung, H., Ferlay, J., Siegel, R. L., Laversanne, L., Soerjomataram, I., MD, Jemal, A., & Bray, F. (2021). Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer Journal of Clinicians, 0*(0), 1-41. https://doi.org/10.3322/caac.21660

Swamy, D. R., Nanjundeswaraswamy, T.S., & Rashmi, S. (2015). Quality of work life: Scale development and validation. *International Journal of Caring Sciences, 8*(2), 281-300.

Swarochi, G., Seema, A., & Sujatha, S. (2018). An empirical research on quality of work-life: An employee perspective. *International Journal of Management Development, 2*(1), 34-80. https://doi.org/10.1504/IJMD.2018.10014777

Swati, R. (2017). A study on the dimensions of quality of work life of employees. *International Journal & Magazines of Engineering, Technology, Management and Research, 4*(9), 188-196.

Tanh, N. C., & Tanh, T. T. L. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science, 1*(2), 24-27.

Taşdemir, S. (2014). What affects the quality of work life most? Turkey example. *Journal of Sociological Research, 17*(2), 1-35. https://dergipark.org.tr/en/pub/sosars/issue/34313/379159

Taylor, T., Darcy, S., Hoye, R., & Cuskelly, G. (2006). Using psychological contract theory to explore issues in effective volunteer management. *European Association for Sport Management, 6*(2), 123-147. https://doi.org/10.1080/16184740600954122

Teryima, S. J., Faajir, A., & John, E. (2016). Examining employee quality of work life (QWL) as a determinant of managerial effectiveness in business organizations: A study of Nigeria Breweries PLC, Lagos. *Global Journal of Human Resources Management, 4*(5), 1-24. https://cberuk.com/cdn/conference_proceedings/conference_24250.pdf

Thakre, S. B., Thakre, S. S., & Thakre, S. N. (2017). Quality of work life of nurses working at tertiary health care institution: A cross sectional study*. International Journal of Community Medicine and Public Health 4*(5), 1627-1636. http://dx.doi.org/10.18203/2394-6040.ijcmph20171775

Thomas, A., Lubarsky, S., Varpio, L., Durning, S. J., & Young, M. E. (2020). Scoping reviews in health professions education: Challenges, considerations and lessons learned about epistemology and methodology. *Advances in Health Sciences Education*, *25*(4), 989–1002. https://doi.org/10.1007/s10459-019-09932-2

Tjasink, M., & Soosaipillai, G. (2019). Art therapy to reduce burnout in oncology and palliative care doctors: a pilot study. *International Journal of Art Therapy*, *24*(1), 12-20. https://doi.org/10.1080/17454832.2018.1490327

Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of Healthcare Communications*, *2*(4), 52. https://doi.org/10.4172/2472-1654.100093

Tuna, R., & Baykal, U. (2014). The relationship between job stress and burnout levels of oncology nurses. *Asia-Pacific Journal of Oncology Nursing, 1*(1), 33-39. https://dx.doi.org/10.4103/2F2347-5625.135818

Tyagi, J., & Verma, H. L. (2016). Quality of work life: A theoretical survey. *International Journal of Management, 7*(7), 288–296.

University of Adelaide. (n.d.). *Writing in the first person.* University of Adelaide.

Vagharseyyedin, S. A., Vanaki, Z, & Mohammadi, E. (2010). The nature nursing quality of work life: An integrative review of literature. *Western Journal of Nursing Research, 33*(6), 786-804. https://doi.org/10.1177/0193945910378855

Vaismoradi, M., Jones, J. J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice, 6*(5), 100-110. http://doi.org/ 10.5430/jnep.v6n5p100

Van der Berg, Y. (2011). *The relationship between organisational trust and quality of work life.* [Unpublished MA thesis, University of South Africa]. http://hdl.handle.net/10500/5103

Van der Berg, Y., & Martins, N. (2013). The relation between organisational trust and quality of work life. *SA Journal of Human Resource Management, 11*(1), 1-13. http://dx.doi.org/10.4102/sajhrm.v11i1.392.

Van Vuuren, L. (2010). Industrial psychology: Goodness of fit? Fit for goodness. *SA Journal of Industrial Psychology, 36*(2), a936 1-16. https://doi.org/10.4102/sajip.v36i2.939

Velayudhan, T. K. M., & Yameni, M. D. (2017). Quality of work life: A study. *IOP Conference Series: Materials Science & Engineering,* 197(2017). https://doi.org/0120571088/1757-197/1/012057

Verma, P., & Sharma, D. (2018). Quality of work life in academics with reference to motivational theories. *Pacific Business Review International, 11*(4), 159-165.

Vidal-Blanco, G., Oliver, A., Galiana, L., & Sansó, N. (2019). Quality of work life and self-care in nursing staff with high emotional demand. *Enfermería Clínica (Clinical Nursing)*, *29*(3), 186-194. https://doi.org/10.1016/j.enfcli.2018.06.004

Viljoen, A., Kruger, S., & Saayman, M. (2014). Understanding the role that quality of work-life of the food and beverage employees plays in perceived service delivery and productivity. *Southern African Business Review, 18*(1), 27-52. https://doi.org/10.25159/1998-8125/5644

Vischer, J. C., & Wifi, M. (2017). The effect of workplace design on quality of life at work. In *Handbook of environmental psychology and quality of life research* (pp. 387-400). Springer. https://doi.org/10.1007/978-3-319-31416-7_21

Walker, R. C., Tong, A., Howard, K., & Palmer, S. C. (2019). Patient expectations and experiences of remote monitoring for chronic diseases: Systematic review and thematic synthesis of qualitative studies. *International Journal of Medical Informatics*, *124*, 78-85. https://doi.org/10.1016/j.ijmedinf.2019.01.013

Walliman, N. (2011). *Research methods: The basics.* Routledge.

Watts, K. J., Meiser, B., Zilliacus, E., Kaur, R., Taouk, M., Girgis, A., Butow, P., Goldstein, D., Hale, S., Perry, A., Aranda, S. K., & Kissane, D. W. (2017). Communicating with patients from minority backgrounds: Individual challenges experienced by oncology health professionals. *European Journal of Oncology Nursing, 26*, 83-90. https://doi.org/10.1016/j.ejon.2016.12.001

Wentzel, D. L., & Brysiewicz, P. (2018). A survey of compassion satisfaction, burnout and compassion fatigue in nurses practicing in three oncology departments in Durban, South Africa. *International Journal of Africa Nursing Sciences, 8*, 82-86. https://doi.org/10.1016/j.ijans.2018.03.004

Wentzel, D., Collins, A., & Brysiewicz, P. (2019). Describing compassion fatigue from the perspective of oncology nurses in Durban, South Africa. *Health SA Gesondheid, 24*(0), a1279. https://doi.org/10.4102/hsag.v24i0.1279

Whitehead, P. R. (2014). The lived experiences of physicians dealing with patient death. *British Medical Journal Supportive and Palliative Care, 4,* 271-276. http://dx.doi.org/10.1136/bmjspcare-2012-000326

Wong, W. T., Broom, A., Kirby, E., & Lwin, Z. (2020). What lies beneath? Experiencing emotions and caring in oncology. *Health*, *24*(4), 348-365. https://doi.org/10.11772/F1363459318800168

Yadav, R., & Khanna, A. (2014). Literature review on quality of work life and their dimensions. *IOSR Journal of Humanities and Social Science (IOSR-JHSS), 19*(9), 71-80. https://doi.org/10.9790/0837-19957180

Yates, M., & Samuel, V. (2019). Burnout in oncologists: A system literature review and meta-analysis. *European Journal of Cancer Care,* 1-9. https://doi.org/10.1111/ecc.13094

You, W., & Henneburg, M. (2018). Cancer incidence increasing globally: The role of relaxed natural selection. *Evolutionary Applications, 11*(2), 140-152. https://doi.org/10.1111/eva.12523

Yu, F. L. T. (2016). Outcomes-based education: A subjectivist critique. *International Journal of Educational Reform*, *25*(3), 319-333. https://doi.org/10.1177/2F105678791602500306

Zhang, S., Wang, J., Xie, F., Yin, D., Shi, Y., Zhang, M., Yin, H., Li, F., Cao, D., & Sun, T. (2020). A cross-sectional study of job burnout, psychological attachment, and the career calling of Chinese doctors. *BMC Health Services Research*, *20*(1), 1-11. https://doi.org/10.1186/s12913-020-4996-y

Zubair, M. H., Hussain, L. R., Williams, K. N., & Grannan, K. J. (2017). Work-related quality of work life in the US general surgery residents: Is it really so bad. *Journal of Surgical Education*, *74*(6), e138-e146. http://dx.doi.org/10.1016/i-isurg.2017.09.019

Annexure A: Research Interview Guide

Participant Interview Guide

Name: ______________________ Age: _________________________

Gender: ____________________ Position: ______________________

Experience: __________________

Background

Thank you for the opportunity to have a discussion with you about your work-life experiences at the hospital and particularly in the Oncology Unit. I really appreciate you being willing to participate in this research project. As you know I am doing this study for my master's qualification as an IO Psychologist. As you have seen on the participant information sheet, the purpose of this study is to explore the experiences on quality of work life in the oncologydepartment.

How are you today and do you have any expectations about this interview?

Before we continue, can I refer you to the participant information sheet and the consent form for participation? Information provided by you will be treated with utmost confidence. You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research as a measure to maintain confidentiality. Your name will not be recorded anywhere and no one will be able to connect you to the answers you give, as a way of maintaining anonymity. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings to maintain confidentiality. Should you experience any discomfort due to the interview questions or to participating in the interviews, you may withdraw or you can inform me immediately.

My role as researcher and interviewer will be to ask you certain discussionary questions about your work life experience in the oncology department.....

Please will you sign the consent form, to confirm your willingness to partake in this interview, have it recorded and the data to be used for the purposes of this study?

1

Introductory questions

1. Please tell me more about yourself and how you came to be a doctor at XYZ Hospital?

____
____
____
____

2. Tell me about your place of work and the role you fulfil in it.?

____
____
____
____

3. How does a typical day at work look like for you?

____
____
____
____

Topic Specific Questions

During the interview, the researcher will probe and explore through what, why or tell me more type of phrases, around the following questions.

1. When you travel to work every day, what things do you look forward to?

____
____
____
____

2. When you travel to work every day, what things do you look forward to? What is it that you love about your job?

____
____
____
____

3. When you travel to work every day, what things do you NOT look forward to? What do you wish could be improved?

What in your job do you not want to continue doing anymore?

____
____
____
____

4. Please describe your relationship with your management and supervisors?

____
____
____
____

5. If you could change one thing about your job, team or organisation, what would it be?

____
____
____
____

6. How does management empower your quality of work life in the oncology department?

____
____
____
____

7. What challenges do you face on a daily basis and how do you cope or deal with these?

____
____
____
____

8. How did you cope with your service provision over this period of COVID-19 pandemic? What aspects of your daily duties do you wish were different?

____
____
____
____

9. What employee wellbeing programmes are being offered at the moment?

____
____
____
____

10. How are you balancing your work-family life?

11. What could the organisation do to make your experience better?

12. What have you felt good about accomplishing in your job and in your time here?

13. What kind of feedback or recognition about your performance do you receive?

14. How do you experience personal development or professional development beyond your current role?

15. How would you rate your happiness on a scale of 1-10? What would it take to get to a 10?

4

Closing Questions

Is there anything else you would like to add?

____
____
____
____
____

If the need arises, may I contact you to clarify something?

____

Annexure B: Unisa-CAES Health Research Ethics Committee (Letter 1)

UNISA-CAES HEALTH RESEARCH ETHICS COMMITTEE

Date: 12/05/2020

NHREC Registration # : REC-170616-051
REC Reference # : 2020/CAES_HREC/092
Name : Ms L Siziba
Student #: 47613092

Dear Ms Siziba

Decision: Ethics Approval from 07/05/2020 to completion

Researcher(s): Ms L Siziba
47613092@mylife.unisa.ac.za

Supervisor (s): Prof HA Barnard
barnaha@unisa.ac.za; 012-429-8538

Working title of research:

A hermeneutic phenomenological inquiry of oncology medical doctors' lived experiences in a provincial hospital

Qualification: MCom Industrial & Organisational Psychology

Thank you for the application for research ethics clearance by the Unisa-CAES Health Research Ethics Committee for the above mentioned research. Ethics approval is granted until the completion of the project, **subject to submission of the relevant permission letter and yearly progress reports. Failure to submit the progress report will lead to withdrawal of the ethics clearance until the report has been submitted.**

The researcher is cautioned that fieldwork may not commence until such time as the COVID-19 lockdown has been lifted.

Due date for progress report: 30 April 2021

Please note the points below for further action:

1. The permission letter from Greys Hospital must be obtained and submitted to the committee before field work may commence.

University of South Africa
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2. When will the interviews take place? Will it be during working hours? If so, the researcher should reconsider the length of the interviews (90-120 minutes) so as not to disturb the activities of the hospital.
3. What is the reason for only targeting one hospital, and why this particular hospital? The researcher should motivate the choice, and this should be reflected in the problem statement.
4. The researcher must align the methodology to the aims and objectives, to show how the data for each objective will be obtained.

*The **low risk application** was **reviewed** by the UNISA-CAES Health Research Ethics Committee on 07 May 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
3. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Committee.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original

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research. Secondary use of identifiable human research data require additional ethics clearance.

8. No field work activities may continue after the expiry date. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number ***2020/CAES_HREC/092*** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Prof MA Antwi
Chair of UNISA-CAES Health REC
E-mail: antwima@unisa.ac.za
Tel: (011) 670-9391

Prof SR Magano
Acting Executive Dean : CAES
E-mail: magansr@unisa.ac.za
Tel: (011) 471-3649

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
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Annexure C: Unisa-CAES Health Research Ethics Committee (Letter 2)

UNISA-CAES HEALTH RESEARCH ETHICS COMMITTEE

Date: 12/05/2020

NHREC Registration # : REC-170616-051
REC Reference # : 2020/CAES_HREC/092
Name : Ms L Siziba
Student #: 47613092

Dear Ms Siziba

Decision: Ethics Approval from 07/05/2020 to completion

Researcher(s): Ms L Siziba
47613092@mylife.unisa.ac.za

Supervisor (s): Prof HA Barnard
barnaha@unisa.ac.za; 012-429-8538

Working title of research:

A hermeneutic phenomenological inquiry of oncology medical doctors' lived experiences in a provincial hospital

Qualification: MCom Industrial & Organisational Psychology

Thank you for the application for research ethics clearance by the Unisa-CAES Health Research Ethics Committee for the above mentioned research. Ethics approval is granted until the completion of the project, **subject to submission of the relevant permission letter and yearly progress reports. Failure to submit the progress report will lead to withdrawal of the ethics clearance until the report has been submitted.**

The researcher is cautioned that fieldwork may not commence until such time as the COVID-19 lockdown has been lifted.

Due date for progress report: 30 April 2021

*The **low risk application** was **reviewed** by the UNISA-CAES Health Research Ethics Committee on 07 May 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

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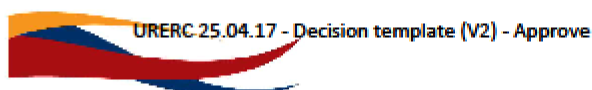
The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
3. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Committee.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
8. No field work activities may continue after the expiry date. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2020/CAES_HREC/092** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,



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Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Prof MA Antwi

Chair of UNISA-CAES Health REC

E-mail: antwima@unisa.ac.za

Tel: (011) 670-9391

Prof SR Magano

Acting Executive Dean : CAES

E-mail: magansr@unisa.ac.za

Tel: (011) 471-3649

Annexure D: Turnitin Originality Report

Turnitin Originality Report

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Quality of Work Life: A Hermeneutic Phenomenological Inquiry of Oncology Doctors' Lived Experiences in a KwaZulu Natal Provincial Hospital By Lynette SIZIBA

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