ONCOLOGY SOCIAL WORKERS: EXPLORING THEIR PERCEPTIONS OF WORK-RELATED WELLBEING

A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of

MASTERS IN CLINICAL SOCIALWORK

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PLAGIARISM DECLARATION

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3. This research is my own work and has not been previously submitted in part or whole for the award of my degree.

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To the participants of this study. I am so grateful for your willingness to participate and for your openness to sharing your experiences and perspectives with me. I gained valuable lessons and wisdom from all of you, and I am deeply inspired by the work that you do.

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To my parents and close friends, thank you for your unconditional support, love, and care over the past few years. You have gotten me through all the highs and lows, and I am so grateful to have such an incredible support system.

DEDICATION

This thesis is dedicated to my loving parents, Andrea Weiss, and Jonathan Clark, for their unwavering support and for their continuous efforts to prioritise my education over the years. Thanks to you, I have realised the importance of making a difference in this world, even if it's just by helping one person at a time.

ABSTRACT

This study explored perceptions of work-related wellbeing among oncology social workers based in the private healthcare sector and in independent hospices in the Western Cape. The study aimed to explore the participants' understanding of the concept of work-related wellbeing, the possible promoting and inhibiting factors to work-related wellbeing and recommendations that they identified as important for the promotion of work-related wellbeing in oncology social work. This study employed a qualitative approach and it made use of an exploratory research design. Eighteen participants were selected, and the researcher used snowball sampling. In depth, one-to-one interviews were conducted online via the 'Zoom' platform and the researcher made use of a semi-structured interview schedule. Qualitative research methods were used to analyse the data gathered from the interviews.

This study revealed the complex nature of oncology social work, which is perceived to be a rewarding and challenging field of work. The findings revealed that work-related wellbeing is a multi-faceted concept, which can be promoted in several ways. Findings also revealed the factors which promote or inhibit the work-related wellbeing of oncology social workers. These were discussed according to organisational, occupational, psychological, and social factors. Participants discussed several key strategies that could be used to promote work-related wellbeing in the oncology social work context, which may mitigate against the onset of work-related stress and burnout. The most prominent strategies to emerge consistently in the findings refer to workplace social support, self-awareness, and reflective practice as well as the importance of practising self-care. The ability to find meaning in oncology social work was another significant promoting factor as it allowed the participants to derive satisfaction, and meaning from their work, notwithstanding the many challenges they face through working with death and dying.

Participants had several recommendations to offer other oncology social workers and oncology organisations to promote work-related wellbeing. These were: workplace social support; self-care; regular opportunities for continued professional development and training; as well as the importance of maintaining a work-life balance. Further recommendations were made to oncology organisations on the ways in which workplace social support could be encouraged and how regular opportunities for professional development and training could be offered to oncology social workers. Recommendations for future research are also discussed.

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1 CHAPTER 1: Problem Formulation

1.1 Introduction

In this chapter, the statement of the problem and the significance and aim of the study are explored. The title of the research topic is given, followed by the main research questions, the main assumptions, and the research objectives. The clarification of concepts, the ethical considerations and reflexivity are then discussed. A summary concludes this chapter.

1.1 Statement of the problem

Cancer is regarded as the second biggest cause of death globally. In 2018, there were an estimated 9.6 million cancer-related deaths. Statistically, this shows that one in six deaths are due to cancer (World Health Organisation (WHO), 2020) and in South Africa, cancer-related deaths represent around 9% of mortality in the adult population (Department of Health (DOH), 2017).

The WHO (2020), indicates that 70% of cancer-related deaths appear in low- and middle-income countries. This is significant as it reveals the vulnerability of countries like South Africa where both cancer patients and healthcare workers are faced with the burden of this disease (Stefan, 2015). It is argued that many healthcare settings in South Africa battle with resources, which are needed for the prevention, diagnosis and treatment of cancer. These resources are often extremely limited or in some cases, are non-existent (DOH, 2017; Maphumulo & Bhengu, 2019). These challenges are important to understand as they shed light on the working conditions oncology healthcare professionals face and how this relates to both the services being rendered to cancer patients and to the work-related wellbeing of the oncology healthcare professionals themselves.

Within oncology literature, caring for cancer patients and patients facing end-of-life care is widely recognised as an emotional burden for carers (Rohan & Bausch, 2009; Jones, Wells, Gao, Cassidy & Davie, 2013). The oncology health care setting is described as both rewarding and demanding. On the one hand, healthcare professionals are often faced with increasing caseloads, a shortage of resources and complex treatment practices. On the other hand, these professionals can also gain personal satisfaction from working closely with cancer patients and their families (Dougherty, Pierce, Clement, Panzarella, Rodin & Zimmerman, 2009).

1.2 Rationale and significance of the study

Oncology social work, a specialist field within social work, involves assisting individuals and families who are confronting a cancer diagnosis and subsequent treatment options (Joubert, Hocking & Hampson, 2013). Oncology social workers are often required to work with patients who are experiencing a fear of death and strong feelings of loss in the face of a poor cancer prognosis (Cotter, 2013). These professionals are sometimes seen to be the most equipped to deal with the deep emotional problems patients are faced with (Rohan & Bausch, 2009).

Cotter (2013) highlights both the rewarding and challenging aspects of oncology social work. On the one hand, social workers are confronted with an increased awareness of their own mortality and a heightened level of vulnerability. On the other hand, they may have a greater appreciation for life (Turner, Kelly & Girgis, 2011; Cotter, 2013). Oncology professionals are faced with the challenge of working with grief over time and they may be subject to experiencing a parallel process to that of their patients, as they may encounter feelings of fear, avoidance, denial and exposure to trauma (Sanders, Bullock & Broussard, 2012). It is argued that certain workplace factors can also have a positive effect on work-related wellbeing in the oncology setting. Factors such as perceived levels of support, effective supervision and feelings of empowerment are seen to promote work-related wellbeing (Graham & Shier, 2010).

In the beginning of 2020, the WHO announced a 'global pandemic' in response to the increasing threat of the 'Coronavirus 2019' (COVID-19). As such, this research was undertaken during the height of the global pandemic. Yang, Zhang and Yang (2020) explain that cancer patients already face uncertainty about their future, which was now worsened by the risk of contracting COVID-19 and not being granted the necessary cancer treatment. In addition, COVID-19 might negatively affect the support networks of cancer patients, leaving patients socially isolated (Young, Ashbury, Schapira, Scotté, Ripamonti & Olver, 2020). Thus, it is likely that the nature of oncology social work has changed as a result of the global pandemic.

The work-related wellbeing of oncology professionals has also been affected by the challenges posed by COVID-19 and cancer care. For as Shankar, Saini, Roy, Jarrahi, Chakraborty, Bharti and Taghizadeh-Hesary (2020) have indicated, cancer care providers and allied healthcare professionals are not only at an increased risk of contracting the virus in the workplace but they also have to cope with a challenging and ever-changing work environment – one in which they

are required to work under immense pressure with the possibility of longer working hours, increased occupational stress and the need to manage the panic associated with the threat of COVID-19. The above literature highlights the significance of this study as it seeks to emphasise the importance of promoting the work-related wellbeing of oncology social workers.

In the international literature, there is extensive research on the oncology social worker's functions and roles in the healthcare setting, however little research focuses on the work-related wellbeing of the oncology social worker specifically. Furthermore, the concept of work-related wellbeing is also well-represented in the literature. However, little research has explored the work-related wellbeing of the oncology social worker in the South African context. The researcher hoped that the findings of this study would reveal oncology social workers perceptions of work-related wellbeing. The study aimed to highlight key promoting factors, which will assist oncology social workers, supervisors and managers with navigating the demands of working in an oncology setting. Thus, findings will be made available to the participants of the study and the organisations that they work for so that the findings can be used to improve or implement strategies that could support oncology social workers and their work-related wellbeing.

1.3 Research sites

This research was conducted within a number of organisations, which are part of the private and non-profit sectors. All of these organisations are based in the Western Cape. The reason these two sectors were chosen for this study was because it allowed the researcher to approach oncology social workers individually via email. The researcher did not approach the Department of Health and did not consider government hospitals as research sites due to the fact, at the time of the study, government hospitals were overwhelmed by the effects of the COVID-19 pandemic.

A total of 18 oncology social workers participated in this study, 10 of whom are working in the private healthcare sector and eight of whom are working in a hospice setting. Participants had to be practising social workers, with a minimum of one year work experience in the field of oncology. Within the private healthcare sector, oncology social workers based at the organisation 'Cancercare' were interviewed. Cancercare provides integrated oncology services to cancer patients within the Western and Eastern Cape. Their main services include surgery,

chemotherapy and radiation therapy (Cancercare, 2020). Within the non-profit healthcare sector, oncology social workers based in independent hospices in the Western Cape were also interviewed. The methodology of the study will be discussed further in Chapter 3.

1.4 Research Topic:

"Oncology social workers: exploring their perceptions of work-related wellbeing".

1.5 Aim of research

The study aimed to explore the participants' understanding of the concept of work-related wellbeing, the possible promoting and inhibiting factors to work-related wellbeing and recommendations that they identified as important for the promotion of work-related wellbeing in oncology social work.

1.6 Main Research Questions

1.6.1 What do the participants understand work-related wellbeing to mean?

1.6.2 What do the participants perceive as the factors that promote wellbeing in the workplace?

1.6.3 What do the participants perceive as the factors that inhibit wellbeing in the workplace?

1.6.4 What recommendations would the participants suggest to promote wellbeing in the workplace?

1.7 Main Research Objectives

1.7.1 To explore the participants' understanding of the concept of work-related wellbeing.

1.7.2 To explore the participants' perceptions of the factors, which promote work-related wellbeing.

1.7.3 To explore the participants' perceptions of the factors, which inhibit work-related wellbeing.

1.7.4 To explore the recommendations that participants have to promote work-related wellbeing.

1.8 Main assumptions

Oncology social workers will use their work experiences and personal resources to provide insight into their understanding of work-related wellbeing in the oncology context. The perceptions of the oncology social workers will reveal the factors which they perceive to promote and inhibit their work-related wellbeing as well as how they feel this will influence their work with cancer patients and their families. The final assumption is that the oncology social workers will provide recommendations to organisations and other oncology social workers with regard to how the work-related wellbeing of oncology social workers can be promoted.

1.9 Clarification of terms

Explore: The term 'explore' in social sciences research refers to the process of examining, analysing, studying or investigating a particular subject matter or topic (Stebbins, 2001).

Perception(s): The term 'perception' can be understood to be the manner in which people understand their reality (Wantz & Firmin, 2011). In this study, the researcher was concerned with how the participant made sense of and understood their lived experiences as an oncology social worker.

Oncology: According to the National Cancer Institute (2020), oncology refers to a branch of medicine that focus on the diagnosis and treatment of cancer. This includes radiation oncology, surgical oncology and medical oncology. Another definition refers to oncology as the study of tumours specifically (Little, Fowler & Coulson, 1968).

Palliative care: Palliative care is an approach that aims to alleviate suffering and improve the quality of life of patients who are faced with a life-threatening illness. A holistic, team-centred approach is used to support patients and their families (WHO, 2020).

Oncology social worker: A social worker who combines social work theory and practice with the science and treatment of cancer. He/she provides clinical and psycho-social services to cancer patients and their families and often work in a multidisciplinary team (Fleishman & Messner, 2015). In this study, the oncology social worker also refers to hospice social workers as well.

Work-related wellbeing: This refers to wellbeing in the workplace (Thompson & Livingston, 2018). This can be measured by considering work engagement, which refers to engagement and enjoyment of the work itself, overall job satisfaction, which refers to attitudes about the job and affective organisational commitment, which refers to attitudes towards the organisation as a whole (Fisher, 2010). This will be discussed further in chapter two.

Multi-disciplinary team: This refers to the healthcare team, which oncology social workers form part of. A multi-disciplinary team is made up of a group of healthcare professionals from different disciplines working in a healthcare context (Giles, 2016). The multi-disciplinary team works collaboratively with other healthcare professionals to carry out wholistic care to cancer patients and their families (Youngwerth & Twaddle, 2011).

1.10 Ethical considerations

The consideration of professional ethics and conduct is of vital importance in social work research (Strydom & Roestenburg, 2021). The researcher obtained ethical clearance for this study based on the ethical considerations below. Please see appendix A.

Avoidance of harm– Research should not cause any kind of physical or emotional harm to the participants of a study. Particularly because emotional harm to participants is normally harder to predict than physical harm and can have long-lasting consequences for participants (Strydom, 2011; Rubin & Babbie, 2014). Oncology social workers work with bereavement, trauma and chronic illness, which could be emotionally challenging. Strydom (2011) discuss how the researcher needs to inform the participant of the potential risks of the study, allowing them to withdraw if they so wish. The researcher made sure to brief the participants on what they could expect from the interview beforehand, so that they could make an informed decision about participation. She conducted the interviews in a manner which made the participants feel respected and that the interview was a safe space for them to share their experiences.

Informed consent – The researcher is required to offer the participants a choice about whether they would like to participate in the given study (Strydom & Roestenburg, 2021). The advantages and possible harm of the study, need to be clearly explained to the participants. In order to prevent coercion in the study, one needs written consent from the participant (Babbie,

2015; Strydom & Roestenburg, 2021). Written informed consent was obtained from the participants via email prior to the scheduled interview date, which ensured that their participation in the study was voluntary. Refer to Appendix B for the consent form.

Voluntary participation– Participation should be voluntary at all times. Although participation is voluntary, some participants may still feel obligated to participate (Babbie, 2015; Strydom & Roestenburg, 2021). The researcher made sure that the participants understood that their participation was voluntary and that they could withdraw from the research process at any point.

Violation of confidentiality and anonymity– According to Hennink, Hutter and Bailey (2020), confidentiality means one should not disclose the information discussed between the researcher and the participant. In qualitative research, one cannot always ensure complete confidentiality because in the research findings, direct quotes are taken from the interview (Hennink, Hutter & Bailey, 2020). This points to the need for absolute anonymity. Anonymity can be guaranteed in a study when both the researchers and the readers of the findings cannot see which respondent has given which responses. This means that there should be no identifying information, which would link the content of the interview to a particular participant (Babbie, 2010). Absolute anonymity could not be guaranteed by the researcher in this study as she would be aware of who said what. That being said, anonymity was maintained in the fourth chapter on the discussion of findings by randomly allocating each participant with a participant number. There are further considerations for confidentiality and anonymity when conducting research online. In order to ensure the confidentiality and anonymity of the data, the researcher made sure to store the transcribed interviews and digital recordings on a password protected computer so that the researcher had sole access to the data set (Lo Iacono, Symonds & Brown, 2016). The commissioned transcriptionist signed a written contract to delete all of the data once the completed transcriptions were passed on to the researcher.

The right to privacy– In qualitative research, protecting the participants privacy is of particular importance. The qualitative researcher will often analyse and present data, which has been collected from individuals who are identifiable. A concerted effort must be made to conceal the participants' identity (Babbie, 2010). In this study, privacy refers to where the interviews were conducted. As all the interviews took place online, the researcher made sure to carry out the interviews in a quiet, private space so that participants felt safe to freely express

themselves during the interview without any interruptions. In online interviewing, however, the researcher does not have control over the participant's physical setting, which could compromise the confidentiality of the interview (Lo Iacono, Symonds & Brown, 2016). To address this issue, the researcher informed the participants that it would be preferable if they could find a quiet, uninterrupted space to ensure privacy and confidentiality. As such, there were no interruptions to privacy for the duration of the data collection process.

Publications of findings– The findings of the study have been presented in written form for the public to access. The report needs to be coherent and clear and it should contain all the relevant information pertaining to the study. There should be no deception in the findings that are presented (Strydom & Roestenburg, 2021). The researcher has reported the findings as accurately and honestly as possible.

Deception of participants– Deception occurs when the researcher purposefully misrepresents facts, misleading participants and deliberately conceals information from participants; this is carried out in order to gain participation in the study (Rubin & Babbie, 2014; Strydom & Roestenburg, 2021).). The researcher ensured that the purpose of the study was outlined in the informed consent form to avoid the deception of participants.

Debriefing of participants– Researchers should offer the participants the option of a debriefing session after the study is complete. This allows for the participants to process their experience and it offers them a space for questions and to clear up any misconceptions that they may have. This is a particularly important ethical consideration as the interviews may surface emotionally difficult content (Wiles, 2012; Hennink, Hutter & Bailey, 2020). The researcher offered the participants an opportunity to debrief with an external counselling organisation if further support was needed. None of the participants required debriefing sessions.

1.11 Reflexivity

When conducting qualitative research, one has to consider the issue of subjectivity. Both the participants' and the researcher's subjective view of the world and how this influences the research process should be considered. In order to remain reflective, the researcher will have to acknowledge their own self-identity, values and ideologies (Pandey & Patnaik, 2014;

Hennink, Hutter & Bailey, 2020). The researcher chose this topic because she has a particular interest in the wellbeing of social workers in South Africa. Through personal work experience, the researcher had noticed the high turnover rates and levels of burnout in social work. Particular interest was placed on the oncology setting, as oncology social workers face a unique set of challenges given that they work within the context of death and dying. The researcher received regular supervision to ensure that she was practising reflexivity throughout the research process. The researcher found the process of data collection to be inspiring and humbling as she became aware of the profound work that oncology social workers do.

1.12 Summary of the chapter

This chapter provided an overview of the statement of the problem, the rationale and significance of the study as well as the relevant research questions, objectives, and assumptions of the study. Furthermore, a clarification of concepts was given as well as the ethical considerations. Lastly, reflexivity was discussed. The next chapter discusses the literature review.

2 CHAPTER 2: Literature Review

2.1 Introduction

The literature review presents the theoretical frameworks underpinning the study, the policy and legislation pertaining to the study as well as the relevant literature linked to the research questions.

2.2 Theoretical Frameworks

2.2.1 Ecological Systems Theory

Ecological Systems Theory (EST), as put forward by Bronfenbrenner (1981), focuses on understanding human beings within their ecological environment. The ecological environment is seen as an array of structures, each contained inside the next (Bronfenbrenner, 1981). These structures or 'systems' are described as units with boundaries, in which mental and physical energy are exchanged internally. In this context, systems function by processing 'energy', which refers to the resources, actions and information operating within each system. The different levels of systems are known as the micro-, meso-, exo- and macro systems (Green & McDermott, 2010; Payne, 2014). As such, human development should not be seen in isolation, instead it should be viewed and understood in the context of the individual's relationship with their environment (Friedman & Allen, 2011).

Each system is said to exhibit a number of characteristics, including the concepts of 'nonsummativity' and 'reciprocity'. 'Nonsummativity' refers to the notion that the whole is more than the sum of its parts, whereas 'reciprocity' refers to the interconnectedness of each system, which means that when one system changes, all subsequent systems will also be affected (Bronfenbrenner, 1981; Payne, 1991; Payne, 2014).

Germain and Gitterman (1980), present the 'life model', which has become a major component of EST. The life model presupposes that there is an interdependence between people and their environment. Otherwise known as 'person-in-environment' (Payne, 2005; Gitterman & Germain, 2008). There are a number of ecological concepts, which emerged from this theoretical perspective. For example, the process of 'adaptation' refers to the changes, which an individual undergoes to improve the 'fit' to one's ecological environment. As such, the

ability to adapt can be seen to either facilitate or inhibit human growth and wellbeing (Payne, 2014). The concept of a 'life course' is another significant contribution of the 'life model'. It refers to the notion that every individual follows a non-uniform pathway of biopsychosocial development, recognising the array of factors, which create life experiences, social transitions and historical contexts (Gitterman & Germain, 2008; Payne, 2014). With the above in mind, EST is seen to be particularly relevant to social work practice. Life stress, adaptation, power, coping and resilience are all seen to be important concepts for understanding the complex interactions of person-in-environment (Green & McDermott, 2010; Friedman & Allen, 2011).

This theoretical perspective is valuable in understanding the systems in which oncology social workers function, as their work cannot be carried out in isolation. For example, oncology social workers play a pivotal role within the multi-disciplinary team and in order to maximise collective performance, communication between team members is essential. Furthermore, a number of barriers such as hierarchical structures, role confusion and communication breakdowns can lead to ineffective team functioning and can certainly affect the quality of patient care (Youngwerth & Twaddle, 2011; Giles, 2016). The dynamics and effectiveness of the multi-disciplinary team may not only affect the services rendered to cancer patients and their families but it could also affect the work-related wellbeing of the healthcare professionals themselves.

One also needs to consider the structural systems at play, which could influence the way in which oncology social workers experience their work. Organisational factors such as having a heavy caseload, experiences of working in a team and access to resources may well affect the work-related wellbeing of an oncology social worker (Turner, Kelly & Girgis, 2011). It is evident that in order to understand the experiences of an oncology social worker, one has to consider their role at an individual level, within a multi-disciplinary team and within the organisation at large.

2.2.2 Social Learning Theory: self-efficacy

Social Learning Theory (SLT) was put forward by Bandura in 1985 (Bandura, Taylor, Williams, Mefford & Barchas, 1985). This theory originates from the notion that individuals learn from their interactions with others within a social context (Nabavi, 2012). Through observation, individuals imitate and assimilate those behaviours, particularly if these are

positive or rewarding experiences. As such, SLT is regarded as one of the most significant theories of learning and development (Bandura, 1997; Nabavi, 2012; Gallagher, 2012; Rumjaun & Narod, 2020). There are a number of basic assumptions that underpin SLT. Firstly, learning occurs through the observation of others; secondly, learning is seen as an internal process, which may or may not produce behavioural change; and, lastly, individuals have the ability to create advantageous environments, in which they can exercise control over them (Mccormick & Martinko, 2004). Through the careful selection of one's environment, it is argued that individuals can have an influence in what they become. These choices are guided by one's own beliefs and capabilities (Bandura, 1997; Gallagher, 2012).

The concept of self-efficacy emerged as a core aspect of SLT as efficacy beliefs influence the manner in which individuals think, whether it be optimistically or pessimistically (Nabavi, 2012). Thus, efficacy beliefs are seen to play a pivotal role in the self-regulation of thought processes, influencing how individuals think, feel and motivate themselves as well as how they behave in society at large (Bandura, 2011; Gallagher, 2012). Moreover, self-efficacy is seen as a pivotal factor in building human competence and it can be regarded as the foundation of human agency (Bandura, 2001; Mystakidou, Tsilika, Parpa, Gogou, Theodorakis & Vlahos, 2010; Gallagher, 2012).

Self-efficacy in the workplace is widely discussed in the literature (Bandura et al., 1985; Bandura, 2001; Grant & Kinman, 2014). Past performance is seen as the most crucial source of self-efficacy in the workplace. High self-efficacy occurs in employees who have previously succeeded on job-related tasks and, as a result, are more confident in completing similar tasks in the future (Lunenburg, 2011). Generally, these individuals have been shown to experience less psychological and physiological strain than those with low levels of self-efficacy (Bandura et al., 1985). Oncology social workers with high levels of self-efficacy are more likely to display confidence in their ability to work with cancer patients and their families. This assertation is confirmed by van Seggelen-Damen and van Dam (2013) who emphasise that highly self-efficacious employees are more likely to engage in positive self-reflection and thus will experience more job satisfaction. As discussed above, self-efficacy has positive connotations for work-related wellbeing, which makes it an important theoretical framework to consider for this study. It could shed light on the way that oncology social workers engaged with their work and reflected on their professional practice, which may determine how competent they felt at work. Understanding self-efficacy in the workplace was also important

for exploring the core aspects of work-related wellbeing and how they can be promoted in the oncology social work context. Moreover, this theory could explain why some oncology social workers were better able to navigate the challenges of the work whilst others struggle and were more at risk of experiencing lower levels of work-related wellbeing.

2.2.3 Theory of resilience

Resilience is widely discussed in the social work literature, particularly in relation to service users who have experienced adverse life events such as abuse, neglect and trauma (Bonanno, 2004; Collins, 2007; Keenan, 2010). The construct of resilience can be defined in a number of ways. On the one hand, Bonanno (2004) defines resilience as the ability to preserve fairly healthy and steady levels of physiological and psychological functioning in the face of adverse events such as trauma or loss. On the other hand, Kinman and Grant (2011), define resilience to be a protective factor, which increases one's ability to cope with stress. Elsewhere, Fletcher and Sarkar (2013) note that resilient individuals are not only able to overcome hardship but they can even gain strength and learn from these experiences.

It is argued that the interaction between personal resources and work demands can result in resilience or burnout among social workers. In other words, burnout is likely to occur when work demands surpass one's personal resources whereas resilience occurs when one's personal resources are used to successfully meet job demands (Back, Steinhauser, Kamal & Jackson, 2016). The determinants of resilience are said to include a number of interacting psychological, biological, cultural and social factors, which influences how an individual responds to stressful life experiences (Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014).

Collins (2007) refers to resilience as both a personality trait and as an adaptive state. The personality trait of 'hardiness' is considered to be a key feature of resilient individuals and it is said to shield against extreme stress exposure (Kobasa, Maddi, & Kahn, 1982). Hardiness is made up of three key dimensions: a commitment to finding purpose and meaning in life; the belief that one has an element of control over one's environment and the belief that both positive and negative life events offer an opportunity for learning and growth (Bonanno, 2004). It is argued that hardy individuals display more confidence in their abilities, which allows them to make use of active coping skills and help-seeking behaviours in the face of adversity (Florian, Mikulincer & Taubman, 1995). An understanding of this personality trait may provide

insight into how the participants of this study experienced and coped with their work as well as how this relates to their work-related wellbeing.

In more recent literature, resilience has been conceptualised in relation to social workers and their practice, in a bid to understand how some social workers are able to 'bounce back' and cope with the emotional demands of the work and ongoing exposure work-related stress (Kinman & Grant, 2011; Adamson, Beddoe & Davys, 2014; Grant & Kinman, 2014). There are a number of ways in which resilience can be fostered among social workers in the workplace. In particular, the role of positive collegial relationships and workplace social support is highlighted. Offering both formal and informal support in the workplace is said to help social workers manage their daily challenges and empower them with the knowledge and skills needed to carry out their work effectively, fostering resilience in the process (Carson, King & Papatraianou, 2011; Cleveland, Warhurst & Legood, 2019). The construct of resilience in relation to the work-related wellbeing of oncology social workers appears to be an important theoretical perspective to consider for this study. It could offer an understanding of how oncology social workers positively adapted to an ever-changing and challenging work environment in ways which contribute to professional growth and enhanced work-related wellbeing. Moreover, this theory may provide insight into the factors which fostered resilience in oncology social workers and how this contributed to improving work-related wellbeing in oncology social work.

2.4 Policy and Legislation related to oncology social work

2.4.1 The National Health Act, No. 61 of 2003

This legislation was promulgated to provide a framework for a structured and equal health care system in South Africa. It takes into account laws set out in the Constitution as well as other laws at a local, provincial and national level in relation to health services. This Act sets out a number of objectives, which are relevant to this study. One objective is to provide a guideline for healthcare providers, healthcare workers, health establishments and users, outlining their rights and responsibilities in the workplace. Another objective of the Act is to ensure that the people of South Africa, children and vulnerable groups' rights are protected, respected and promoted when accessing health care services (The National Health Act, No. 61 of 2003, 2003).

This legislation is relevant because it outlines the roles and responsibilities of oncology social workers including the delivery of holistic patient-centred care to cancer patients and their families (Newman & Medeiros, 2015). In order to fulfil this role, oncology social workers must be aware of current health care policies and legislation at both a state and national level (Newman & Medeiros, 2015).

2.4.2 The Occupational Health and Safety Amendment Act, No. 181 of 1993

The Occupational Health and Safety Amendment Act, No. 181 of 1993 provides a framework for employers to ensure the health and safety of employees at work. It stipulates that the employer has a responsibility to promote the overall (physical, emotional and psychological) wellbeing of employees by mitigating exposure to potential hazards to health and safety in the workplace. In addition, employers are expected to provide training, supervision, information and relevant instructions to ensure a safe working environment for employees (The Occupational Health and Safety Amendment Act, No 181 of 1993, 1993).

Oncology social workers are faced with complex cases involving working with death and dying, trauma and assisting those living with a cancer diagnosis. This legislation is applicable to the study because the nature of oncology social work is likely to pose a number of possible risks to social workers' wellbeing. That being said, it is critical that oncology social workers are provided with the necessary supervision, education and training to help them better navigate these potential hazards and risks. Thus, this Act highlights the role and responsibility of the employer to ensure that employees are safeguarded in the workplace.

2.4.3 Social Service Professions Act, No. 110 of 1978

This legislation governs the practice of all social service professionals in South Africa. The Social Service Professions Act 110 of 1978 outlines the powers and functions of the South African Council for Social Service Professions (SACSSP) and it accounts for the registration of social workers, student social workers and social auxiliary workers. This legislation acts as a form of monitoring and control over the professions stipulated by the Act and for any other related matters. Section 27(1)(a) of the Act offers a mandate to endorse the 'Code of Ethics'. Section five of the 'Policy Guidelines for Course of Conduct', 'Code of Ethics' and the 'Rules

for Social Workers' stipulates the ethical responsibilities of social workers and their employers in practice settings and outlines the requirements for the supervision/management and consultation of social workers in practice settings. It states that social workers should be supervised by a supervisor who is a registered social worker (The Social Service Professions Act 110 of 1978, 1978).

Oncology social workers are required to register with the SACSSP annually so that their practice is monitored and controlled by a professional governing body. Additionally, the provision of supervision and management of social workers is of particular interest in this study as the above-mentioned policy states that supervision is an ethical requirement for social workers in practice settings, highlighting the responsibility of both the employer and the social worker to provide support and guidance in the workplace.

2.5 Oncology social work

Given the nature of oncology social work, oncology social workers face a unique set of challenges on a daily basis; aspects of which will be explored in detail in this research. As Fleishman and Messner (2015) point out, for oncology social workers to function effectively in their practice, they also need to develop a sound understanding of the science behind cancer and its treatment. In addition, they are expected to work collaboratively in multi-disciplinary teams, a pivotal aspect of the specialised palliative care used in the treatment of cancer.

In Joubert, Hocking and Hampson's (2013) study, oncology social workers describe how overwhelming it can be to work with personal loss and sadness on a daily basis. This is because oncology social workers are expected to relieve the suffering and distress of both cancer patients and their families (Joubert, Hocking & Hampson, 2013). Not surprisingly then, working in the field of oncology can be both complex and stressful (Cohen, Farrell, Vrabel, Visovsky & Schafer, 2010; Giarelli, Denigris, Fisher, Maley & Nolan, 2016). This points to the value of this research as it will highlight the need to understand how the nature of oncology work can influence the work-related wellbeing of the oncology social worker.

It is important to note that within the literature there is extensive research (both internationally and locally) in the broad field of oncology and on work-related wellbeing respectively, however, there is limited research on the work-related wellbeing of oncology social workers in

the South African context. Hence, for the purpose of this literature review, research will be drawn from international studies and from other disciplines based in oncology settings, such as nursing and medicine.

2.6 Work-related wellbeing

Work-related wellbeing refers to a complete measurement of a professional's overall happiness in the work context. This can also be understood as psychological, physical and emotional wellbeing as well as health behaviour (Fisher, 2010; Orsila, Luukkaala, Manka & Nygard, 2011). This can be measured by considering one's work engagement; overall job satisfaction; and affective organisational commitment (Fisher, 2010). There are number of psychological factors that influence the way in which professionals navigate and experience stressful conditions at work. Workplace support, appraisals, self-efficacy, optimism and a sense of control and competence are all examples of key factors that contribute to wellbeing in the workplace (Rothmann & Cooper, 2008).

Organisational factors relating to insufficient administration, a lack of social support and workload are seen as potential contributing factors to burnout among the helping professionals (Levert, Lucas & Ortlepp, 2000; Lozinskaia, 2002). On the other hand, interpersonal dynamics and the overall organisational climate is seen to positively affect the wellbeing of practitioners (Graham & Shier, 2010). The literature highlights the importance of creating a work environment, which offers a range of workplace social support as this is considered to be the foundation of forming a sustainable workforce (Kossek, Valcour & Lirio, 2014).

The notion of self-care is also discussed as a form of empowering social workers to successfully navigate organisational, occupational and interpersonal challenges. Active engagement in self-care practices can promote work engagement and self-awareness. Ultimately, self-care allows social work practitioners to address their own psychosocial needs and to maintain their overall wellbeing (Lee & Miller, 2013; Mills, Wand & Fraser, 2017). The relationship between self-awareness and work-related wellbeing are explored in a European, longitudinal and mixed method approach study. The perceptions of full-time employees were ascertained to explore the relationship between self-awareness and work-related wellbeing (Sutton, Williams & Allinson, 2015). Self-awareness is defined as the ability to identify one's own feelings, thoughts and behaviours (Kondrat, 1999). Their findings revealed that self-awareness is

positively linked to work-related wellbeing and it can be enhanced through adequate training. In addition, reflective practice is linked to job contentment and enthusiasm (Sutton, Williams & Allinson, 2015).

2.7 Factors which promote work-related wellbeing

There is extensive research about why social workers leave the profession but little is known about why they continue to work for many years in extremely emotionally taxing conditions (Burns, 2011). In the following section, the factors, which promote work-related wellbeing will be discussed. The section will be discussed according to four core areas: organisational, occupational, psychological and social factors.

2.7.1 Organisational factors

There are several organisational factors, which are seen to promote work-related wellbeing. This section will discuss the value of workplace social support in terms of supervision and peer support, as it pertains to the work-related wellbeing of the oncology social worker.

2.7.1.1 Workplace social support

The notion of social support in the workplace is widely discussed in the literature. Workplace social support is defined as the extent to which employees perceive their co-workers and supervisors to care about their wellbeing in the workplace (Kossek, Pichler, Bodner & Hammer, 2011). This section will discuss the importance of providing both formal and informal workplace social support to oncology social workers.

2.7.1.1.1 Supervision

Among the many recommendations about the retention of social workers', the importance of supportive and regular supervision has been highlighted. Clinical supervision is a process, which is facilitated by an experienced practitioner. The process itself allows professionals to reflect on the effects of their work on the professional self (Kangas-Niemi, Manninen & Mattsson, 2018). Supervision is also described as an important aspect of protecting the confidence and self-efficacy of social workers, especially when faced with challenging and uncertain work circumstances (Beddoe, 2010). With the above in mind, the relationship with a supervisor is regarded as pivotal in a social worker's professional development and may serve

as a protective factor to the possibility of burnout (Kadushin & Harkness, 2002; Carson, King & Papatraianou, 2011).

Supervision also has an administrative function, ensuring that the social worker is fulfilling the duties that is required of them and is seen as a method of quality assurance in social work practice (Kadushin & Harkness, 2002; Page & Wosket, 2014). Thus, it is important to note that regular supervision is not only beneficial to the social work practitioner and their work-related wellbeing but it is also a legal requirement for all practising social workers based in South Africa. As previously discussed, this is stipulated in the Social Service Professions Act 110 of 1978 (Social Service Professions Act 110 of 1978, 1978). This requirement highlights the importance of supervision in social work practice. Access to regular supervision can help oncology social workers navigate their experiences and feelings of working within the context of death and dying, whilst having the opportunity to reflect on their own mortality and address past experiences with death, which may be surfacing a range of emotions in their current work (Kangas-Niemi, Manninen & Mattsson, 2018).

Further research carried out in Australia, discuss how formal supervision is seen as an essential service for supporting social workers based in hospital settings. It offers social workers an opportunity to access support in the workplace, to reflect on their practice and it contributes to professional development (Joubert, Hocking & Hampson, 2013). Based on the literature, it is evident that formal supervision is regarded as a fundamental part of effective social work practice. It is equally important to acknowledge the role of informal support networks that exist in the workplace, such as peer support.

2.7.1.1.2 Peer support

The literature emphasises the role of co-workers and colleagues in providing social support in the workplace. In addition to supervisory support, co-worker and peer support are seen to be critical in preventing burnout amongst social workers (Kim, Ji & Kao, 2011). Chiller and Crisp (2012) explored the value of informal and formal workplace social support for social workers. These authors discuss the notion of establishing an "open door" policy for social workers, allowing for unscheduled sessions or check ins when needed, providing for more frequent opportunities for accessing social support in the workplace. A study of 573 Australian cancer workers, explored the relationship between co-worker and supervisor support and how it relates

to enhancing work engagement among cancer workers. The results of this study confirmed that both co-worker and supervisor support are strongly associated with work engagement and job performance (Nagami, Tsutsumi, Tsuchiya & Morimoto, 2010; Poulsen et al., 2016).

Jones et al. (2013) explored the factors relating to work-stress, staff perceptions of oncology work as well as job satisfaction and social support in the workplace amongst a multi-disciplinary team based in a Scottish oncology medical centre. Access to co-worker support was correlated with increased perceptions of job satisfaction, thereby highlighting the importance of co-worker support in the oncology context (Jones et al., 2013). Further research confirms these findings and adds that psychosocial support, supervision and ongoing education could lessen the occupational stressors that arise in oncology work and could improve job satisfaction (Jasperse, Herst & Dungey, 2014).

The above discussion explores the value of workplace social support in promoting work-related wellbeing. In addition, there are a number of occupational factors, which are seen to promote wellbeing in the workplace. The following section will discuss these factors.

2.7.2 Occupational factors

This section will explore how work engagement, job satisfaction and the perspectives of working with death and dying can promote wellbeing in the workplace.

2.7.2.1 Work Engagement

As mentioned previously, work engagement is regarded as a central of component of work-related wellbeing. Whilst the concept of work engagement in relation to work-related wellbeing is widely discussed in the literature (Schaufeli & Bakker, 2010; Poulsen et al., 2016; Orgambídez- Ramos & de Almeida, 2017), there appears to be a significant gap in social work literature specifically. Understanding work engagement in the context of oncology social work is crucial as it sheds light on how oncology social workers experience their work and how this contributes to their wellbeing in the workplace.

Work engagement is commonly defined as a ‘work-related state of mind’, which is both fulfilling and positive and which is epitomised by absorption, vigour, and dedication (Schaufeli & Bakker, 2010). In other words, the concept of work engagement encapsulates how

professionals experience their work. An engaged employee views their work as energising, stimulating and something which they feel devoted to (vigour); they also experience their work as being meaningful (dedication) and something which they wish to fully focus on (absorption) (Schaufeli & Bakker, 2010). An engaged employee also adopts a positive attitude in the workplace, which allows them to engage in their own positive feedback. Thus, enabling the professional to appreciate and recognise their own successes in the workplace.

It is understood that engaged employees are equipped with a range of personal resources, which include self-efficacy, optimism, and self-esteem, all of which allows them to cope with their daily job demands (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007; Xanthopoulou, Bakker, Demerouti & Schaufeli, 2009). The concept of work engagement allows one to better understand how oncology social workers experience their work and how this may affect their work-related wellbeing. Another relevant factor, which promotes work-related wellbeing is job satisfaction, which will now be discussed.

2.7.2.2 Job satisfaction

Job satisfaction is defined as the positive feelings and general satisfaction that an employee has about their job (Kadushin & Kuyls, 1995; Gellis, 2002). Elsewhere, job satisfaction is defined as a contributing factor to the professional quality of life of the healthcare professional (Stamm, 2010). Intrinsic job satisfaction refers to having feelings of accomplishment, responsibility, and recognition as well as the perceptions of having shared values amongst colleagues and leaders (Marmo & Berkman, 2018). Understanding the satisfaction and meaning that is derived from oncology social work is important for understanding the possible promoting factors to work-related wellbeing.

Marmo and Berkman (2020) investigated the extent to which hospice social workers feel valued within their workplace multi-disciplinary teams and the association with job satisfaction. They carried out this research through online surveys, which was completed by 203 American hospice social workers. Their findings highlighted the importance of peer support in the hospice/oncology arena. Collaboration and interdependence within the multi-disciplinary team is seen to be an essential contributor to both intrinsic and extrinsic job satisfaction within the hospice and healthcare settings (Marmo & Berkman, 2020). Elsewhere, Housley (2017) highlights the importance of value and respect between members of a multi-

disciplinary team as this influence's collaboration, promotes professional growth and ultimately, improves job satisfaction amongst team members. In the oncology context, it is evident that the relationships between co-workers and multi-disciplinary team members are regarded as key contributing factors to the experience of job satisfaction in oncology social work. The next section will continue to explore how oncology social workers find meaning in their work with death and dying, despite the challenges associated with this line of work.

2.7.2.3 Finding meaning in death work

Oncology social workers are required to work with loss, bereavement and suffering on a daily basis. While the literature on palliative care and oncology work discuss the array of challenges and risks that are associated with this line of work, previous research studies have shown that professionals working in palliative care are not necessarily more at risk of burnout than other healthcare professionals based in different healthcare settings (Pereira, Fonseca & Carvalho, 2011). This highlights the value of exploring the positive aspects of oncology social work, with particular reference to the meaning that is derived from working with death and dying on a daily basis.

In a qualitative study, 22 palliative care professionals based in palliative care units in Hong Kong were interviewed to understand how they navigated the challenges of the self in 'death work' (Chan, Fong, Wong, Tse, Lau & Chan, 2016). In this instance, 'death work' is defined as any kind of therapeutic, supportive or remedial work that is used when working with death and dying (Chan & Tin, 2012). The findings of this study revealed that participants experience a range of existential and emotional challenges in death work but, more importantly, they also employ a range of existential and coping strategies. An example of this would be the ability to find meaning in the work (Chan et al., 2016). Another study sought to understand how healthcare professionals, working within the landscape of death and dying, integrated their experiences into their clinical practices and personal lives (Sinclair, 2011). Interviews with frontline clinicians involved in end-of-life care, revealed that they had gained valuable perspectives on working in this context. These included the ability to cultivate a spiritual life, to live in the present, to reflect on the continuity of life as well as to reflect on one's own mortality. Ultimately, many of the participants described the end-of-life stage as meaningful, which could have a positive effect on reducing death-related anxiety and fear that is surfaced in working in this setting (Sinclair, 2011).

The terms ‘death competence’ and ‘self-competence’ in death work sheds light on the mechanisms and skills needed to manage the impact of death work on the self. ‘Death competence’, as proposed by Gamino and Ritter (2012), refers to the specific skills needed to manage and endure the experiences and needs of a client facing death, dying and bereavement, whereas the notion of ‘self-competence’ in death work refers to the ability of helping professionals to make use of personal resources such as optimism whilst using specific coping mechanisms to mitigate the existential and emotional challenges that may surface in death work (Chan & Tin, 2012). Ultimately, oncology social workers who display death competence and self-competence in death work, are better able to cope with the challenges associated with death work (Chan, Tin & Wong, 2015).

It is also important to consider the array of psychological factors, which promote work-related wellbeing in oncology social work.

2.7.3 Psychological factors

As mentioned above, another core area to consider relates to the psychological factors, which can promote work-related wellbeing. This section will discuss the value of self-care as well as the importance of self-awareness and reflective practice in promoting work-related wellbeing for oncology social workers.

2.7.3.1 Self-care

The concept of self-care has been widely discussed in social work literature, particularly in relation to how it can enhance work-related wellbeing. As Foucault (2003) aptly states, one has to learn to take care of oneself in order to take care of others. Other researchers echo these thoughts by adding that self-compassion is a prerequisite to having compassion for others (Vachon, Huggard & Huggard, 2015).

On the one hand, Lee and Miller (2013) describe self-care as behaviours adopted by individuals to promote and support health and wellbeing, whereas Radwany, Hassler, Robinson, Soltis and Myerscough (2012) describe self-care to be a method of preserving one’s wholeness. Self-care practices are seen to enhance overall well-being, although it involves making intentional and continuous efforts to ensure that the professional is able to provide effective services to others

(Moore, Bledsoe & Robinson, 2011). It is argued that self-care practices can promote resilience in social workers, particularly for those who work in the context of death and bereavement (McGarrigle & Walsh, 2011; Lee & Miller, 2013). Self-care is further seen to mitigate the damaging effects of burnout and compassion fatigue in the palliative care context specifically (Sanchez-Reilly, Morrison, Carey, Bernacki, O'Neill, Periyakoil & Thomas, 2013).

Cotter (2013) found that oncology social workers highlighted self-care as an important aspect of maintaining wellbeing and that self-care practices, mindfulness and self-awareness can be used as a coping mechanisms in an emotionally-taking work environment. It is evident that self-care practices are essential for oncology social workers as it allows them to meet their emotional and psychological needs, which better equips them to deal with the complex demands of their work. The following section will explore how self-awareness and reflective practice can positively contribute to wellbeing in the workplace.

2.7.3.2 Self-awareness and reflective practice

Emotional intelligence, self-awareness, reflective practice and social competence are all seen to be crucial protective qualities for social work professionals (Kinman & Grant, 2011). Emotional intelligence has strong connotations for job performance; for an emotionally intelligent practitioner is more likely to have enhanced decision-making skills and to display flexibility within their role in the workplace. Other key characteristics include having optimism, enthusiasm, confidence and trust in other co-workers (George, 2000).

Researchers, Schutte and Loi (2014) surveyed 319 working adults based in the United States and in Australia to understand how emotional intelligence relates to 'flourishing' in the workplace, as they describe it. Their findings revealed that the use of emotional intelligence in the workplace is likely to lead to other characteristics such as increased satisfaction with workplace social support. The importance of workplace social support is also highlighted in this study. This points to the need for an organisational climate, which promotes social support in the workplace (Schutte & Loi, 2014; Petruik, Freeman, McGillicuddy & Dimitropoulos, 2017)

Urdang (2010) argues that self-reflectiveness is fundamental to the development of the professional self. The importance of self-reflection in social work practice is highlighted in a

recent study, which explored how 359 trainee social work students based in universities in the United Kingdom, develop the skill of 'accurate empathy' in order improve their professional practice and judgement and to protect their wellbeing in the workplace (Grant, 2014). In this context, the notion of 'accurate empathy' refers to the caring professionals' capacity to convey empathic understanding to clients whilst guarding against the emotional costs of the interaction (Rogers, 2007). A significant finding of this study was that social work students who had strong reflective abilities were less likely to experience empathic distress (Grant, 2014). This finding echoes the findings of previous research, (Kinman & Grant, 2011), which notes that social work students who are more reflective in their practice appear to be more resilient and thus, they are likely to display increased levels of psychological wellbeing.

Another study aimed to understand why social workers remain in the field, despite the many challenges that they face and the findings revealed that one of the core factors, which allow social workers to successfully navigate the challenges of their work is the capacity for self-awareness (Chiller & Crisp, 2012). The importance of knowing one's personal limits in social work practice as well as ensuring a balance between work and home life is also highlighted (Chiller & Crisp, 2012). It appears that such psychological factors are important for understanding how oncology social workers successfully cope with the challenges of the work whilst still protecting their work-related wellbeing.

The final area to consider relates to the social factors that are linked to promoting work-related wellbeing.

2.7.4 Social factors

In this instance, the role of social support outside of the workplace and spirituality will be discussed.

2.7.4.1 Social support outside of the workplace

Thus far, workplace social support has consistently been highlighted as a promoting factor to work-related wellbeing, yet there is extensive research highlighting the role of social support outside of the workplace and its connotations for personal and professional wellbeing (Zhang, Foley, Li & Zhu, 2020). Social support is defined as the provision or seeking of emotional support in response to negative or stressful live events and it is emphasised that such support

networks can play a mediating role in the onset of stress, coupled with the possibility of improving overall wellbeing (Jesse, Kim & Herndon, 2014; Feeney & Collins, 2015). In this instance, social support refers to the support derived from family and friends.

An Australia study aimed to understand the mediating effects of work-family enrichment and job-related wellbeing among 439 social workers. The findings revealed that support from family members can effect job satisfaction in the workplace (Kalliath, Kalliath, Chan & Chan, 2020). Other research confirms that family support can act as a buffer to work-related stress and burnout, allowing professionals to focus on work demands, contributing to job satisfaction in the workplace (Kwok, Cheng & Wong, 2015; Li, Butler & Bagger, 2018; Zhang et al., 2020).

A recent Chinese study revealed that family support plays a mediating effect on role stress and depressive symptoms, highlighting the role that organisations can play in assisting social workers to recognise and utilise any pre-existing social support networks inside and outside of the workplace (Zhang et al., 2020). It is evident that access to social support outside of the workplace has positive implications for work-related wellbeing. Another social factor to consider is the role of spirituality in the oncology social work. This will be discussed below.

2.7.4.2 Spirituality

The role of spirituality in oncology social work is important to recognise as it sheds light on how oncology social workers cope with the challenges of the work through finding meaning from the work itself. Spirituality is considered a core component of the human experience and it surfaces central questions about one's purpose and meaning in life as well as the connections/relationships that are formed throughout one's lifetime. As such, spirituality can be seen as the driving force underpinning who and what we are in this world (Stewart, 2014).

Due to the nature of oncology social work, patients nearing the end-of-life stage may use spirituality to search for purpose and meaning in their life, allowing them to find ways of coping with the suffering and despair that they are faced with as a cancer patient. It appears that through working within the context of death and dying, oncology social workers are required to address their own existential and spiritual distress, which is inherent to oncology work (Ferrell, Otis-Green & Economou, 2013). Thus, professionals working in end-of-life care may face the same questions about the purpose and meaning of life that their patients are

contemplating (Sinclair, 2011). A qualitative study carried out in Brazil sought to understand the experiences of oncological palliative care professionals regarding the role of spirituality in their professional practice. They found that spirituality helps palliative care professionals find meaning in their work, which assists them in carrying out their work effectively (de Oliveira Arriera et al., 2018).

The above section explored the factors that can be seen to promote the work-related wellbeing of oncology social workers. On the other hand, there are an array of factors, which can inhibit wellbeing in the workplace. The following section will provide an in-depth discussion of these inhibiting factors.

2.8 Factors which inhibit work-related wellbeing

Working in the context of death and dying can have a range of effects on both the practice and personal lives of palliative care professionals (Sinclair, 2011). The many challenges posed through working in this context are likely to affect the work-related wellbeing of the palliative care professional as well as the quality of care, which is provided to cancer patients and their families (Sanchez-Reilly et al., 2013).

2.8.1 Organisational factors

This section will discuss the prevalence of work-related stress in oncology social work and how this can inhibit the work-related wellbeing of oncology social workers.

2.8.1.1 Work-related stress

Due to the high exposure of death and suffering in oncology work, healthcare professionals based in this setting are seen to be at risk of poor mental health and occupational/work-related stress (Jones et al., 2013) Occupational stress is specified as a process in which an individual perceives their work-related demands as stressful and when personal or professional coping strategies aren't effective in meeting these demands (dos Santos, dos Santos, da Silva & Passos, 2017). Negative outcomes of occupational stress could result in psychological exhaustion and absenteeism (Bowden, Mukherjee, Williams, DeGraves, Jackson & McCarthy, 2015; Olivares-Faúndez, Gil-Monte, Mena, Jélvez-Wilke & Figueiredo-Ferraz, 2014). With the above in mind, it is necessary to explore the array of organisational factors that are seen to contribute to work-related stress, particularly in oncology social work.

A recent study aimed to ascertain the levels of occupational stress, burnout and job satisfaction among oncology workers based in radiation centres across New Zealand. All participants reported high stress levels linked to patient-centred and organisational stressors. A lack of professional development, a lack of recognition and excessive workload were identified as considerable stressors in the workplace, leading to higher levels of emotional exhaustion among participants (Jasperse, Herst & Dungey, 2014; Quinn-Lee, Olsen-Mcbride & Unterberger, 2014).

Other organisational factors linked to work-related stress include having a heavy workload, work team conflict as well as the need for adequate training and development to assist professionals to effectively cope with the challenges of working with patient safety and facilitating complex cancer treatments (Turner, Kelly & Girgis, 2011; Ostadhashemi, Eghlima, Arshi, Khalvati & Khankeh, 2019). In addition, working long hours, navigating a lack of resources and inadequate staffing contribute to work-related stress (Bowden et al., 2015). These factors are important to consider as they highlight some of the specific challenges that oncology healthcare professionals are faced with and how these organisational conditions are likely to affect the wellbeing of oncology social workers in the workplace.

As previously discussed, work-related stress is an occupational hazard in the field of oncology social work. The following section will explore the specific challenges associated with oncology social work and how this can inhibit work-related wellbeing.

2.8.2 Occupational factors

Within the oncology social work literature, the array of challenges associated with death work is highlighted. This section will discuss these challenges as they relate to oncology social work practice.

2.8.2.1 The challenges of death work

Oncology social workers are required to be present in the face of the suffering experienced by cancer patients and their families, which could lead them to experience feelings of altruism, advocacy and compassion. Alternatively, this line of work could also lead them to experience

feelings of despair, fear and denial (Arbore, Katz & Johnson, 2016). This highlights the complex and challenging nature of working in the context of death and dying.

The notion of 'death anxiety' is relevant to oncology social work as it deals with the emotions, fears and thoughts around working with death. 'Death anxiety' refers to a negative emotional state that is prompted by facing the mortality of others and is largely experienced by healthcare professionals who are exposed to trauma, violence and illness (Nia, Lehto, Ebadi & Peyrovi, 2016). It is understood that the practitioner's own life experience with death may influence their attitudes about death, which may either contribute to or diminish the experience of death anxiety (Nia et al., 2016). In a study carried out by Quinn-Lee, Olsen-Mcbride and Unterberger (2014) in the United States, social workers' levels of death anxiety decreased amongst those who have been exposed to and understand the death process.

There are a number of other challenges that oncology social workers face in their line of work. Turner, Kelly and Girgis (2011) explored the factors that contribute to burnout and emotional stress among oncology health professionals. They found that caring for young patients, patients of a similar age or for patients with young children, proved to be especially distressing. Additionally, oncology social workers are expected to cope with many patient deaths, which can result in the experience of 'accumulative loss' over time (Killeen, 1993).

Another significant challenge for oncology professionals is working with patient and family denial in end-of-life care. The use of denial is seen as a universal coping mechanism and one that aims to protect the self from devastating events. However, working with denial in the context of oncology is regarded as especially challenging, particularly if it is used in a maladaptive manner (Owen & Jeffrey, 2008; Krikorian, Limonero & Mate, 2012). In this context, the notion of hope appears to be an important aspect in oncology work for both the professional and the patient. Meaning and hope are seen as key determinants in influencing the quality of life of the patient, treatment adherence and wellbeing but instilling hope in end-of-life care can prove particularly challenging if the patient is in denial and has unrealistic hopes for a cure (Eliott & Olver, 2009; Krikorian, Limonero & Mate, 2012).

It is evident that oncology social work proves to be a challenging field to work in, yet it is important to consider the role of psychological factors such as burnout and Secondary Traumatic Stress (STS) in compromising the work-related wellbeing of oncology social workers. The following section will discuss these key psychological factors.

2.8.3 Psychological factors

2.8.3.1 Burnout

The concept of burnout in the social work field has been widely discussed in the literature. Over the decades, there has been clear evidence to show the occurrence of burnout in the social work profession (Kim, Ji & Kao, 2011). It is understood that social workers are particularly at-risk of experiencing burnout in their careers since they are often required to deal with complex situations where suffering and distress are ever-present (Sánchez-Moreno, de La Fuente Roldán, Gallardo-Peralta & Barrón López de Roda, 2014).

Burnout refers to an extended psychological response to prolonged stressors in the workplace. It is theorised to encompass three dimensions: depersonalisation, emotional exhaustion and lowered personal accomplishment (Maslach, Schaufeli & Leiter, 2001). It is recognised that burnout can have negative effects on the health and wellbeing of professionals and ultimately it can affect the quality of the provision of client services. One could argue that burnout amongst oncology social workers would not only be detrimental to the work-related wellbeing of the oncology social worker themselves but it could also compromise the services to cancer patients and their families.

There are a number of interacting factors, which can lead to burnout amongst social workers. A number of studies have highlighted the correlation between age and burnout, alluding to the notion that burnout is more prevalent in younger professionals (Maslach & Jackson, 1981; Marchand, Blanc & Beauregard, 2018). There are a number of other organisational factors, which are seen to contribute to the occurrence of burnout. These include, having a large workload, inadequate pay, a lack of job value and limited access to workplace social support (Galek, Flannelly, Greene & Kudler, 2011; Quinn-Lee, Olsen-Mcbride & Unterberger, 2014; Ostadhashemi et al., 2019).

Research exploring the negative effects of burnout on job satisfaction, workplace support and life satisfaction with Spanish social workers. They found that workplace support can not only mitigate the effects of burnout but it can even increase job satisfaction amongst social workers (Hombrados-Mendieta & Cosano-Rivas, 2011). This finding corresponds with the

contributions of Yürür and Sarikaya (2012) who discuss how perceived social support from a supervisor can decrease the occurrence of emotional exhaustion and increase the experience of personal accomplishment. These perspectives align with the research presented above (see Joubert, Hocking & Hampson, 2013) on the importance of social support and professional supervision in the oncology social work arena.

Within the oncology social work literature, burnout is frequently discussed in connection to the concept of Secondary Traumatic Stress (STS) as a result of the range of emotional and mental challenges that are associated with oncology social work practice.

2.8.3.2 Secondary Traumatic Stress Response.

The caring profession comes at a cost. Figley (1995) put forward the concepts of Secondary Traumatic Stress (STS) Response and compassion fatigue and how this emerges in the caring profession. The caring professional seeks to alleviate others' suffering and yet cannot avoid absorbing some of that suffering themselves. STS response/compassion fatigue has almost identical symptoms to Post Traumatic Stress Disorder; the difference lies in the exposure to a traumatic event (Figley, 2002; Stamm, 2010). STS occurs as a response to working with clients, particularly those who have been traumatised. The practitioner may not experience the trauma directly but by working with the client's trauma they are at risk of developing similar symptoms themselves (Galek et al., 2011). In other words, this trauma can be 'transferred' to the professional who then experiences disturbances in their emotional-cognitive state (Figley, 2002).

The above section has explored the factors, which may inhibit the work-related wellbeing of oncology social workers, highlighting the array of challenges that oncology social workers face through working in the context of death and dying. It is apparent that oncology social workers and organisations can benefit from recommendations which are aimed at promoting wellbeing in the workplace. These recommendations will be explored in the next section.

2.9 Recommendations for oncology social workers and oncology social work organisations

There are a number of recommendations for oncology social workers, which can be seen to promote and maintain their work-related wellbeing. The importance of workplace social

support and self-care have previously been discussed. The following section will explore the recommendations around continued professional development training for oncology social workers as well as the importance of maintaining a work/life balance.

2.9.1 Continued professional development and training

It is recognised that social workers are required to practise in an ever-changing work environment (Craig & Muskat, 2013). Continued Professional Development (CPD) refers to the ongoing education and training of professionals after they have qualified (Halton, Powell & Scanlon, 2015). It is argued that CPD enables professionals to experience personal growth and to develop the professional self. It is not only seen to improve patient-centred services but it can also improve a professional's overall job satisfaction (Halton, Powell & Scanlon, 2015).

A study investigated 391 healthcare workers' perceptions of the educational content and skills needed to work effectively in end-of-life care. Participants highlighted the need for educational content, which addresses both the psychosocial needs of patients and families and the psychosocial interventions that could alleviate distress. The influence of death and dying on the dynamics of family functioning was also highlighted. (Csikai & Raymer, 2005). Emerging research echoes these findings, and states that opportunities for ongoing training and education should be provided through several avenues (Weisenfluh & Csikai, 2013).

2.9.2 Work/life balance

Within the literature of work-related wellbeing, the notion of ensuring a 'work-life balance' is widely discussed (Eby, Casper, Lockwood, Bordeaux & Brinley, 2005; Baral & Bhargava, 2010; Lunau, Bambra, Eikemp, van Der Wel & Dragano, 2014). Achieving a work-life balance is defined as ensuring a balance of work and life domains. Likewise, it is important to note that no one solution to ensuring a work-life balance as the needs of individuals differ according to personality and life experiences (Eby et al., 2005; Fouché & Martindale, 2011). The importance of establishing a work-life balance is not only beneficial to the wellbeing of the practitioner but it is also likely to affect the behaviours and attitudes of employees as well as the overall effectiveness of the organisation. With this in mind, organisations should provide supportive interventions, which help employees navigate the demands of work and home life while still ensuring that productivity is fostered in the workplace (Baral & Bhargava, 2010).

The importance of a work/life balance and its connotations for work-related wellbeing is explored in a study carried out among employees based in 27 European countries. More specifically, they aimed to explore the association between a poor work-life balance and poor health (Lunau et al., 2014). Their findings revealed that employees who reported having a poor work-life balance were more at risk of experiencing health problems. These perspectives align with the findings of Yang, Suh, Lee and Son's (2018) research, which revealed that employees who struggled to maintain a work-life balance, were more likely to experience poor psychosocial wellbeing.

2.10 Summary of the chapter

This chapter discussed the relevant theoretical frameworks, which underpin this study as well as the legislation and policies pertaining to this study. Thereafter, a review of the literature according to the main research objectives was discussed. The third chapter presents the methodology of this research.

3 CHAPTER 3: Methodology

3.1 Introduction

The research design opens this chapter. This is followed by population and sampling, after which data collection, data analysis, data verification and the limitations of this study will be discussed. A summary concludes this chapter.

3.2 Research design

The researcher should choose an appropriate set of theories and methods, based on different perspectives to establish a research design (Flick, 2018). This research was carried out using a qualitative research approach, which used an exploratory and interpretive research design (Fouche, 2021). A focal point of qualitative research is based on how people behave in natural settings whilst they describe their own experiences in their own words (Cozby & Bates, 2015). Therefore, the qualitative researcher is tasked with understanding and describing instead of predicting or explaining human behaviour (Babbie & Mouton, 2001). Considering the complexities of oncology social work, a qualitative approach seemed most suited to exploring the unique lived experiences of oncology social workers. This approach allowed the participants to share their own perspectives and experiences of working in the context of death and dying. Moreover, the researcher was able to gain a deeper understanding of the meaning and purpose that was ascribed to oncology social work as well as the specific challenges the participants faced on a daily basis.

Exploratory research allows qualitative researchers to investigate, understand and interpret social phenomena in an in-depth and descriptive manner (Creswell & Poth, 2016). This approach is valuable for gaining a deeper understanding of the unique lived experiences of the participants, with a specific consideration of the context and setting, which they are part of. Thus, the researcher is able to develop rich accounts of complex situations, which may be unexplored in the literature (Kahn, 2014; Marshall & Rossman, 2014). The researcher also made use of an interpretivist approach to the research process. An interpretivist approach allows the researcher to gain an understanding of how participants feel, whilst exploring the deeper meanings that they ascribe to their lived experiences (Rubin & Babbie, 2014; Kahn, 2014). There appears to be a gap in the literature on the work-related wellbeing of oncology social workers in the South African context specifically. Thus, an exploratory approach is

suitable for exploring the lived experiences of oncology social workers, who work tirelessly to see to the needs of their patients, even though their own wellbeing may be at risk.

There are two key processes, which are characteristic of an exploratory research approach, which should be followed by the researcher. Firstly, the researcher should develop a self-critical stance during the research process to avoid the influence of personal bias. Secondly, in order to limit the scope of the investigation, researchers need to make use of relevant theories and hypotheses, which are linked to the main research questions (Reiter, 2017). The researcher followed these processes by using theory to formulate hypotheses related to the research questions and through practising reflexivity throughout the research process.

3.3 Population and sampling

For the purpose of this study, non-probability sampling was selected. Strydom and Delport (2011) describe non-probability sampling to involve the selection of participants where each participant does not have an equal chance of being selected for the study. This form of sampling is typical of qualitative studies (Rubin & Babbie, 2014). Non-probability sampling was chosen for this study because the researcher specifically selected oncology social workers based in either the private healthcare sector or in independent hospices in the Western Cape. The inclusion criteria required the participants to have a minimum of one-year work experience in the field of oncology to ensure that they have enough experience in the field to be able to reflect on their experiences in this role. They also needed to be currently practising in the field of oncology.

The type of non-probability sampling that was used is known as ‘snowball sampling’. This form of sampling is of particular relevance when members of a certain population are hard to locate (Babbie & Rubin, 2014). Snowball sampling is described as a form of ‘networking’ because the researcher relies on the connections of some participants in order to gain access to other potential participants (Lopez & Whitehead, 2013).

The researcher made use of this type of sampling because the pool of participants were made up of oncology social workers who were tasked with managing a demanding workload in the context of the COVID-19 pandemic. Thus, it was likely that many of the potential participants did not have the time or capacity to be interviewed. As such, the researcher decided to obtain

a sample size from the pool of participants who were available and willing to participate in this study. The researcher managed to gather a sample size of 18 participants. A number of organisations in the Western Cape were contacted and the researcher ensured that follow-up emails were sent after initial contact was made. Those who agreed to participate in the study were able to assist the researcher with the contact details of other oncology social workers who may have been eligible to participate in this study.

3.4 Data collection

3.4.1 Pilot study

The researcher carried out two pilot interviews in order to 'test' or 'try out' the appropriateness of the research instrument, as suggested by Baker (1994). An advantage of conducting a pilot study in qualitative research is that the researcher is able to uncover any practical or ethical issues, which may hinder the research process (Van Teijlingen & Hundley, 2001; Doody & Doody, 2015). A pilot interview is of particular value to new researchers as they prepare for the interviewing process for the first time (Kim, 2011). Two participants were selected for the pilot study because they had previously worked as an oncology social worker for the organisation Cancercare. A few changes were made to the interview schedule after the pilot studies as some of the questions were found to be quite repetitive.

3.4.2 Data collection approach

In depth, one-to-one interviews were the chosen method for data collection. This process involves conducting in depth, purposeful conversations with the selected participants (Yeo, Legard, Keegan, Ward, Nicholls & Lewis, 2014). The researcher is seen to be the main instrument in qualitative research as they use various instruments to collect data themselves (Creswell, 2014). Due to the COVID-19 pandemic, carrying out in depth one-to-one interviews in person was not possible. All interviews took place online via the 'Zoom' platform. Video calling is seen to be as effective as in-person interviews as the researcher is still able to access verbal and nonverbal cues (Sullivan, 2012). Participants were emailed an online copy of the informed consent form and they were sent a Zoom link before the scheduled interview date. Each interview was 40 minutes to an hour in length and each participant was interviewed once.

3.4.3 Data collection tool

The data collection tool that was used in this study is known as a semi-structured interview schedule. The use of a semi-structured interview schedule is well suited to exploring the unique perceptions and experiences of the participants (Barriball & While, 1994; Galletta, 2013). In addition, this tool allows the researcher to focus on matters that appear to be the most meaningful for the participants, which provides an opportunity for various perceptions and experiences to be expressed in the interview (Cridland, Jones, Caputi & Magee, 2015). This tool allows for flexibility in exploring participants perceptions of the research topic (Adams, 2015; Geyer, 2021). The researcher made use of open-ended questions and probing, which allowed the researcher to access a range of information from the selected participants (Hutchinson & Wilson, 1992; Creswell, 2014). The researcher constructed the interview schedule using the research objectives as a guide, see Appendix C.

3.4.4 Data recording

The computer application, 'Quicktime player' was used to digitally record the interviews. Each interview was then transcribed and analysed into written transcripts. The use of digital recordings ensures that the researcher is able to capture a complete verbal record of the interview (Guest, Namey & Mitchell, 2013). The use of digital recordings improves the reliability of the data as the researcher is able to playback the recording repeatedly to ensure that all the information is captured correctly (Bailey, 2008; Tessier, 2012). The recording of the interview was discussed in the informed consent form given to participants prior to their interview date. Thus, through signing the consent form, participants granted the researcher permission to digitally record the contents of the interview. See Appendix B.

3.5 Data analysis

This study made use of Tesch's (1990) eight steps of data analysis as cited in Creswell (2014). Once the data collection phase was complete, a professional transcriber was contracted to transcribe each interview into verbatim scripts. Refer to Appendix D for the confidentiality agreement between the researcher and the transcriber. Thereafter, the researcher analysed the data according to Tesch's (1990) eight steps of data analysis (see below).

1. The researcher has read through all transcripts in order to get a sense of the data as a whole, noting down ideas as they emerge.
2. The researcher chose one transcript to gain an understanding of what the data was saying, writing down any thoughts in the margins.
3. Once the researcher has completed the previous step for several transcripts, a list of topics was formed. Similar topics were clustered together and they were divided into major, unique and leftover topic categories.
4. Once the list of topics were established, the researcher returned to the data and abbreviated topics into codes. Thereafter, the codes were placed next to the relevant segments of text. This preliminary organising scheme was used to determine if any new categories and codes were evident in the data set.
5. The researcher found descriptive words to create titles for each topic and different categories were created.
6. The researcher then looked to reduce the list of categories by grouping similar topics together.
7. The researcher finalised the abbreviations for each category and alphabetised these codes.
8. The researcher gathered all the data according to each category in one place and carried out a preliminary analysis. The researcher recoded the existing data when needed.

3.6 Data verification

Lincoln and Guba (1985) propose four key constructs, which assist with ensuring the trustworthiness of a qualitative study.

Credibility involves the researcher striving to determine the truthfulness of one's data as well as the reliability of the research process as a whole (Lincoln & Guba, 1985; Polit & Beck, 2013). In order to ensure credibility, the researcher should carry out a thorough process of checking verifiable facts (Lincoln & Denzin, 2019). Strategies such as: persistent observation in the field, peer debriefing and member checks can increase credibility in the research process (Lincoln & Guba, 1985; Cope, 2014). The process of reflexivity is suggested as another strategy to improve credibility as it allows for the researcher to account for any personal biases which may affect the findings of the study (Morse, Barrett, Mayan, Olson & Spiers, 2002;

Cope, 2014). The use of a digital recording in this study ensured that the researcher was able to accurately capture the views and perceptions of the participants. The researcher also practised reflexivity through the use of regular supervision.

Transferability refers to whether the findings of the research can be taken out of its specific context and applied to other context situations (Houghton, Murphy, Shaw & Casey, 2015; Schurink, Schurink & Fouche, 2021). In other words, transferability is about ensuring whether the findings of the research are applicable or valuable in practice, theory and in future research (Lincoln & Guba, 1985). It is important to provide background data to determine the context of the study (Shenton, 2004; Cope, 2014). The theoretical parameters of this study ensured transferability (Kuper, Lingard & Levinson, 2008; Tong & Dew, 2016). The researcher selected three theoretical frameworks to contextualise this study. These were discussed in chapter two.

Pandey and Patnaik (2014) discuss the concept of **dependability**, which ensures that the findings are dependable and can be repeated. In other words, similar results would be obtained if the study were to be repeated in the same context with the same participants and using the same methods. An 'inquiry audit' measure can be used to enhance dependability in qualitative research. This involves including a researcher, who isn't involved in the study to scrutinise the research process and the final product of the research as a whole (Lincoln & Guba, 1985). In this study, a supervisor from the Department of Social Development at the University of Cape Town was assigned to supervise the researcher and the research process.

Conformability refers to the notion of objectivity (Tong & Dew, 2016; Schurink, Schurink & Fouche, 2021). The researcher should question whether the findings of the research can be confirmed by another (Lincoln & Guba, 1985). In doing so, the researcher's subjectivity does not interfere with the interpretation of the findings as the emphasis is placed on the data themselves (Schurink, Schurink & Fouche, 2021). One way for the researcher to ensure this, is to practise reflexivity in order to mitigate any of the researcher's own subjectivities in the research process. The use of regular supervision and self-reflection assisted with the process of reflexivity for the researcher. Conformability can also be ensured if the researcher provides a detailed account of the research process and when a clear link between the data and the findings of the study is shown (Lietz & Zayas, 2010; Kalu & Bwalya, 2017). The researcher included direct quotes from the interview transcripts to illustrate this link.

3.7 Limitations pertaining to this study

3.7.1 Research design

One of the most significant disadvantages of using a qualitative research design is that the findings of the study cannot be applied to wider populations with an absolute degree of certainty (Ochieng, 2009). While this is seen as a shortfall to qualitative research, the aim of this study was to explore and understand the unique experiences and perceptions of the participants and not to generalise the findings to other populations. Another limitation to consider is that the quality of qualitative research is largely dependent on the abilities and skills of the researcher, which is why the researcher's own subjective views and personal bias should be acknowledged (Anderson, 2010). As previously discussed, the researcher made use of regular supervision to ensure that reflexivity was practised throughout the research process.

3.7.2 Population and sampling

The researcher faced a number of challenges during the data collection phase of this study. Due to the effects of the COVID-19 pandemic on cancer care and healthcare professionals, the availability and responsiveness of potential participants proved to be a major obstacle for the researcher. Of the 18 participants, 10 participants worked in the private healthcare sector and eight participants worked in the non-profit healthcare sector as they were based in independent hospices in the Western Cape. It was evident that there was an uneven balance of participants from each sector, which could influence the findings of this study. In order to address this challenge, the researcher made sure that each participant performed the same roles in the field of oncology. Furthermore, the aim of this study was not to make a comparison between participants' individual experiences but rather to explore and understand the unique experiences and perceptions of each participant.

The researcher relied on the participants to provide referrals to other potential participants, using a technique known as 'snowball sampling' (Strydom, 2021). There are a number of limitations of this technique. It is argued that the researcher is heavily reliant on the participants' connections to generate more potential participants. This means that the participants chosen for the study were not representative of the population as a whole (Lopez

& Whitehead, 2013). While this is an important limitation to consider, it should be noted that conducting research in the context of COVID-19 was a major challenge. The use of a snowball sampling technique provided then a way for the researcher to ensure that an adequate number of participants were recruited for the study.

3.7.3 Data collection approach

In depth one-to-one interviews requires cooperation and personal interaction between the researcher and the participant. A possible limitation to this approach occurs when participants are not open to sharing their personal views and perspectives during the interview (Geyer, 2011). In order to address this, the researcher used an open, non-judgemental stance while interviewing, noting any cues that suggested the participants were uncomfortable discussing certain topics. The researcher also reminded participants that all information disclosed during the interview would remain strictly confidential. As all of the interviews were conducted online, a number of limitations to the interviewing process emerged. Each interview relied on both the researcher and the participant to have access to the internet in order to conduct a video call. Whilst all of the participants had access to the internet, some of the interviews had internet disruptions, interfering with the flow of the interview. In order to address weak internet connectivity, the researcher would switch the video call to a voice call for more clarity or the researcher would repeat and clarify the information given by the participants to make sure that all of the contents of the interview was recorded as accurately as possible.

3.7.4 Data collection tool

While making use of recording is necessary to ensure the truthfulness and quality of the data gathered, some participants may not wish to be recorded and they could even withdraw from the study altogether (Strydom, 2011). In order to mitigate against this, it is crucial then that the researcher includes the use of the recording in the informed consent form, which is signed by participants before the interview takes place (DiCicco-Bloom & Crabtree, 2006). The researcher included a section on the use of recording in the informed consent form to deal with this possible challenge.

3.7.5 Researcher bias

Researcher bias refers to any personal influence that alters the results of a study (Polit & Beck, 2014). In qualitative research, it is understood that the researcher's role during data collection can shape the participants' responses (Anderson, 2010). This highlights why the researcher should be mindful of their own personal views and perspectives, as this could affect the interpretation of data and the research process as a whole (Johnson, 1997; Rubin & Babbie, 2014). Once again, the process of reflexivity is seen as an important strategy to address researcher bias (Johnson, 1997), which is why the researcher made use of regular engagements with her supervisor to facilitate active self-reflection throughout the research process.

3.8 Summary of the chapter

This chapter discussed the methodology pertaining to the research design and population and sampling of this study. The data collection, data analysis, data verification processes were also discussed. The limitations of the study concludes this chapter. The penultimate chapter will present the findings of the study.

4 CHAPTER FOUR: Discussion of findings

4.1 Introduction

This chapter discusses the findings of the study. A table with the participants profiles will be presented along with a table containing the framework of analysis. Subsequently, the findings of this study will be discussed according to the research objectives and a conclusion completes the chapter.

4.2 Profile of the participants

Table 1: Profile of participants

Participant	Age	Gender	Race	Marital status	Number of children	Area of work (Hospice/ Private)	Experience as oncology social worker(years)
1	34	Male	Black	Single	0	Private	6
2	65	Female	White	Married	2	Private	21
3	31	Female	White	Married	0	Private	7
4	46	Female	White	Married	2	Private	10
5	36	Female	Coloured	Single	0	Private	3
6	35	Female	Black	Married	2	Private	6
7	47	Female	White	Married	0	Private	8
8	52	Female	White	Married	2	Private	12
9	54	Female	White	Married	2	Private	3
10	70	Female	White	Single	2	Private	12-15
11	26	Female	White	Single	0	Hospice	1
12	37	Female	White	Single	0	Hospice	11
13	42	Female	Coloured	Single	1	Hospice	6
14	30	Female	Black	Single	0	Hospice	2
15	59	Female	White	Married	4	Hospice	3
16	50	Female	White	Married	3	Hospice	8
17	50	Female	Coloured	Married	2	Hospice	12
18	73	Female	White	Married	2	Hospice	24

The participants are between the ages of 26 and 70 years old. There is a wide range of work experience among the participants, ranging from 1-21 years of work experience in the field of oncology. It is noteworthy that only one male participated in this study. This could be because social work has historically been a female-dominated profession.

4.3 Framework of analysis

Table 2: Framework of findings

THEME	CATEGORY	SUB-CATEGORY
4.4.1 Understanding the concept of work-related wellbeing	Workplace social support	
	Work engagement and job satisfaction	
	Self-awareness	
	Self-care	
	COVID-19 and work-related wellbeing	
4.4.2 Factors which promote work-related wellbeing	Organisational factors	Workplace social support
	Occupational factors	Work engagement
		Job satisfaction
		Finding meaning in death work
	Psychological factors	Self-care
		Self-awareness and reflective practice
	Social factors	Social support outside of the workplace
		Spirituality
4.4.3 Factors which inhibit work-related wellbeing	Organisational factors	Work-related stress
	Occupational factors	The challenges of death work
	Psychological factors	Burnout
4.4.4 Recommendations for oncology social workers and oncology organisations	Workplace social support	
	Self-care	
	Continued professional development	
	Work-life balance	

4.4 Discussion of findings

The findings of this study will be discussed according to the main research objectives.

4.4.1 Objective 1: To explore the participants' understanding of the concept of work-related wellbeing.

This section will explore the participant's perceptions and understandings of the concept of work-related wellbeing. The findings reveal that work-related wellbeing encompasses workplace social support, work engagement and job satisfaction as well as self-care and self-awareness.

4.4.1.1 Workplace social support

The value of workplace social support emerged consistently throughout the findings of this study. Many of the participants considered workplace social support to be an important aspect of work-related wellbeing, particularly in the context of oncology social work. Workplace social support refers to the social support networks, which are present in the workplace. These include supervision and peer support.

"So in the social work department we really looked at how we can empower the social workers through supervision: group and individual supervision to develop and attitude of penetrating the multi-disciplinary team". (P2)

"So my professional well-being at the moment is to make sure that I don't become numb as social worker, when I am working with my oncology patients because you are seeing so much more trauma. And incomplete bereavement. I think professional well-being means that you get supervision, number one which is what most social workers in private practice don't do." (P3)

"I think it's, especially in an oncology ward, there needs to be a very good relationship amongst the staff members … umm … a nice environment to work in and enough support – time to talk about one another about patients and sometimes to laugh. Just to laugh about things". (P8)

These findings concur with Kossek, Valcour and Lirio, (2014), who highlight how workplace social support is fundamental in building a sustainable workforce. Further research discuss how workplace social support can empower social workers to successfully navigate the demands and challenges associated with their work, fostering resilience in the process (Carson, King &

Papatraianou, 2011; Cleveland, Warhurst & Legood, 2019). The Occupational Health and Safety Amendment Act, No 181 of 1993 outlines the responsibilities of the employer to provide employees with the necessary training and supervision to ensure a safe working environment for all (The Occupational Health and Safety Amendment Act, No 181 of 1993, 1993). This policy and legislation point to the importance of promoting work-related wellbeing on an organisational level, as employers are mandated to provide support structures to employees to ensure their overall wellbeing in the workplace.

4.4.1.2 Work engagement and job satisfaction

Many of the participants understood work-related wellbeing to encompass work engagement and job satisfaction. As some of the participants indicated, deriving meaning from the work, and feeling productive in the workplace were regarded as crucial aspects of their work-related wellbeing.

"Ja, to enjoy doing my work and to experience it as meaningful – to feel I make a difference". (P15)

"Professional well-being for me would be to feel productive, to feel that I am … make … that I am doing something that's making a difference… that my role is of some meaning." (P4)

Other participants described the importance of deriving satisfaction from oncology work, as this is likely to influence work-related wellbeing.

"I think that professional well-being for me is, achieving what you're setting out to achieve but also feeling satisfied in that". (P11)

"I think now of job satisfaction. Are you satisfied with what you're doing? And are you engaging with what you're doing to the level that you feel that I'm actually making a difference that I signed up to do". (P1)

These findings confirm the literature on the key aspects of work-related wellbeing, which argues that work-related wellbeing encompasses a complete measurement of a professional's

overall happiness in the workplace. As such, work engagement and job satisfaction are seen to be core measurements of work-related wellbeing. (Fisher, 2010; Orsila et al., 2011).

4.4.1.3 Self-awareness

The importance of self- awareness also emerged in several areas. Several participants perceived the capacity for self-awareness to be a fundamental part of their work-related wellbeing and they indicated that the capacity for self-awareness acts as impetus to identifying when to put measures in place to protect their work-related wellbeing.

"A whole lot about self-awareness... So you need to know … your head needs to be in the right space. You need to be present". (P5)

"I learnt over time that there are certain things within myself that is signs, that lets me know that it is time to take a break so that I can do something for myself, as well". (P7)

"So I would say, professional well-being looks at your ability to perform your work on a daily basis? Are you coping with your workload? Umm … are you meeting any deadlines that you need to meet? Umm … are you healthy enough to be able to perform those functions." (P6)

These findings confirm Sutton, Williams and Allinson's (2015) results, which revealed the positive link between self-awareness and work-related wellbeing, which can be enhanced through adequate training. They found that being reflective in practice can influence one's enthusiasm and job contentment in the workplace. These findings can be understood in relation to the concept of self-efficacy, as discussed in Social Learning Theory. It is argued that individuals can create beneficial environments, one which they can exercise their control over (Mccormick & Martinko, 2004). As such, self-efficacy is seen to be the foundation of human agency and remains a pivotal factor for building human competence (Bandura, 2001; Mystakidou et al., 2010; Gallagher, 2012). With the above literature in mind, it is evident that many of the participants of this study do display agency and with the use of strategies such as self-awareness, they are able to have influence over maintaining their work-related wellbeing.

4.4.1.4 Self-care

The topic of self-care also consistently was the third issue that emerged consistently in the findings of this study. Many of the participants discussed the notion of self-care in relation to work-related wellbeing. They highlighted the importance of practicing self-care and seeing to their own needs first, before seeing to their patient's needs, which helps them manage the emotional demands of their work.

"If you're going to invest in yourself, you'd get better productivity, so that's how I see things. Umm … so sometimes that means like between all the busy, you're going to have to take time, to do something relaxing or team-building or whatever it is." (P12)

"I'm in … what is that , is being that we take care of me as a person and the work that I'm doing professionally … that I care for the patient well". (P14)

"Ja, I think working in this specific needs environment, it is very important to see to your own … your own needs…And then personally, you know for me to put measures in place that you look after yourself and take time out". (P9)

It is evident that some of these participants recognise the importance of taking care of themselves to take care of others. 'Reciprocity', a pivotal aspect of Ecological Systems Theory, refers to the interconnectedness of systems, highlighting how changes in one system, brings about changes in all subsequent systems (Bronfenbrenner, 1981; Payne, 1991; Payne, 2014). This concept can be applied to the way personal and professional self-care practices can enhance work-related wellbeing as well as improve the quality and effectiveness of services being rendered to cancer patients. Further research studies reiterate how self-care practices can promote self-awareness and work engagement in the workplace (Lee & Miller, 2013; Mills, Wand & Fraser, 2017).

4.4.1.4 COVID-19 and work-related wellbeing

There were unintended findings to the study because of the study being done amidst the COVID-19 pandemic, which appears to have had an influence on the work-related wellbeing of the participants as they face a new set of challenges related to COVID-19 and cancer care.

All the participants mentioned the effects that COVID-19 has had on their professional practice and work-related wellbeing.

"I think professional well-being is very challenging because right now, our professional well-being is being ultimately being challenged with Covid. And I think it has ultimately being pushed to, what we call … it's being injured. So a lot of us are going through what we call moral injury, so we are having to do things that are against our morals. So our professional well-being is really being damaged". (P3)

"That is something that's really difficult with Covid … I think with patients dying alone; families not being able to see them. And then having to … that's why we do a whole lot more bereavement work right now, as well. Because we are dealing with a whole lot more complicated grief. They don't have the opportunity to say goodbye". (P5).

"And Covid has thrown everything". (P11)

These findings are supported by literature, which discuss the effects that COVID-19 has on the working conditions and work-related wellbeing of cancer care providers and allied healthcare professionals as they found that the pre-existing challenges associated with oncology work are amplified because of the pandemic (Shankar et al., 2020). The 'life model', another core ecological concept of Ecological Systems Theory, informs the process of 'adaptation' in human development. This process refers to the changes an individual undergoes to improve the 'fit' to one's ecological environment (Germain & Gitterman, 1980; Payne, 2014). The participants of this study have had to adapt to the new set of challenges posed by the COVID-19 pandemic and cancer care. Their ability to cope with an ever-changing work environment is likely to influence their work-related wellbeing and their experience of the work itself.

The first objective of this research was to explore the participants understanding of work-related wellbeing. All the participants could define the concept of work-related wellbeing, which reveals that they understand its importance in the context of oncology social work. An unintended finding of this study was the effects that the COVID-19 pandemic has had on their work-related wellbeing. The next section will discuss, which explores the participants perceptions of the factors, which promote work-related wellbeing.

4.4.2 Objective 2: To explore the participants' perceptions of the promoting factors of work-related wellbeing.

There are several factors, which the participants perceived to promote their work-related wellbeing. These are presented according to the themes of organisational, occupational, psychological, and social factors.

4.4.2.1 Organisational factors

This section will discuss the organisational factors, which are seen to promote work-related wellbeing. The participants perceived workplace social support to be a vital resource in the workplace and highlighted three different types of social support in the workplace. The importance of workplace social support and its connotations for work-related wellbeing will now be discussed.

4.4.2.1.1 Workplace social support

All the participants described the importance of feeling supported in the workplace and the many avenues that are taken to access such support networks. Formal supervision, peer support and support from the multi-disciplinary team were seen as key sources of workplace social support in oncology social work.

4.4.2.1.1.1 Supervision

Most of the participants discussed the value of supervision in the workplace and the importance of having another skilled professional to turn to for support and guidance in the workplace.

"You need to have had a personal relationship with that supervisor for you to understand and listen to what that person is saying. So that relationship that we have, that I have with her has come to point whereby I can say whatever I want to say without the fear of being judged as a social worker. As much as I'm a social worker, I'm also a human being". (P1)

"So I've always used my supervision space for the support that I need for the work. You know, I bring cases that I'm finding difficult to deal with or that I'm not able making any headway, I'll bring to the supervisor to manage those cases. I also use that time to debrief, talk about any kind of emotional difficulties that I may find in the work". (P6)

The literature highlights how having a positive supervisory relationship is pivotal for the professional development of a social worker (Kadushin & Harkness, 2002; Carson, King & Papatraianou, 2011). The ethical guidelines outlined in the Social Service Professions Act, No 110 of 1978, reinforce the importance of supervision by making it both a legal and ethical requirement for all social workers practising in the South African context (Social Service Professions Act, No 110 of 1978, 1978). In the context of oncology social work, supervision is especially important as it provides a supportive space to deal with the experiences and challenges associated with working in the context of death and dying (Kangas-Niemi, Manninen & Mattsson, 2018).

4.4.2.1.1.2 Peer support

Most of the participants highlighted the value of peer relationships as a source of support in the workplace. Some of the participants discussed the importance of having an 'open-door policy' with colleagues, which allows them to debrief with other professionals who understand the nature of the work. Other participants described their collegial relationships to be characteristic of a good friendship. These perspectives reveal the value of such connections in the workplace.

"We have a lot of informal support, so because I manage our department, so we're only three social workers. Umm … but we have very much an open-door policy in our office. So we walk in, blow off steam if you need to and then we all move on again". (P12)

"Umm … because of the work that we do, you can't work in a vacuum and close yourself off. You definitely need to have the support of your peers. You need to have support from your colleagues. You need to get the support that you need to be able to continue going and providing the support for your patients". (P6)

"Very much, because they become friends. They're a lot more than just colleagues". (P15)

The findings support the literature on the critical role that co-worker and peer support plays in promoting the work-related wellbeing of social workers (Kim, Ji & Kao, 2011; Nagami et al., 2010; Poulsen et al., 2016). Resilience Theory, highlights how resilience can be fostered among social workers through offering both formal and informal workplace social support networks,

which empowers them with the knowledge and skills to carry out their work effectively (Carson, King & Papatraianou, 2011; Cleveland, Warhurst & Legood, 2019).

4.4.2.1.1.3 Multi-disciplinary team as a source of support

Most of the participants perceived the multi-disciplinary team to be an important source of workplace social support. This suggests that having positive relationships and interactions in the multi-disciplinary team can positively influence the work-related wellbeing of the multi-disciplinary team members.

"The best way that we actually as a team experience this support within our inter-disciplinary team, we have our team meetings, and we can discuss the patients and we can ventilate. And you know it's a closed safe space and it's confidential. It's like carrying one another's burdens". (P15)

"At the end … the team … the ID team, that would be the nurses and our social workers … at the end they are your support. But … umm … ja, they are your support and as well … I think it's very important that in our situation". (P16)

These findings concur with Marmo and Berkman (2020), who discuss the importance of collaboration within the multi-disciplinary team as this is seen to contribute to the experience of both intrinsic and extrinsic job satisfaction within health care and hospice settings. Ecological Systems Theory is relevant to understanding the ecological environment, which oncology social workers operate in. A core concept of this theory is known as the 'life model', which posits that there is an interdependence between individuals and their environment, which is referred to as 'person-in-environment' (Germain & Gitterman, 1980; Payne, 2005; Gitterman & Germain, 2008). Based on this understanding, the role of the oncology social worker should not be seen in isolation (Friedman & Allen, 2011). With the above literature in mind, it is understandable that most of the participants perceived the multi-disciplinary team to be an important source of support as this is a pivotal aspect of their role as an oncology social worker.

It is important to note that much of the literature pertaining to multi-disciplinary teamwork in the oncology context refers to the communication and collaboration of each healthcare professional and how this relates to the services being rendered to cancer patients but there

appears to be limited research, which speaks to the multi-disciplinary team as a source of workplace social support for oncology professionals (Youngwerth & Twaddle, 2011; Fleishman & Messner, 2015; Housley, 2017).

It is evident that supervision, peer support and support from the multi-disciplinary team were perceived to be key organisational factors, which can promote the work-related wellbeing of oncology social workers. The next section will discuss the occupational factors, which may promote wellbeing in the workplace.

4.4.2.2 Occupational factors

The occupational factors, which emerged in the findings of this study pertain to the importance of work engagement, job satisfaction and the value of finding meaning in death work. This will now be discussed.

4.4.2.2.1 Work engagement

Most of the participants reported experiencing work engagement in their role as an oncology social worker. Some participants describe work engagement to be the experience of feeling energised by the work itself whilst others discuss the value in finding the work meaningful and rewarding. These perspectives point to the importance of finding a sense of purpose and reward in oncology social work, as this may assist oncology social workers to persist with their work despite its challenges.

"I also always drew people with me with that. I never tried to do it on my own. So, the joy of doing that in a group is also part of a … the resilience and I think the interaction with people. People energise me". (P2)

"Yes, that whole thing of feeling good about what you do. A sense of reward … rewarding … yes…". (P4)

"Also the life of meaning, you know. You mustn't seek a life of happiness; you have to have a life of meaning". (P18)

Schaufeli and Bakker's (2010) research on work engagement support this finding. They describe the experience of vigour, dedication, and absorption to be core characteristics of work engagement. With this understanding, most of the participants do display work engagement in their practice as many of them described their work as meaningful, rewarding and energising.

4.4.2.2.2 Job satisfaction

All the participants could identify which part of their job they enjoyed the most. The fact that every participant could highlight at least one positive aspect of their work, reveals a certain level of work-related wellbeing among the group of participants because job satisfaction is seen to be a core aspect of work-related wellbeing.

"I guess I get some fulfilment from my work when I know that I have somehow served my purpose or my role of being support to clients." (P14)

"If you don't have that (job satisfaction) then you might as well stay home because you're not going to be effective. You cannot be struggling together with the person you're trying to help or to counsel". (P1)

"Umm … you know to be part of people's journey, to me it's a privilege. For people allowing you … to allow you into their space, that's really a privilege". (P13)

The above findings reveal how different participants derive satisfaction from different aspects of the work. Some participants were able to conceptualise their accomplishments through simply being accepted as part of the journey that their cancer patients face. This speaks to the fact that they view their work as an oncology social worker to be far more than simply providing a service to service users. The participants experience of job satisfaction is in accordance with Marmo and Berkman's (2018) definition of intrinsic job satisfaction, which refers to the ability to feel a sense of accomplishment from the work and to recognise one's work as valuable. As previously discussed, self-efficacy is seen to contribute to wellbeing in the workplace (Bandura et al., 1985; Bandura, 2001; Grant & Kinman, 2014). It is argued that employees who have high levels of self-efficacy in the workplace are more likely to engage in positive self-reflection and they will experience more job satisfaction (van Seggelen-Damen & van Dam, 2013).

4.4.2.2.3 Finding meaning in death work

Much of the literature on oncology social work places emphasis on the challenging aspects of the work and its connotations for work-related wellbeing. The findings of this study, however, revealed how most of the participants experience their work as rewarding as they can find purpose and meaning in their work. Most of the participants expressed that working in the oncology arena allowed them to gain new perspectives on life and death, which helped them to normalise the process of death and dying for both themselves and for their patients. Some participants discuss how they aimed to help patients create a 'good' and peaceful death to normalise the dying process. Others described how the work has led them to feel more gratitude in their own lives.

"It is tremendously sad but it's tremendously rewarding when you can help people to stop thinking … or to normalise death. And I think for me the biggest thing that I had to learn through my journey as an oncology social worker was to become comfortable with death and my own death. A lot of people don't think about death as part of the cycle of life. And they see death as a failure. Where all of us are going to die. You know, show me the one who is going to get out of here alive. That would be interesting". (P2)

"You start to sort of think about things very differently and you start to think about your own things, you know. So it prompts a lot of thought. Umm … it's prompted a lot of spiritual change in me about my own belief systems, my own thoughts … umm … my own pending losses in my life that could be happening with elderly parents and things".(P12)

"Sjoe it's so tough. But what it has also done to me, this work, it does make me feel so grateful, thankful for what I have. And I hope I never lose sight of that – that I never take it for granted". (P4)

These findings are in line with Sinclair (2011), who posits that healthcare professionals working in end-of-life care gain valuable perspectives on life and death. Palliative care professionals make use of an array of existential and coping strategies to deal with the specific challenges associated with oncology social work (Chan, Tin & Wong, 2015; Chan et al., 2016).

The terms 'death competence' and 'self-competence in death work' are of relevance to the participants of this study (Gamino & Ritter, 2012; Chan & Tin, 2012). It is likely that most of

the participants exhibit some levels of death competence and self-competence, which is evident in their perspectives on working with patients facing the end-of-life. Once again, the concept of self-efficacy is relevant to these findings. It is argued that efficacy beliefs influence the self-regulation of thought processes, which is seen as a significant factor in building human competence (Mystakidou et al., 2010; Bandura, 2011; Nabavi, 2012). Resilience theory and the personality trait known as 'hardiness' is also pertinent to these findings. Hardiness is seen to be a core aspect of a resilient individual and it includes the commitment to finding purpose and meaning in life (Kobasa, Maddi & Kahn, 1982; Bonanno, 2004; Collins, 2007). These two theoretical perspectives offer an understanding as to how these participants were able to gain new perspectives on life and death, allowing them to find meaning and value in their work, despite the challenges associated with oncology social work.

The following section will discuss the psychological factors, which can also promote wellbeing in the workplace.

4.4.2.3 Psychological factors

4.4.2.3.1 Self-care

Once again, the issue of self-care emerged in the findings of this study. All participants articulated the importance of self-care in promoting work-related wellbeing. Each participant could identify their own self-care strategies, which reveals that they recognise the importance of seeing to their own needs as a professional to be able to carry out their role as an oncology social worker effectively.

"My understanding of the term self-care – oh – cheesecake and coffee". (P16)

"Very important. I think it is absolutely important for social workers because if we don't take care of ourselves and our tank is empty, we've got nothing to give". (P5)

"Self-care is know when to say no. And know when to say yes. And self-care is also to know when to take time-out for yourself, if needed in whatever way. To understand your own limitations and not to see that as a weakness". (P7)

These findings concur with the literature that states that practising self-compassion is a prerequisite to offering compassion to others, highlighting the importance of seeing to one's own needs first, before being able to help others (Foucault, 2003; Vachon, Huggard & Huggard, 2015). The above findings also emphasise how practising self-care requires a degree of self-awareness, as one must know when to practise self-care (Lee & Miller, 2013; Cotter, 2013).

4.4.2.3.2 Self-awareness, and reflective practice

Most of the participants perceived self-awareness and reflective practice to be an important part of their social work practice. Other participants highlight the importance of self-awareness in social work practice and how it can be helpful in preventing the occurrence of burnout.

"I think by self-awareness and knowing what your capacity is, what your triggers are, what signs to look out for. Umm … and you know the important things … keep in mind the important things that you want for your life… Before it get to the point where your work is suffering or your team is suffering". (P18)

"I cannot actually say that I have been burnt-out. But I have been over-worked where I did not get to do any of my admin because I was seeing too many patients. Umm … and then my days were just rolling into each other. And that's when I realised if I do this continuously and I don't take care of myself, I'm going to actually burnout. So I did catch myself". (P3)

"To be a social worker … you need resilience … I work with people". (P6)

This literature also emphasises the importance of self-reflection in the development of the professional self, which allows social workers to successfully navigate the challenges of the work (Urdang, 2010; Chiller & Crisp, 2012). As the participants highlight, the capacity for self-awareness has direct connotations for their work-related wellbeing as it allows them to pick up on 'warning' signs, as it indicates when to take a break or practise self-care. Previous research on the importance of reflective abilities in social work students extends to social workers. It is argued that those with strong reflective abilities are less likely to experience empathic distress, fostering resilience in the process (Kinman & Grant, 2011; Grant, 2014).

Resilience theory is relevant to these findings as resilience is seen to occur when one's personal resources are used to effectively meet job demands (Back et al., 2016). In this instance, self-awareness and reflective practice can be seen as core examples of the personal resources that assist the participants in being able to protect their work-related wellbeing when faced with occupational challenges and stress. Kinman and Grant (2011) confirm this and add that resilience can act as a protective factor, improving social worker's ability to cope with stress.

The role of social factors in promoting work-related wellbeing will be discussed in the section below.

4.4.2.4 Social factors

The role of social support outside of the workplace as well spirituality are two social factors, which participants perceived to promote wellbeing in the workplace.

4.4.2.4.1 Social support outside of the workplace

Many of the participants expressed how they chose to access social support outside of the workplace. Although these participants could recognise that they weren't able to talk about their work in detail, they still valued being able to turn to family and friends as these relationships offer an important source of social support.

"Mostly when I drive back home and I am alone in my car, that's a good time just to download. And obviously I won't share specific things necessarily but I'm glad I got a husband that listens and understands". (P7)

"I have incredibly good long-standing friends, so I know I can always pick up the phone and go: "Ahh, you know, Jess, there's this hectic situation happened, I can't tell you about it because it's confidential but just tell me about the birds out there. What's happening in the world?" (P10)

"I'll definitely tell my husband about it because at that stage he already knows I got someone that's going. So he knows that. So often we would just … I live in Bloubergstrand, so it's a lovely place where we often at night, we'll take our coffee or something nice … just get ice-cream and just go down to the beach". (P8)

These findings highlight the value that is placed on accessing social support outside of the workplace. For many of the participants, it appears that support from family and friends is enriching for both their personal and professional lives. These perspectives concur with the literature on the buffering effect that emotional support from social support networks can have on the onset of work-related stress and burnout (Jesse, Kim & Herndon, 2014; Feeney & Collins, 2015). Further research echoes these findings by highlighting how support from family members can improve the productivity and job satisfaction of social workers in the workplace (Kwok, Cheng & Wong, 2015; Li, Butler & Bagger, 2018; Chan et al., 2020; Zhang et al., 2020).

4.4.2.4.2 Spirituality

Some of the participants discussed how spirituality guides them as a professional, which has positive connotations for their wellbeing in the workplace.

"We're a Christian Faith-based organisation, we have devotions that we hold each and every morning so before I start work, I go and I do … I do 30 minutes of devotions, so I hear from God and that kind of sets my tone for my day". (P14)

"I think for me personally … umm … I've got a very strong … I'm quite grounded in myself and my whole spiritual well-being, my faith and that helps me hugely. Umm … and so I think that there is a level of resilience which we build up as social workers, okay". (P10)

"I have to remember to be resting in God's presence and try so hard to forgive myself. And then the last one is to enjoy the wonderful gift of being alive and to live each day to the glory of God". (P15)

The literature on working in the context of death and dying confirms that through their work, oncology social workers are faced with their own existential and spiritual distress as they are often faced with the same questions that their patients are reflecting on, namely, the meaning and purpose of life (Sinclair, 2011; Ferrell, Otis-Green & Economou, 2013). As some of the

participants highlight, spirituality helps them to stay grounded in their role, whilst allowing them to find meaning and purpose in the work that they do.

The second objective explored the array of organisational, occupational, psychological, and social factors, which participants perceived to promote work-related wellbeing in the oncology social work context. These factors offer insight into the positive aspects of oncology social work, whilst highlighting the ways in which work-related wellbeing can be promoted and maintained among oncology social workers. The following section explores the participants perceptions of the factors, which inhibit work-related wellbeing.

4.4.3 Objective 3: to explore the participants' perceptions of the factors which inhibit work-related wellbeing.

These inhibiting factors will be discussed in the categories of organisational, occupational, and psychological factors.

4.4.3.1 Organisational factors

There is an array of organisational factors, which are seen to inhibit work-related wellbeing in the context of oncology social work. The first factor is work-related stress.

4.4.3.1.1 Work-related stress

Most of the participants could acknowledge the stressful nature of their job and how this influences their professional practice and wellbeing. For some of the participants, having an excessive workload meant that they could not keep up with all their daily work demands and that this is stressful for them. It should be noted, however, that all the participants expressed that they had the necessary resources to carry out their work. Despite the challenges of the work, they did not have to battle with access to resources, which could make their role even more challenging.

"And so it's heavy loads. So there's … if I can explain it to you … there's more than 20 new patients a week coming through the unit. So I can't see all 20. I don't have enough hours in my day. So I make use of the distress thermometer and I make use of the staff to help me to decide who are those that I need to see". (P18)

"It's very challenging … challenging. Sometimes you cope, sometimes you just survive. And there's no sugar-coating about that. Because yes, sometimes it gets hectic. Umm … and I think it's then important that you don't try to be a warrior and try to accomplish everything". (P16)

"One of our oncologists about 6 years ago, 7 years ago, he said to me that we are all working under a lot of stress; we are all doing the best that we can in the 8 or 9 hours a day at work that we have and that's enough. As long as you can walk out of here and say that I've done the best that I could for today. And that's enough. And that's important to remember". (P7)

The above findings reveal the complex nature of oncology social work because despite the rewarding and meaningful aspects of the work, these professionals are still faced with difficult working conditions, which includes work-related stress (Turner, Kelly & Girgis, 2011; Ostadhashemi et al., 2019). The experience of work-related stress can be linked to patient-centred and organisational stressors such as, a lack of professional development and managing an excessive workload (Turner, Kelly & Girgis, 2011; Jasperse, Herst & Dungey, 2014).

In addition to the above, the participants discussed an array of challenges associated with working in the context of death and dying. These challenges will be discussed in the next section.

4.4.3.2 Occupational factors

The participants discussed several challenges that they face in their role as an oncology social worker. Participants perceived these challenges to include the difficulty of working with certain populations such as mothers and children, coping with the accumulative loss of patients and working with cancer patients and their families who may be in denial.

4.4.3.2.1 The challenges of death work

Most of the participants perceived their work to be both rewarding and challenging. Many of the participants discussed the specific challenges associated with working in the context of death and dying and the implications that this has for their work-related wellbeing.

"It's only becoming overwhelming when there are a lot of deaths close to each other. Umm … we start on recovering and working through the death of one patient. And then all over one weekend then 3 of your patients die. Or in a week three of your patients die and that is sometimes overwhelming". (P17)

"There are certain situations which are much more difficult than others, no matter how long you've been in the field. Umm... you just get for example, people who are in total denial of what's happening or there's controversy in the family and no cohesion. Things like that which takes a lot more time a lot more to try to help them with". (P18)

"There's also difficulty if you work with smaller children … you know … that one parent is dying … that is … ja … it's difficult … it's always difficult … as if you are working with a young patient that you know is going to die in the next 6 months and there is small children in the household". (P 9)

The literature on the factors, which contribute to emotional stress and burnout amongst oncology professionals speaks to the findings. As the participants point out, caring for young patients and their families as well as coping with the accumulative loss of patients proved to be an especially challenging part of their work (Killeen, 1993; Turner, Kelly & Girgis, 2011). The above findings also highlight the challenge of working with cancer patients and their families who remain in a state of denial (Owen & Jeffrey, 2008; Krikorian, Limonero & Mate, 2012).

The notion of 'death anxiety' has previously been discussed as a common challenge that oncology professionals experience (Nia et al., 2016). The participants of this study did not appear to be experiencing death anxiety in their social work practice. This is evident in their views on death being a natural part of life, allowing them to normalise the death and dying process for both themselves and their patients (Quinn-Lee, Olsen-Mcbride & Unterberger, 2014). As previously discussed, resilience theory is an important theoretical perspective to consider when looking at how social workers 'bounce back' and cope with the emotional demands of their work (Kinman & Grant, 2011; Adamson, Beddoe & Davys, 2014; Grant & Kinman, 2014). For the participants of this study, it is possible that having such perspectives on life and death also enables them to cope with the challenges of their work.

4.4.3.3 Psychological factors

As discussed in Chapter 2, burnout appears to be the main psychological factor, which can inhibit work-related wellbeing. All the participants displayed a sound understanding of the concept of burnout, yet they had varying experiences of burnout in their career as a social worker. This section will explore the participants definitions of burnout, their previous experiences of burnout and the lessons learnt from previous experiences. This section will also explore how some of the participants had avoided experiencing burnout in their careers.

4.4.3.3.1 Burnout

Whilst the concept of burnout was discussed in length by the participants, no one mentioned the occurrence of Secondary Traumatic Stress (a concept linked to burnout) in their experiences as an oncology social worker. This is significant as it points to the levels of work-related wellbeing that is shown by the participants. Many of the participants seem to prioritise their work-related wellbeing through self-awareness and self-care, which may explain why very few participants experienced burnout in their role as an oncology social worker.

4.4.3.3.1.1 Defining Burnout

It's important to note that all the participants were familiar with the term 'burnout' and its prevalence in social work. Many of the participants describe burnout to be a form of emotional depletion, which compromises their ability to have compassion in their practice. Other participants describe burnout to occur because of being over-extended in their role as a social worker, which can lead to a 'downward spiral', compromising their work-related wellbeing.

"Okay … right … so it's a callous feeling. And it affects your ability to be compassionate towards the client or the family". (P17)

"I think burnout for me is that stage when you get to … when you … when your depletion emotionally, spiritually and physically is so severe that it impacts your ability to work. And it impacts your emotional well-being". (P2)

"It's a downward spiral. And it's like that thing like well, it's like being on a rollercoaster. You need to do a lot, so you just keep going. And you push yourself and at the end, you can't give because you don't fill your tank". (P16)

The literature highlights the prevalence of burnout amongst social work professionals, as they are required to work with the vulnerable and with daily suffering (Sánchez-Moreno et al., 2014). The participants understanding of burnout is supported by the literature presented by Maslach, Schaufeli and Leiter (2001). They discuss how burnout is defined by three dimensions: depersonalisation, emotional exhaustion and lowered personal accomplishment. As is evident in the above findings, burnout is described as a 'callous feeling', which affects the levels of compassion and empathy that can be given to cancer patients and their families.

4.4.3.3.1.2 Experiences of Burnout

A few participants described their experiences of burnout, which may have occurred as a result of the combination of personal and work stressors. It is significant that nearly half of the participants had experienced burnout in a previous social work role, mostly those whom had worked in child protection at the time. It appears that these participants had to endure difficult working conditions, characterised by a heavy workload and a lack of workplace social support.

"The reason why I burnt out two years ago was when my mother-in-law became ill of cancer. And she was on this side, on the Blouberg side of the N7. And it felt … I remember one day driving over the N7, over the bridge and I was thinking; "Now cancer is both ways. And I just can't flee it. I just can't get away from it". **(P8)**

"Not at hospice. Previously when I was working in child protection, there we had like high caseloads and your notes pile up like that. Its court cases and stuff and then you just feel; "I just can't." And there you can't say no because you're working in certain areas. If that's the case, then it's yours. There's no … someone to help you". (P13)

"You tend to ask yourself whether I'm the one failing to understand and failing to … am I not putting in enough. And then you do it, then you push yourself further and you end up over-working yourself. You find that you have burnout symptoms because you do not have any social time. You don't have any time for yourself. You do not have time to seek… to seek counselling because it's not … the person who is supposed to give you the counselling is also experiencing the same burnout." (P1)

The literature highlights several contributing factors, which can lead to burnout, including a heavy workload, difficulties with establishing boundaries between work and home life as well as a lack of organisational support (Galek et al., 2011; Quinn-Lee, Olsen-Mcbride & Unterberger, 2014; Ostadhashemi et al., 2019).

4.4.3.3.1.3 Lessons learnt from previous burnout experiences

Those participants who had experienced burnout in their career as a social worker, discussed how they were able to learn from these experiences. Some of the participants highlighted the importance of identifying the signs of burnout, knowing when to practise self-care and having peer support, which were regarded as key preventative measures to burnout.

"That's why I say, you must come to that point … like … it's actually know yourself. So you know I'm getting in that direction because to be in this environment, working in this environment and then you burn out quick … mmm …mmm … you can't … you do harm to yourself and harm to the organisation which is not a good thing. So you must actually be on the lookout for signs". (P13)

"I think it's because of the peer support and also of the things that I put in place subsequent to my previous burnout… Umm … with the exercising, the running, going for counselling … umm … and finding stuff that works for me. Umm … to relax my mind". (P17)

"I just focussed on self-care. That's where my self-care really started. And I just got re-introduced to myself. And rediscovered myself, so I went back in a really good place and I'm still in a good place." (P5)

As is described in the findings above, some of the participants gained valuable lessons from previous burnout experiences. Self-awareness, self-care and accessing workplace social support were perceived to important for mitigating the effects of burnout. These findings align with previous research on why social workers remain in the field despite the array of challenges that they may face (Chiller & Crisp, 2012; Cotter, 2013; Schutte & Loi, 2014). Resilience Theory provides an understanding as to why some of these participants were able to learn from previous burnout experiences. Fletcher and Sarkar (2013) note that resilient individuals are not

only able to overcome hardship, but they can even gain strength and learn from these experiences. This is evident in the way that these participants were able to overcome their experiences of burnout and gain valuable lessons on how to prevent its occurrence in the future.

4.4.3.3.1.4 The absence of burnout experiences

Nearly half of the participants explained that they had not experienced burnout in their career as a social worker. It is interesting to understand these participants' perceptions of how they may have prevented the occurrence of burnout and more specifically, which strategies were used to mitigate the effects of burnout. Once again, it appears that for these participants, having self-awareness and insight into their wellbeing allowed them to notice any oncoming signs of burnout. This allowed them to use strategies such as self-care and accessing social support.

"I haven't had burnout yet. Sometimes, there are some symptoms that I exhibit and I take care of it, If I see something, okay something is wrong, let me do something about it". (P14)

"I'm mindful of … of burnout. But I think if your measurements is in place for self-care, regular self-care; umm … exercise, like I said focus on things outside the working environment … umm … that's important". (P9)

"Well, I think, self-awareness is usually important. Pulling up support systems is usually important. Umm … Professional support is important when it's needed. Umm … I think that we have to … in terms of our workloads … because social workers work incredibly hard". (P10)

Marchand, Blanc and Beauregard (2018) suggest that there is a correlation between age and burnout. In their study, they found that burnout was more prevalent in younger professionals. The above findings are in accordance with this literature as half of the participants are above the age of 40 years old and many of whom had not experienced burnout in their social work careers. Once again, Resilience Theory and the role that the personality trait of 'hardiness' plays in shielding against extreme stress exposure is significant to these findings (Kobasa, Maddi & Kahn, 1982; Collins, 2007). It is argued that a hardy individual is more likely to display confidence in their abilities and hold the beliefs that they have an degree of control

over their environment, which assists them in using active coping skills and help-seeking behaviours in the workplace (Florian, Mikulincer & Taubman, 1995; Bonnano, 2004). Based on this understanding, it is possible that many of the participants display 'hardiness' as a personality trait, which assists them with being able to find purpose in their work, recognise their successes in the workplace and make use of active coping skills and help-seeking behaviours.

The third objective of this study explored the organisational, occupational, and psychological factors, which were seen to inhibit work-related wellbeing in the context of oncology social work. The participants perceived work-related stress; the challenges associated with oncology work as well as the occurrence of burnout to be the most prominent inhibiting factors to work-related wellbeing. An exploration of these factors reveals the challenging aspects of oncology social work, highlighting the complexity of working in this field. The next section will provide the participants' recommendations to both oncology social workers and oncology social work organisations on the ways in which oncology social workers can promote and maintain their wellbeing in the workplace.

4.4.4 Objective 4: To explore the recommendations that participants have to promote wellbeing in the workplace.

4.4.4.1 Workplace social support

The importance of workplace social support has been mentioned consistently by most of the participants of this study and it once again emerged as a key recommendation for other oncology social workers and oncology organisations. Supervision, peer support and connecting to other oncology social workers were discussed.

"Connect … connect with others". (P12)

"I would say peer support is quite important. Debriefing sessions is also important…". (P17)

"Supervision is there. And I think that's good and I will definitely follow up regularly. You know, not only if there's a crisis or if there's a monthly meeting being set up because things change from one day to another. You know, get some or other feedback". (P9)

These findings support the literature on the role of both formal and informal social support networks in the workplace. It is argued that such social support networks help social workers to navigate the challenging aspects of their work whilst empowering them with the necessary knowledge and skills to carry out their work duties effectively. All of which fosters resilience among social workers (Carson, King & Papatraianou, 2011; Cleveland, Warhurst & Legood, 2019). Further literature supports these perspectives by discussing how workplace social support can not only alleviate the effects of burnout, but it can also increase job satisfaction among social workers (Hombrados-Mendieta & Cosano-Rivas, 2011; Yürür & Sarikaya, 2012).

4.4.4.2 Self-care

Most of the participants considered self-care to be paramount to promoting their work-related wellbeing, which is why it was perceived to be an important recommendation to other oncology social workers. Some participants highlighted the importance of finding the right self-care practices, which should be carried out with intention.

"So I would create a much more nurturing environment than what is often available out there. And I'd probably make the company quite bankrupt but … umm … I think they'd have a happier staff". (P10)

"I think the one thing they should do is just have boundaries. Ja … have boundaries and know when you need time out and know when you need to take care of yourself." (P3)

"I think that definitely would be my approach that you actually have to schedule your self-care and be selfish about it. Not selfish but like it feels selfish. You just have to be selfish and you just have to schedule it in, otherwise you won't do it". (P11)

These findings underscore the literature on how self-care practices can promote resilience in oncology social workers (McGarrigle & Walsh, 2011; Lee & Miller, 2013) and self-care in the

context of palliative work is seen to be particularly valuable in buffering the effects of burnout and compassion fatigue (Sanchez-Reilly et al., 2013). With the above literature in mind, promoting self-care for the oncology social worker is an important recommendation for promoting work-related wellbeing.

4.4.4.3 Continued professional development

Many of the participants perceived Continued Professional Development (CPD) to be a key recommendation for oncology social workers and oncology organisations. Considering the complex nature of cancer care, the need to stay clinically informed and to be offered opportunities for education, training and professional development was highlighted by several of the participants. Such education and training can empower the participants with the knowledge and skills to effectively work with cancer patients and their families.

"Articles like the latest … you know various cancer types. If somebody finds something useful, the sharing of that. I think time is such a difficult thing because everybody is just at their own units, doing the best they can". (P4)

"I would also say, more training on clinical aspects. I would like to have a proper, crash course on cancer and the treatment and how they respond. I know I'm sounding like one of those patients who say; "I want to understand cancer. It's so tough to understand." (P11)

The literature posits the importance of CPD for healthcare workers. It is argued that CPD can have several benefits to the professional, allowing for both personal and professional growth, which is said to improve job satisfaction (Halton, Powell & Scanlon, 2015). The National Health Act, No 61 of 2003 also stipulates that social workers should be informed about the current health care policies and legislation at both a national and provincial level to protect, respect and promote the rights of vulnerable groups, to ensure equal access to health care services (The National Health Act, No 61 of 2003, 2003; Newman & Medeiros, 2015).

4.4.4.4 Work-life balance

Considering the complex and challenging nature of oncology social work, many of the participants perceived the importance of maintaining a work-life balance to be a valuable

recommendation for oncology social workers. The importance of asserting boundaries between work and home life was also discussed. Ultimately, many of the participants felt that having hobbies and interests outside of the work and home spheres was important for promoting work-related wellbeing.

"To be mindful … to be … when you leave the office … umm … you have to practise this – to leave your office , to leave the patient list. You don't carry them. I've learnt in my life to care but don't carry them because if we carry, it becomes a huge burden. (P8)

"You know what when I leave work, it stays here. It doesn't go home with me. It's something that I really … because you can't take it home with me … with the people at home … not have nothing to do with it". (P13)

"I would definitely suggest to them, do not only do work and home. You know to have extra things … umm … set up around you … exercise, having a hobby … umm ..weekends doing something without … not only be at home". (P9)

It is evident that these participants could recognise the importance of separating work from home life, and they could identify the need to be involved in activities outside of those two life domains. These findings concur with the literature on the importance of establishing a work-life balance to maintain work-related wellbeing (Baral & Bhargava, 2010) as the consequences of having a poor work-life balance for professionals could result in poor psychosocial and physical wellbeing (Lunau et al., 2014; Yang et al., 2018). The importance of finding a balance between work and home life is supported by Ecological Systems Theory. As discussed previously, 'reciprocity' refers to the interconnectedness of systems within one's ecological environment (Bronfenbrenner, 1981; Payne, 1991; Payne, 2014). In this instance, the actions taken in one life domain (home life) directly influences the experiences and actions taken in another life domain (work life). As some of the participants state, boundaries between work and home life are essential to creating a balance between work and home.

4.5 Summary of the chapter

This chapter discussed the findings of this study according to the four main research objectives and the findings under each objective was briefly summarised. The final chapter presents the conclusions and recommendations of the study.

5 CHAPTER 5: Conclusions and Recommendations

5.1 Introduction

The final chapter presents the conclusions and recommendations, which emerged from the findings of the study. The conclusions will be discussed according to the study's research objectives. Thereafter, the recommendations will be discussed, and a conclusion will complete the chapter and dissertation.

5.2 Conclusions

The conclusions will be discussed below.

5.2.1 Objective one: To explore the participants' understanding of the concept of work-related wellbeing.

All the participants could describe what they perceived work-related wellbeing to be as oncology social workers. Several different descriptions were given, revealing that work-related wellbeing is a multi-faceted concept, which can be promoted in several ways. It is clear that for the participants, factors such as work engagement and job satisfaction are regarded as core aspects of work-related wellbeing. It would appear as if the most important way to promote work-related wellbeing would be by having access to workplace social support and practising self-care.

It is evident from the findings that the first aspect of work-related well-being centres around workplace social support. Workplace social support encompasses both formal supervision and peer support, which allows the participants to feel supported in a very stressful work context.

Work engagement and job satisfaction are also key aspects of work-related wellbeing. Both these factors are seen to be core measurements of work-related wellbeing as it encompasses the oncology social worker's overall happiness in the workplace.

From the findings one can conclude that self-care, and self-awareness are core aspects of work-related wellbeing as these factors emerged in several areas under investigation. In this area it emerged that the capacity for self-awareness was vital in being able to identify when to put measures in place to protect work-related wellbeing. Whereas self-care was seen to be valuable

in helping the participants manage the emotional demands of their work. These perspectives are in line with the literature on the different aspects of work-related wellbeing (Lee & Miller, 2013; Sutton, Williams & Allinson, 2015; Mills, Wand & Fraser, 2017).

The effect of the current COVID-19 pandemic was unsurprising and even though this was not initially intended as part of the research, the effects of the pandemic are evident as all the participants discussed the effects that the COVID-19 pandemic has had on cancer care and on their work-related wellbeing.

5.2.2 Objective two: To explore the participants' perceptions of the factors, which promote their wellbeing in the workplace.

The findings revealed an array of factors, which can promote work-related wellbeing.

In terms of the organisational factors, workplace social support appeared most important. Workplace social support in this context encompasses formal supervision, peer support and support from the multi-disciplinary team. Formal supervision was seen to be an important space for debriefing and for being able to process the emotional challenges of the work. Peer support in the workplace was perceived to be equally valuable for the participants. This is because oncology social workers operate in a fast-paced working environment and they may not have the time to schedule regular formal meetings with their co-workers and supervisors. Thus, peer support could be more accessible for some as it allows for unscheduled check-ins and discussions, creating more opportunities to gain support from co-workers.

Support from the multi-disciplinary team was also highlighted, which is significant as multi-disciplinary work is seen to be a pivotal part of oncology social work. It appears that all these sources of workplace social support allow the participants to navigate the emotional demands and challenges of the work, whilst promoting their work-related wellbeing.

The occupational factors of work engagement and job satisfaction emerged as significant promoting factors to work-related wellbeing. An important conclusion is that most of the participants appeared to experience work engagement and job satisfaction in their role as an oncology social worker. This is evident in their views on their work being rewarding, meaningful and energising.

The ability to find meaning in death work, emerged as another occupational factor, which can promote work-related wellbeing. It appears that working in the field of oncology has allowed the participants to gain new perspectives on life and death. For example, viewing death as a natural part of life, normalised the process of death and dying for both themselves and their work with cancer patients. It can be concluded that the ability to find meaning in oncology social work is an important part of navigating the emotional demands and challenges that are associated with working in the context of death and dying.

Self-care as well as self-awareness and reflective practice once again emerged as essential when examining psychological factors that promote work-related wellbeing. The fact that most of the participants could express the importance of self-care practices in promoting work-related wellbeing, reveals that they exhibit a mindset which recognises the importance of seeing to one's own needs in order to see to the needs of others. The capacity for self-awareness and reflective practice were regarded as crucial mechanisms to enable the participants to take time out to rest and to practise self-care in order to shield against the effects of work-related stress and burnout.

Access to social support outside of the workplace emerged as one of the social factors, which promotes work-related wellbeing. Given that half of the participants discussed the value of having family and friends to turn to when they're struggling, it is evident that accessing social support both inside and outside the workplace is valuable for promoting work-related wellbeing.

The role of spirituality emerged as another social factor, which promotes work-related wellbeing. Spirituality allowed some of the participants to stay grounded in their role and it helped them to find meaning and purpose in their work with cancer patients. Once again, the ability to find meaning and purpose in oncology social work appears to be an integral part of how oncology social workers persist with their work, despite its challenges.

Based on the above findings one can argue that promoting the work-related wellbeing of the oncology social worker is beneficial to both the social work professional and to the cancer patients that they serve. For if the oncology social worker can promote and maintain their wellbeing in the workplace, they may be better equipped to deal with the complex and

emotional demands associated with this line of work, which is likely to influence the quality and effectiveness of the services rendered to cancer patients and their families.

5.2.3 Objective three: To explore the participants' perceptions of the factors, which hinder wellbeing in the workplace.

Work-related stress was by far the most inhibiting factor to work-related wellbeing. Whilst all the participants stated that they had the necessary resources to carry out their work duties, they still perceived their work as stressful, challenging and emotionally demanding. The importance of a reasonable workload in counteracting work-related stress was evident in this study. Working in the context of death and dying was perceived to have its own set of challenges. Thus, the challenges associated with death work emerged as an occupational factor, which inhibits work-related wellbeing. There were several circumstances, which proved especially challenging for the participants. These include, dealing with the accumulative loss of patients, working with denial in end-of-life care and working with certain populations such as mothers and children.

Burnout emerged as another major inhibiting factor to work-related wellbeing. All the participants were aware of the concept of burnout and its prevalence in the social work profession. Interestingly, half of the participants had experienced burnout in previous social work roles, mostly in their work in child protection. It is noteworthy that only a few participants had experienced burnout in their role as an oncology social worker, which was due to a combination of personal and work stressors. As seen before the influence of caseloads and workplace social support, cannot be overemphasised as all the participants who had experienced burnout previously believed that high caseloads and a lack of support contributed to their burnout. .

Once again, the importance of self-reflection in this area is evident because the participants who had experienced burnout, were able to gain valuable lessons from these experiences. Self-awareness was an important prevention mechanism for burnout as this enabled participants to know when to practise self-care and access social support to promote their work-related wellbeing. Self-awareness also played another key preventative function in that it allowed participants to learn from prior experiences by using this knowledge to protect themselves from experiencing burnout again.

The participants who had never experienced burnout in their career as a social worker echoed the importance of the aforementioned promoting factors in preventing the onset of burnout. For the researcher it was evident that the issue of self-awareness, self-care and accessing social support in the field of oncology social work is integral to promoting work-related wellbeing, in light of the fact that these factors emerged in every aspect of the findings of the four research objectives. From the above statement it is evident that any strategy to promote and protect work-related wellbeing, must factor in these core areas.

5.2.4 Objective four: To explore the recommendations that participants have to promote wellbeing in the workplace.

Several recommendations for how oncology social workers and oncology social work organisations can promote wellbeing in the workplace were shared. Once again, the value of workplace social support and self-care emerged as core recommendations, reinforcing its importance to promoting work-related wellbeing. One can argue that oncology organisations have an important role to play in providing adequate social support structures in the workplace. The oncology social worker is also responsible for accessing workplace social support and practising self-care when needed.

The importance of continued professional development and training in promoting work-related wellbeing is evident with many of the participants recommending that oncology social workers be offered regular opportunities for education, training and development. The participants suggested training workshops on cancer treatments or access to the latest research on cancer care. This recommendation is of particular importance in the context of COVID-19 and cancer care as oncology professionals are faced with an ever-changing work environment.

The final recommendation, which emerged from the participants pertains to how oncology social workers can maintain a work-life balance to promote work-related wellbeing. It was suggested that the assertion of professional boundaries and involvement in hobbies and interests outside of the domains of work and home could be helpful to achieve this balance.

5.3 Recommendations

5.3.1 The researcher's recommendations for oncology and hospice organisations

It is recommended that oncology social work organisations offer several avenues of social support in the workplace. The first area that could be considered is offering formal supervision. The researcher is aware that these organisations may be offering this already in light of the fact that supervision is a statutory requirement for social workers in South Africa. The researcher, however, recommends that organisations could consider that supervisees regularly give feedback to the organisation to monitor the quality and effectiveness of the supervision process. Once again, the researcher is aware that there may be issues around anonymity, especially if the supervisee is dissatisfied with their supervisor. The researcher recommends that the feedback forms remain anonymous to address any issues around anonymity. The researcher is also aware that social workers within organisations are extremely busy, which is why another consideration for organisations could be to set reminders in the online calendars of oncology social workers to remind them of when their next supervision session will be taking place.

The researcher recommends that oncology organisations could encourage peer support between oncology social workers and the members of the multi-disciplinary team by creating a WhatsApp group to make communication and support more accessible in the workplace. The researcher is aware that creating WhatsApp groups can pose several challenges. It is therefore recommended that before each WhatsApp group is created, the boundaries and conditions of communication within the group are clearly discussed and defined.

Another recommendation to encourage peer support could be to consider creating a small mentorship programme for new oncology social workers entering the organisation. One suggestion could be for the junior oncology social worker to be paired with a senior oncology social worker, who will act as a mentor. The researcher is aware that oncology social workers are expected to manage a high workload. It is therefore recommended that quarterly meetings are set up between the senior and junior social worker. This is to ensure that this initiative does not add to the workload of the senior social worker.

Many of the participants recommended the value of being offered regular opportunities for training and professional development in the field of cancer care. The researcher supports this

recommendation although she is cognisant of the fact that many organisations may already be providing such opportunities to its staff members. The researcher, however, would like to offer an example of how this recommendation could be implemented within the organisation. The organisation could consider creating quarterly training workshops, which could take place in the last half an hour of a weekly/monthly staff meeting. Considering that multi-disciplinary teamwork is an integral part of oncology social work, each training workshop could be presented by a different healthcare professional within the multi-disciplinary team. This healthcare professional could share their knowledge of the latest research on cancer care, as it pertains to their field. At the beginning of the year, the multi-disciplinary team could decide on the dates of each workshop, which healthcare professional will be presenting and possible topics of interest.

5.3.2 The researcher's recommendations for oncology social workers

It is recommended that the oncology social worker should consider several different strategies to promote work-related wellbeing. It was interesting that many of the participants in the findings suggested very helpful techniques. For example, they suggested taking regular leave throughout the year. The researcher supports this recommendation as a possible strategy to promote work-related wellbeing. A possible suggestion is that at the start of the year, the social work team schedules a meeting with reference to the annual calendar to plan who will be taking leave and when. This will ensure that the services will not be interrupted and that when someone wants to take leave more regularly, they will be able to do so. The researcher is also aware that the social worker may opt to take leave in a particular month but that in some cases, they may wish to take leave earlier than previously stipulated. In this instance, the social work team could consider a system where the social workers can negotiate with each other to swap their chosen leave dates to accommodate any changes in the annual leave calendar.

The researcher recommends that oncology social workers prioritise self-care practices, which work best for them. The researcher is aware that many oncology social workers may already be intentionally practising self-care, but the researcher would like to suggest the creation of a hypothetical 'self-care toolbox', which can be drawn upon when self-care and rest is needed. The first step to create this toolbox would be to create different categories with ideas for practising self-care. These categories could include calming activities, activities of leisure and a list of social support contacts that are most valuable to the oncology social worker. Calming

activities could incorporate mindfulness techniques such as simple breathing exercises, journaling, using mindfulness colouring books and doing online yoga sessions. Many of these resources could be found online via Social Media platforms or YouTube. Activities of leisure could include walks in nature, having a hot bath or going for a cup of coffee with a friend.

5.3.3 The researcher's recommendations for future research

There is limited research on the work-related wellbeing of the oncology social worker in the international literature and there is even less research in this area in the South African context. The researcher is aware that this research focused on the experiences of oncology social workers based in the private sector and in independent hospices in the Western Cape. Future research could focus on oncology social workers based in government hospitals, which are managed by the Department of Health because their experiences may be different. The researcher is also aware that most of the participants in this study are female, aside from one male participant. Future research could also ensure that there is a bigger male population in the sample.

Since the findings of this study demonstrated that the COVID-19 pandemic influenced the experiences of oncology social workers, a future study could focus specifically on oncology workers perceptions of how the COVID-19 pandemic has influenced their work. When the researcher did her literature review, there was a tremendous emphasis on the other members of the multi-disciplinary team but there clearly is a gap around the experiences of oncology social workers. Future research could look at what motivates social workers to work in the field of oncology social work.

The researcher found that much of the literature pertaining to the nature of oncology work focused on the challenges, risks and inhibiting factors to the work-related wellbeing of oncology professionals. Future research studies could place more emphasis on the promoting factors of work-related wellbeing, by focusing on constructs such as resilience and self-efficacy.

As this research is limited by its small sample size, future research could consider a quantitative study, which examines the construct of resilience among a bigger sample size of oncology social workers.

5.4 Summary of the chapter

This study explored the perceptions of work-related wellbeing among 18 oncology social workers based in the Western Cape, South Africa. The findings revealed the complex nature of oncology social work and its connotations for work-related wellbeing. The participants highlighted the promoting and inhibiting factors to their work-related wellbeing, revealing the challenges and rewards that are associated with this line of work. Despite the challenging nature of oncology social work, most of the participants displayed levels of resilience, which is evident in their help-seeking behaviours and in their willingness to practise self-care when needed. Several recommendations were given about how oncology organisations and oncology social workers could promote wellbeing in the workplace. The researcher's recommendations for future research concludes this chapter.

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Appendix A

DEPARTMENT OF SOCIAL DEVELOPMENT
UNIVERSITY OF CAPE TOWN
ETHCS REVIEW FORM

ETHICS REVIEW FORM: JOINT STATEMENT BY STUDENT & SUPERVISOR
This form is filled in jointly by the student and the supervisor

PROCESS:

- Student and Supervisor need to read the UCT/FACULTY ETHICS GUIDELINES on the WEBSITE.
- The ethics pertaining to the profession of Social Work also needs to be taken cognisance of in relation to social work students/candidates carrying out research with human participants.
- Once this ethics review form has been completed it is submitted to the Departments' Post Graduate Committee which according to the Guidelines laid down should consist of all academics who will do the reviewing.
- Once the Department approves the proposal/ethics then only is it sent through to faculty.
- **This form should be completed by the research student and then co-signed by student and supervisor: Tick the YES or NO box, and write in details where appropriate. Please read the UCT Ethics Guidelines involving Human Subjects before completing the form. Ask your supervisor for clarification and help if needed.**

Student researcher name: Mary Clark

Student number: CLRMAR015

Title of research project: Oncology social workers: their perceptions of their work-related wellbeing

Degree: Masters in Clinical Social Work

Supervisor: Fatima Williams

1. Have you read the UCT Guidelines for Research involving Human Subjects? (available from supervisor or at the UCT web-site - go to Research/ go to Standards and Procedures)	**YES**	✓	**NO**	
2. Is your research making use of human subjects as sources of data?	**YES**	✓	**NO**	

Title of the Research Project: Oncology social workers: their perceptions of their work-related wellbeing

3. Specify the Main Objectives of the Study?

3.1.1. What do the participants understand professional wellbeing to mean?

3.1.2. What do the participants perceive are the factors that promote wellbeing in the workplace?

3.1.3. What do the participants perceive are the factors that hinder wellbeing in the workplace?

3.1.4. What recommendations would participants and employers suggest to help oncology social workers promote and maintain wellbeing in the workplace?

4. METHODOLOGY

4.1. Research Design

The key features of a research design involve the researcher choosing an appropriate set of theories and methods, based on different perspectives (Flick, 2009). The research will be carried out using a qualitative design, which is exploratory and interpretive in nature (de Vos, Strydom, Fouche and Delport, 2011). In a broad sense, qualitative research refers to research, which generates accounts of the participant's experiences and perceptions (de Vos et al., 2011). A focal point of qualitative research is based on how people behave in natural settings whilst they describe their own experiences in their own words (Cozby & Bates, 2012). Therefore, the qualitative researcher is tasked with understanding and describing instead of predicting or explaining human behaviour (Babbie & Mouton, 2001). The chosen research design is relevant to this study because there is limited literature on the work-related wellbeing of oncology social workers specifically. Thus, an exploratory research design will assist the researcher in developing a deeper understanding of the experiences and perceptions of oncology social workers and how this relates to their overall wellbeing in the workplace. Through an explorative and interpretive research design, the researcher hopes to uncover both the promoting and challenging factors of work-related wellbeing as well as any recommendations, which participants may have regarding promoting and maintaining wellbeing in the workplace.

4.2. Population and Sampling

4.2.1. Sampling Technique

For the purpose of this study, non-probability sampling has been selected. According to de Vos et al. (2011), non-probability sampling involves the selection of participants where each participant doesn't have an equal chance of being selected for the study. Purposive sampling will be most applicable to this study. According to de Vos et al. (2011), this form of sampling is dependent on the researcher's individual judgements as the sample encompasses certain representations, characteristics or typical features of the population, which relate to the purpose of the study. The reason this study makes use of non-probability sampling is because only one organisation is being chosen to interview participants. Thus, the participants don't have an equal chance of being selected as the researcher is specifically targeting social workers within this organisation

4.2.2. Sample Characteristics

The sample consists of oncology social workers who are currently practising at one of the organisations, CANSA and Cancercare. They must also be able to communicate and articulate themselves in English. The researcher will aim to interview 16-20 participants. Participants should have worked in the field of oncology for a minimum of a year.

4.2.3. Sampling Procedure [process involved in obtaining the sample]

Purposive sampling will be used whereby the participants are chosen because they are practising oncology social workers (de Vos et al., 2011). The researcher will approach both organisations and she will ask for a list and contact details of the practising social workers based at each organisation. Thereafter, a request will be sent to the prospective participants requesting for their voluntary participation in the study. The first 20 social workers to agree to participate in the study will be used as the participants.

6. INFORMATION PROVIDED ABOUT RESEARCHER AND RESEARCH TO BE UNDERTAKEN

6.1. Will participants (research subjects) in the research have reasonable and sufficient knowledge about you, your background and location, and your research intentions?	**YES**	✓	**NO**	

6.2. Describe briefly how such information will be given to them. If there is any reason for withholding any information from participants about your identity and your research purpose, explain this in detail below.

Voluntary participation is highlighted as a key aspect in research as no individual should be forced to participate in a research study against their will. In other words, all participation must be voluntary at all times. This will be ensured by informing the participants of the risks and benefits of participating in this study (de Vos et al., 2011). Individuals will be given an opportunity to participate willingly and without being influenced or coerced to participate in the study. With the help from each organisation's managers, the researcher will be introduced to CANSA and Cancercare before data collection commences. The researcher hopes to be introduced to the possible respondents of the study so that I can ensure voluntary participation.

7. HOW PERMISSION WILL BE SOUGHT

7.1. Will Participants will be fully informed when permission is sought from them to participate in the study?	**YES**	✓	**NO**	

7.2. Describe the process of how this will be done [letter seeking permission & details of study purpose/objectives, will initial contacting take place?)

Voluntary participation is of utmost importance and obtaining informed consent will be crucial in ensuring that participation is voluntary (de Vos et al., 2011). The managers at each organisation will be given the research proposal informing them of the purpose of the research and of the objectives of the study. Participants will also be given a document, which outlines the intentions of the research study by providing the purpose and objectives. An explanation of the study will also be given to potential participants

8. CONSENT

8.1. Will you secure the informed written consent of all participants in the research?	**YES**	✓	**NO**	

8.2. If your answer is yes, Describe how you will do this below

The researcher is required to offer the participants a choice about whether they would like to participate in the given study (de Vos et al., 2011). The advantages and possible harm of the study, need to be clearly explained to the participants. The researcher will ask CANSA and Cancercare as well as the respondents for their permission to carry out this study. To prevent coercion in the study, one needs written consent from the participant (de Vos et al., 2011). Written informed consent will be obtained from the participants in advance to ensure that their participation in the study is voluntary. Participants will be informed of the purpose of the study and will be asked to read through and sign the written consent form. . They will also be given an opportunity to ask any questions about the study.

8.3. If your answer is NO, give reasons below.

8.4. **Do the respondents have the right to withdraw?** Yes, and this will be explained to all the participants.

8.5. If yes, explain how this would be obtained?

Before data collection commences, participants will be informed that they can withdraw from the study at any point, particularly if they start feeling uncomfortable.

8.6. Will respondents be informed of the use of data post-data collection?

Yes, a report will be submitted to CANSA and Cancercare and a written report will be given to the participants as well.

8.7. If yes, how?

All participants will be informed about how the information pertaining to the study will be used. To ensure privacy and confidentiality, the participants will be referred to anonymously in the findings. Participants will be identified by making use of pseudonyms instead of using their full names in the interview transcriptions.

9. RESEARCH INVOLVING CHILDREN

9.1. In the case of research involving children, will you have the consent of their guardians, parents /caretakers?	**YES**		**NO**	**X**

9.2. If your answer is YES, briefly describe how this consent will be secured?

N/A

9.3. If your answer is NO, give reasons below				
N/A				
9.4. In the case of research involving children, will you have the consent of the children as much as that is possible?	**YES**		**NO**	
9.5. If your answer is YES, describe briefly how this consent will be got from the children				
9.6. If your answer is NO, give reasons below.				
10. CONFIDENTIALITY, PRIVACY AND ANONYMITY				
10. 1. Are you able to offer Confidentiality, Privacy & Anonymity to participants?	**YES**	✓	**NO**	
10.2. If you answer YES then give details below as to what steps you will take to ensure participants' confidentiality. If there are any aspects of your research where there might be difficulties or problems with regard to protecting the confidentiality and rights of participants and honouring their trust, explain this in detail below				
10.2.1. How will Confidentiality be ensured?				
Confidentiality means one should not disclose the information discussed between researcher and client (Hennick, Hutter and Bailey, 2020). In qualitative research, one cannot always ensure complete confidentiality because in the research findings, direct quotes are taken from the interview (Hennick et al., 2020). This calls for the need for absolute anonymity. The researcher will make use of a transcriber as part of the process of data collection and this individual will be asked to sign a confidentiality agreement.				
10.2.2. How will Privacy be ensured?				
According to Babbie (2010), in qualitative research, protecting the participants privacy is of particular importance. The qualitative researcher will often analyse and present data, which has been collected from individuals who are identifiable. Concerted efforts must be made to conceal the participants' identity (Babbie, 2010). In this study, privacy refers to where the interviews will be conducted. All interviews will be carried out in a private space of the participants choice.				
10.2.3 How will Anonymity be ensured?				
Anonymity can be guaranteed in a research study when both the researchers and the readers of the findings cannot see which respondent has given which responses (Babbie, 2010). This means that there will be no identifying information, which would link the content of the interview to a particular participant. Pseudonyms will be used by the transcriber and the author of the dissertation to ensure anonymity. Absolute anonymity cannot be guaranteed by				

the researcher as she will know who said what but anonymity will be maintained when the findings are presented in the research study.				
11.POTENTIAL HARM TO RESPONDENTS				
11.1. Are there any foreseeable risks of physical, psychological or social harm to participants that might result from or occur in the course of the research?	**YES**	✓	**NO**	
11.2. If your answer is YES, outline below what these risks might be and what preventative steps you plan to take to prevent such harm from being suffered.				
Researchers should offer the participants a debriefing session after the study is complete (Hennick et al., 2020). This allows for the participants to process their experience and it offers them a space for questions and to clear up any misconceptions that they may have. This is a particularly important ethical consideration as the interviews with oncology social workers may well be emotionally difficult due to the nature of oncology work. The researcher will offer an opportunity for debriefing to allow the participants to process their thoughts and feelings. If further intervention is needed, the researcher will connect with a relevant organisation to assist with further counselling services.				
12. POTENTIAL FOR HARM TO UCT OR OTHER INSTITUTIONS				
12.1. Are there any foreseeable risks of harm to UCT or to other institutions that might result from or occur in the course of the research? e.g., legal action resulting from the research, the image of the university being affected by association with the research project, or a school being compromised in the eyes of the Education Ministry.	**YES**	✓	**NO**	
12.2. If your answer is YES, give details and state below why you think the research is nonetheless worthwhile.				
It is possible that the participations may disclose negative information about the organisations' CANSA and Cancercare. Even if participants provide criticisms of these organizations, one of the main objectives of the study is to elicit recommendations to CANSA and Cancercare with regards to promoting and maintaining the work-related wellbeing of oncology social workers. Therefore, this information could be of value to CANSA and Cancercare as it could not only help to promote work-related wellbeing but it could also improve the quality of services provided to cancer patients. Nonetheless, the findings of the study will be presented as accurately and objectively as possible to ensure that there is no deception of participants in the findings.				
13. Are there any other ethical issues that you think might arise during the course of the research? (e.g., with regard to conflicts of interests amongst participants and/or institutions)	**YES**		**NO**	✓
13.1. If your answer is YES, give details and say what you plan to do about it.				

SUPERVISOR: I have carefully considered all the ethical issues pertaining to this study as reflected in the proposal and at this stage cannot see any ethical obstacles

Supervisor Signature:_____

STUDENT: I have discussed the ethical issues with my supervisor and am forwarding this review form to the department's ethics committee for further consideration

Student Signature: M.E.C (29/05/2020)

DSD ETHICS REVIEW COMMITTEE CHAIR (to sign)	**Review meeting: Time spent**	**Date of completion of review**
	30 minutes	**26 June 2020**

Chair :

Appendix B

CONSENT TO PARTICIPATE IN RESEARCH

Title of research project	**:**	**"Oncology social workers: their perceptions of work-related wellbeing."**
Researcher	**:**	**Mary Clark**
Research supervisor	**:**	**Fatima Williams**
Department	**:**	**University of Cape Town – Social Development**
Qualification	**:**	**MSocSci Clinical Social Work**

You have been selected as a possible participant in this study because you are a practising oncology social worker, based in the field of oncology. Please read through the following information, which provides details of the research study.

1. Purpose and benefits of the study

The purpose of the research is to explore the perceptions that you have about your work as an oncology social worker. This will include the participant's understanding of wellbeing in the workplace, the possible promoting and inhibiting factors to work-related wellbeing as well as any possible recommendations that you may have to your employers to promote wellbeing in the workplace. Ultimately, the researcher is interested in how the nature of oncology work influences a professional's wellbeing in the workplace.

2. Procedures

If you choose to participate in the study, the following will be requested from you:

- Participation in an online interview, which will take approximately one hour of your time. The interview will be set up at a time that is most convenient to you and it will be conducted by the researcher, Mary Clark.
- The interview will be voice recorded and transcribed. You will also have the opportunity to verify and adjust the transcription if needed.

3. Potential risks and discomforts

There is no expectation that this research study will put you at any physical risk by participating. All that is needed is your honest reflections of your experiences as an oncology social worker. Should you experience any psychological distress, the researcher will offer you

a therapeutic debriefing session. If more therapeutic support is needed, the researcher will make a referral to another organisation where counselling services are offered.

4. Confidentiality and protection of participants

All of the information in association with this study will remain highly confidential. This will be ensured by removing your name and any identifying information from the research data. A pseudonym will be assigned to you instead. As mentioned previously, all information will be recorded and transcribed and when a transcriber is used, he/she will also be bound by a confidentiality agreement. All research studies are published on the UCT OpenAccess platform and will therefore be made available to the general public. The findings of this study will be shared with the organisations involved in the research study. In addition, the findings will also be made available to you in written form.

5. Participation and withdrawal

Participation in this study is entirely voluntary and if you choose to participate, you are permitted to withdraw from the study at any given point. You are also entitled to turn down answering any questions that you don't feel comfortable answering.

6. Contact details

Researcher: Mary Clark on 0837232028 or maryemmaclark@gmail.com

Supervisor: Fatima Williams on fatima.williams@uct.ac.za

DECLARATION AND SIGNATURE OF RESEARCH SUBJECT

Your signature on this form indicates that you fully understand the above study, what is being asked of you in this study, and that you are signing this voluntarily. If you have any questions about this study, please feel free to ask them now or at any time throughout the study.

Name of participant: .....

Signature: ..... **Date:** .....

DECLARATION AND SIGNATURE OF RESEARCHER

I declare that I explained the information provided in this document to _____ [*name of the subject/participant]. [H*e/she] was encouraged, and given enough time to ask any questions that they might have.

Signature: **Mary Emma Clark** **Date:** .....

Appendix C

SEMI-STRUCTURED INTERVIEW SCHEDULE

Demographics

- Age
- Gender
- Marital status
- Number of children

Introductory questions

- Where do you currently work?
- How did you end up working in the field of oncology?
- Number of years as an oncology social worker?
- Could you provide a brief overview of what your job entails?

Main questions

1. What is work-related wellbeing?

- What is your understanding of overall wellbeing?
- What is your understanding of professional wellbeing in the workplace? Otherwise known as 'work-related wellbeing'.

2. Which factors promote wellbeing in the workplace?

- Do you have access to any social-emotional support in your workplace?
- If you work in a multi-disciplinary team…What is your experience of working with others in a team?
- What is your relationship like with your colleagues?

- When you're struggling, who do you turn to for support?
- What parts of your job do you enjoy? (explore working with patients, working on a multi-disciplinary team; administrative tasks, counselling).
- What's the most rewarding part of your job?
- What is your understanding of self-care?
- In what ways do you practice self-care?

3. Which factors inhibit wellbeing in the workplace?

- How do you feel you are coping with the demands your work?
- What is your caseload/workload like at work?
- How do you manage this case load?
- Do you feel that you have access to the necessary resources at work in order to carry out your work duties?
- What do you know about the concept of burnout?
- Have you ever suffered from burnout?
    - If so, would you be willing to describe your experience?
    - If not, do you currently feel, or have you ever felt like you were beginning to develop burnout?
    - If you have never experienced burnout in your social work career, why do you think that is?
- Do you have experience working in palliative care? If yes, could you explain a bit about what palliative care entails and what your experience is working in this context.
        - Particularly in relation to working with patients who are at the end-of-life?

4. What recommendations do you have to promote wellbeing in the workplace?

- If you were your organisation, what would you do to support oncology social workers?
    - Are there any strategies/resources you would implement to promote work-related wellbeing?
- What recommendations would you make to other practising oncology social workers to promote and maintain their wellbeing in the workplace?

Appendix D

CONFIDENTIALITY AGREEMENT

Transcription Services

Title of research project: "Oncology social workers: their perceptions of work-related wellbeing."

Researcher: Mary Emma Clark

Department: University of Cape Town – Social Development

Qualification: MSocSci Clinical Social Work

I, Bronwyn Davids agree to maintain full confidentiality in regards to any and all documentation received from Mary Emma Clark. Furthermore, I agree:

1. To hold in strictest confidence, the identification of any individual that may be inadvertently revealed in any associated documents;
2. To not make copies of any files of the transaction unless specifically requested to do so by Mary Emma Clark
3. To delete all electronic files containing test-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the files to which I will have access.

Transcriber's name:

BRONWYN DAVIDS

Transcriber's signature: