DESCRIBING THE PSYCHOLOGICAL WELL-BEING OF REGISTERED NURSES IN A PSYCHIATRIC HOSPITAL IN THE WESTERN CAPE

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ABSTRACT

Background: Nursing staff form the backbone of the health care system, providing 24-hour holistic, quality care to patients. Job demands generally have a significant and negative impact on nurses' well-being and several work outcomes. Registered nurses working in psychiatric hospitals with patients who have mental illness are subjected to assault, aggression, persistent chronic stressors and verbal abuse, among other stressors, and may display anxiety, emotional exhaustion, depression, fatigue, emotional outbursts, and symptoms of burnout. Quality care for patients may be compromised, as absenteeism due to the stressors experienced may result in a shortage of nursing staff. Therefore, a better understanding of components influencing the psychological well-being of registered nurses would result in improvements to the quality of nursing care.

Aim and objectives: The aim of the study was to describe the psychological well-being of registered nurses working in a psychiatric hospital in the Western Cape. The objectives of the study were to determine: whether the registered nurses' have a positive attitude towards self and past life; whether they have goals and objectives that give their lives meaning; their ability to manage the complex demands of daily life; whether they experience continued development and self-realisation; whether they have caring and trusting ties with others; and their ability to follow their own convictions.

Method: A quantitative, descriptive survey design using an all-inclusive sampling method was used to select 129 registered nurses working at a psychiatric hospital in the Western Cape. The six-point Likert-type questionnaire, Ryff's (1989) psychological well-being scales, was used to collect data, yielding a response rate of 80.6% (n=104). Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 24.

Findings: The study found that the registered nurses have a sense of continued development and self-realisation (personal growth) and the ability to follow their own convictions (autonomy), indicated by (p=.026*) and (p=.010*) respectively. Registered nurses with fewer years of experience have more personal growth than those with more years of experience – 4.0 (±0.7) versus 3.5 (±0.5) – (p=.026*). On the other hand, registered nurses with more years of experience have more autonomy than those with fewer years of experience – 4.2 (±0.6) versus 3.7 (±0.4) – (p=.010*). Registered nurses who were 40 years of age and above had more positive relations with others than those below 40 years of age – 4.1 (±0.6) versus 3.8 (±0.8) – (p=.011*). Positive relations with others were noted among registered nurses who reported having been divorced – 4.4 (±0.4).

Furthermore, there was an association between gender and being able to manage the complex demands of daily life (environmental mastery). Male registered nurses had more environmental mastery than their female counterparts – 4.1 (±0.9) versus 3.7 (±0.8) – (p=.021*).

Recommendations:

Qualitative research studies should be conducted to obtain richer data and gain further understanding of psychological well-being among registered nurses. This study also recommends promoting team building, reducing work–life conflict, creating work environments that are supportive to the needs of the registered nurses, and adopting online psychological well-being screening tools for personalised feedback, support and early intervention.

KEYWORDS

Autonomy

Environmental mastery

Personal growth

Positive relations with others

Psychiatric hospital

Psychological well-being

Purpose in life

Registered nurses

Self-acceptance

ABBREVIATIONS

RN:	Registered nurses
SANC:	South African Nursing Council
SPSS:	Statistical Package for the Social Sciences
UWC:	University of the Western Cape
WHO:	World Health Organization

DECLARATION

I declare that the study, *Describing the psychological well-being of registered nurses in a psychiatric hospital in the Western Cape,* is my original work and that it has not been submitted for any degree or examination at any other University. All the sources used or quoted in this study have been indicated and acknowledged by complete references.

Full name: Josphat Kiprono Rotich

Date: February 2023

Signed: 

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ORIENTATION TO THE STUDY

1.1 Introduction

The well-being of employees is important in every work environment. The concept of well-being refers to optimal psychological functioning and experience (Agarwal & Sharma, 2011). Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively (Huppert, 2009). This plays an important role in the lives of registered nurses who are facing the challenge of working within a stressful environment (Burke, Moodie, Dolan & Fiksenbaum, 2012). Stressful work environments have a negative impact on the psychological well-being and productivity of nurses.

Environmental stressors include working with psychiatric patients, understaffing leading to burnout and poor working relationships with other staff members. Psychiatric nurses have an unusual working environment that includes locked wards and the potential for patient confrontation with the associated risk of being in both physical and mental danger (Yada et al, 2015). Babalola and Olumuyiwa (2015) stated that several studies on stress among nurses have identified a variety of stressors that depend upon the clinical speciality, with psychiatric nursing being the most stressful. Some common stressors across nursing specialities include poor working relationships between nurses, doctors and other health care professionals; demanding communication and relationships with patients and relatives; emergency cases; high workload; understaffing; and lack of support or positive feedback from senior nursing staff (WHO, 2011). To deal with these stressors, various strategies have been identified which have been shown to improve the workplace environment, and hence prevent low psychological well-being.

Strategies include: stress management workshops and training (Leka, Hassard & Yanagida, 2012); social support from clinical supervisors, management and co-workers (Burke et al, 2012; Munir et al, 2012); relaxation techniques; and a transformational leadership style (Burke et al, 2012; Leka et al, 2012; Munir et al, 2012; Weberg, 2012). Most studies on psychological well-being, anxiety and job satisfaction among nurses have been conducted on general nursing specialties, and very little attention has been given to nurses working in psychiatric units (Babalola & Olumuyiwa, 2015; Burke et al, 2012).

In this study, the researcher determined the psychological well-being of registered nurses working in a selected psychiatric hospital. According to Ryff (2018), there are six components of psychological well-being, which are: having a positive attitude towards oneself and one's past life (**self-acceptance**), having goals and objectives that give life meaning (**purpose in life**), being able to manage the complex demands of daily life (**environmental mastery**), having a sense of continued development and self-realisation (**personal growth**), having caring and trusting ties with others (**positive relation with others**), and being able to follow one's own convictions (**autonomy**) (Kraemer, Khan & Brinkel, 2009). Ryff's model of psychological well-being differs from past models in one important way; it treats well-being as multidimensional, and not merely about happiness, or positive emotions. A good life is balanced and whole, engaging each of the different aspects of well-being instead of being narrowly focused. Various authors developed different models and components of well-being, including Diener's triapartic model of well-being, which was synthesised in 1984; Seligman's on positive psychology in 1998; Suh's in 1997; Braburn's in 1969; Andrews and Withey's in 1976; Emerson's in 1985; and Waterman's in 1993. Flourish, as a concept of psychological well-being, was developed by Corey Keyes and Barbara Fredrickson (2005). Ryff's model was built from a diverse selection of well-being theories and research, from Aristotle to John Stuart Mill, and from Abraham Maslow to Carl Jung. Ryff identified recurrence and convergence

across these diverse theories, which became core components for her new model of psychological well-being (Ryff, 1989; Ryff & Keyes, 1995; Ryff, 2018). These ideas deepened the philosophical significance of the new model of psychological well-being. Hence, I chose Ryff's model of psychological well-being, as it stood in marked contrast to other models which mainly comprised subjective well-being, assessment of happiness, life satisfaction, and positive and negative affect (Ryff, 1989; Ryff & Keyes, 1995; Ryff, 2018).

1.2 Background of the study

Nursing being a stressful occupation, it is unsurprising that high levels of job dissatisfaction, burnout and poor well-being have been reported in many countries (Yada et al, 2009; Karanikola & Papathanassoglou, 2013). Job demands generally a significant negative impact on nurses' well-being as well as several work outcomes (Burke et al, 2012).

Registered nurses working in a psychiatric hospital with patients who have mental illness are subjected to aggression, violence and persistent chronic stressors, which may result in anxiety, emotional exhaustion, depression, fatigue, emotional outbursts, and signs and symptoms of burnout (Ngako, Van Rensburg & Mataboge, 2012). Quality care for patients may be compromised, as absenteeism resulting from the stressors experienced in this environment may result in a shortage of nursing staff.

Nursing staff form the backbone of health care services as they ensure holistic, quality patient care 24 hours a day (Mohite, Shinde & Gulavani, 2014). Furthermore, Mohite et al (2014) explain that workload and complexity of patient care increases, but there are not enough nurses to complete the day's work due to turnover. Working in an environment where nurses deal with people is taxing. Managing and providing care to patients with a wide range of illnesses, diseases and injuries, with an enormous range of interventions needed to save or improve their quality of life, is very stressful (Fernandes, 2016). A study conducted in Nigeria by Babalola

and Olumuyiwa (2015) aimed at assessing the prevalence and correlates of job satisfaction and psychological well-being among 110 registered nurses working in a psychiatric hospital. The mean age of respondents was 36.7 years, with ages ranging from 20 to 54 years. Findings of the study include that 5.5% (n=110) reported low job satisfaction, 60% (n=110) reported average job satisfaction and 34% (n=110) reported a high level of job satisfaction. The majority of the respondents reported positive psychological well-being (84.5%, n=110), whereas 15.5% were psychologically unwell. This contrasts with a similar study conducted in South Africa, in which it was found that 42% of the nurses had low levels of job satisfaction with regard to aspects of their job such as motivation, opportunity for creativity, innovation and responsibility (Selebi & Minnaar, 2007). Hence, a better understanding of the components influencing the psychological well-being of registered nurses may help improve their psychological well-being with resulting benefits for the quality of nursing care.

Various factors influence the psychological well-being of nurses working in health care settings. These include, but are not limited to, work–life conflict (Hammig, Gutzwiller & Bauer, 2009), social support (Xu & Song, 2016), leadership style (Nielsen, Randall, Yarker & Brenner, 2008; Skakon, Nielsen, Borg & Guzman, 2010), stress and burnout (Karanikola & Papathanassoglou, 2013), workplace violence (Cornaggia, Beghi, Pavone & Barale, 2011; Flannery, Wyshak & Flannery, 2014), and age (Ryan & Deci, 2001). These factors are explained below.

1.2.1 Work–life conflict

Work–life conflict is the conflict between work and family demands, as well as conflict between work and other role expectations and responsibilities in private life (Hammig et al, 2009). Work–life conflict has been associated with a number of negative health and well-being outcomes, particularly low psychological well-being, burnout and depression (Franche et al, 2006; Cortese, Colombo & Ghislieri, 2010). A study done in Spain by Burke et al (2012) found

that nurses with higher levels of work–family interference and emotional demands reported lower levels of psychological well-being, manifesting as greater anxiety and depression (r=.31 and -.26, respectively).

Researchers Xu and Song (2016) conducted a study among 320 registered nurses pursuing an advanced nursing degree at 13 hospitals in Korea. The respondents were aged 32.60 ± 6.56 (mean ± SD; range of 24–53 years) and had 10.14 ± 6.45 years of clinical experience, with 46% of them being married (n=148) and 53.2% being single. Regarding enrolment in education programmes, 46% (n=148) were participating in a graduate nursing education programme (master's or doctoral programme) and about 54% (n=173) were participating in an RN-BSN programme. Most of them were staff nurses (74.4%, n=238), while the others (25.6%, n=82) were working as charge nurses or nursing managers. Most of the participants had work patterns that included night-time shifts (67.2%, n=215), while 32.8% (n=105) worked only daytime shifts. Forty percent (40%) of the subjects had children. Both social support and work–family–school role conflict exerted significant effects on work-related psychological well-being and general psychological well-being. According to Xu and Song (2016), registered nurses, as health care professionals, are faced with multiple roles in their lives, both at work and at home, especially when they decide to also pursue an advanced degree. A registered nurse pursuing an advanced degree in nursing assumes a student role in addition to his/her professional career role and family role. Inter-role conflict and poor well-being are possible outcomes of the resulting multiple roles (Xu & Song, 2016).

Therefore, it is necessary for nursing administrators to develop strategies to help registered nurses manage their multiple roles and improve both their work-related and general psychological well-being (Xu & Song, 2016).

1.2.2 Social support

Social support plays a major role in shaping the environment and quality of the psychiatric professional nurse's life. In the absence of social support, workplace stress can adversely influence this environment. Some of the sources of social support are from supervisors, co-workers, spouse, family and friends. Nurses indicating higher levels of social support also reported higher levels of psychological well-being (Xu & Song, 2016).

A was study conducted by Burke et al (2012) on a sample of 2 104 registered nurses at hospitals in Spain to examine how job demands (work–family interference, emotional demands and work overload) and three sources of social support (supervisors, co-workers, and spouse/partner, family and friends) affect nurse well-being and organisational outcomes. Most of the participants were female (91%, n=1 915), between 26 and 35 years of age (35%, n=736). More than half were married or had a partner (72%, n=1 515). Nursing tenure varied across respondents with less than half having 10 years or less of nursing tenure (41%), five years or less of unit tenure (35%), and two years or less of position tenure (35%). Most of the respondents worked full time (86%, n=1 809), had no nursing specialty qualification or experience (67%), and worked day shifts (84%, n=1 767) and/or stable (non-rotating) shifts (80%, n=1 683). Some worked in units of five or fewer staff (29%) (Burke et al, 2012). Results showed that job demands generally had a significant negative impact on nurse well-being as well as several work/organisational outcomes. In addition, a lack of social support, particularly from supervisors and co-workers, was associated with poor well-being and more unfavourable work/organisational outcomes (Burke et al, 2012). Nurses indicating higher levels of work–family interference and emotional demands also reported lower levels of psychological well-being, manifesting as greater anxiety and depression (βs =-.31 and -.26, respectively). Nurses indicating higher levels of all three sources of social support (supervisor, co-workers, and

spouse/partner, family and friends) also reported higher levels of psychological well-being (βs =.09, .08, and .04, respectively) (Burke et al, 2012).

1.2.3 Leadership style

Leaders play an important role in defining an environment in which employees can thrive and experience well-being (Nielsen et al, 2008). They can empower registered nurses to solve problems and take responsibility for the care of patients (Nielsen, Yarker, Randall & Munir, 2009). Researchers (Nielsen et al, 2008; Skakon et al, 2010) have suggested that transformational leaders can influence the health and well-being of their followers in a number of ways. They can inspire followers to move beyond their self-interest by setting a clear vision and belief that encourages others to follow. Hence, they foster healthy workplaces, resulting in a positive effect on nurses' psychological well-being (Munir et al, 2012).

Skakon et al (2010) conducted a systematic review on the impact of leaders and leadership styles on employee stress and affective well-being from 1980 to 2009. Their review focused on 49 papers that were published in scientific journals in the area of psychological, organisational, leadership, management and occupational health literature during the last three decades. They used the following research questions:

- Research question 1: Are the stress levels and affective well-being of leaders associated with the stress and affective well-being of their employees?
- Research question 2: What is the association between leaders' behaviours (including the relationship between leaders and employees) and employee stress and affective well-being?
- Research question 3: Are specific leadership styles related to employee stress and affective well-being?

Based on their three research questions, Skakon et al (2010) concluded that leader stress and affective well-being are associated with employee stress and affective well-being. Most of the studies Skakon et al (2010) reported on assumed that leader stress spills over to employees, but it is unclear how precisely this happens, as the authors offered few theoretical explanations. Positive leader behaviours (support, empowerment and consideration) were associated with a low degree of employee stress and with high employee affective well-being. Transformational leadership style was found to be strongly associated with positive employee outcomes, whereas transactional leadership and laissez-faire leadership styles are less consistently related to employee outcomes (Skakon et al, 2010).

1.2.4 Stress and burnout

In nursing, stress and burnout are considered to be widely present, problematic and mainly found in psychiatric nursing, which is considered a highly stressful occupation (Karanikola & Papathanassoglou, 2013). Imai et al (2004) observed that the prevalence of burnout in a sample of community psychiatric nurses was significantly higher than general nurses: 59.2% and 51.5% respectively.

In the United Kingdom, Elliott and Daley (2013) conducted a study on stress, coping and psychological well-being among 422 ward-based and non-ward-based forensic health care professionals working in four medium secure units (two Mental Health Services and two Learning Disability Services units). In total, 135 research packs were returned: 72 from Mental Health Services (53%) and 63 from Learning Disability Services (47%), giving a total response rate of (32%, n=135). Overall, the sample consisted of 64 men and 71 women. Most of the respondents (72%, n=97) were married or cohabiting and less than half (48%, n=65) had children living with them at home. The average age was 40 years (SD = 10.31, range = 22–66 years). Most (73%, n=99) of the sample consisted of ward-based staff, namely 58 nurses and 41 support workers. Non-ward-based staff included occupational therapists (6.7%, n=9),

psychiatrists (6.7%, n=9), psychologists (6.7%, n=9), social workers (3%, n=4), and other therapists (3.7%, n=5). The average length of respondent's experience in the forensic services was almost five years (SD = 4.78), ranging from six months to 27 years. Almost a third of the sample smoked, 30% drank more than 14 units of alcohol per week (mean = 8.61, SD = 10.0, range = 0–40 units), and the number of caffeinated drinks consumed daily ranged from 0 to 20 (mean = 4.87, SD = 3.43). Over the last six months, 45% had been on sick leave (mean = 3.99 days, SD = 11.59, range = 0–90 days), while 30% had experienced a significant life event. On average, 1.52 hours of supervision were received per month, and 68% of the sample felt that the level of supervision they received was adequate (Elliott & Daley, 2013).

Elliott and Daley (2013) found that a substantial proportion of forensic health care professionals experienced elevated levels of occupational stress and psychological distress, while moderate levels of burnout were demonstrated in terms of emotional exhaustion, depersonalisation, and reduced personal accomplishment.

1.2.5 Workplace violence

Studies (Cornaggia et al, 2011; Flannery et al, 2014) have documented that registered nurses are at high risk for workplace violence, which includes physical assault and verbal aggression by patients. An international review of violence towards nurses by Spector, Zhou and Che (2014) found that 55% of nurses in psychiatric settings experienced physical assault and that psychiatric settings had a higher rate of violence than any other health care settings. Seventy-three percent (73%) of nurses experienced at least one incident of verbal aggression by patients per year. High rates of assault have some serious consequences for nurses' well-being in terms of physical health, mental health and perceptions of safety (Ito et al, 2001; Elliot & Daley, 2013).

A study was conducted in New York by Kelly, Fenwick, Brekke and Novaco (2016) on the well-being and safety of 323 inpatient psychiatric staff at a psychiatric hospital. The aim was

to examine how staff well-being (physical health and mental health) and safety perceptions were associated with workplace violence and conflict, and to test whether individual stress reactivity moderates those associations. The researchers also examined how patient assaults, conflicts with patients, conflicts with other staff members and individual stress reactivity affected staff well-being (Kelly et al, 2016). Yielding a response rate of 66% (n= 323), staff well-being was evaluated in terms of mental health and physical health. Findings reveal that depression and anger were moderately correlated, as were depression and physical health, but depression was not correlated with perceived safety. Anger had a robust association with physical health. Safety had smaller but significant correlations with anger and physical health (Kelly et al, 2016). Kelly et al (2016) stated that, although assault may be traumatic, everyday stressors of patient conflict and intra-staff conflict also have importance for staff well-being. Overall, intra-staff conflict had consistent adverse associations with psychological distress and with physical health symptoms. Importantly, stress reactivity played an important role in staff well-being, as their reactivity to social conflict had the strongest association with all outcomes (Kelly et al, 2016).

1.2.6 Age

Ryff defines well-being in a multidimensional way, and her work lends itself to the descriptive study of lifespan changes in well-being. She and her colleagues investigated, first, whether people's conceptions of well-being change with age and, second, whether different components of well-being vary with age. They found that the answer to both questions is yes (Ryff, 1989; Villar, Triadó, Celdrán & Solé, 2010; Tomás, Sancho, Melendez, & Mayordomo, 2012). Regarding people's conceptions of well-being, Ryff (1989) found that although people of all ages consider good relationships and the pursuit of enjoyable activities to be important for well-being, they differed with regard to other dimensions, with younger adults focused more on self-knowledge, competence and self-acceptance, and older adults focused more on positive coping

with change. These findings accord well with those of Carstensen (1998), who suggested that the functions of relationships change with age. Younger adults are more interested in novelty, knowledge and experience expansion, and older adults are more interested in depth and poignancy. With regard to variation in the components of well-being, Ryff (1991) compared groups of young, middle-aged and older adults, identifying age trends on a number of dimensions. Older adults experienced less personal growth than younger groups; middle-aged adults experienced more autonomy than younger or older groups; and middle and older groups experienced more mastery than the younger group. There were no age trends for positive relations with others or for self-acceptance.

Ryff (2014) states that progressing through the developmental tasks of adult life has been linked with higher well-being, although aging itself has been accompanied by declines in purpose in life and personal growth. Those who feel younger than they are, but do not wish to be younger, report higher well-being, although realism rather than illusion in self-evaluation predicts higher well-being. Well-being changes as individuals negotiate the challenges of adult life, with improvements tied to various psychological processes (social comparisons, flexible self-perceptions, coping strategies) (Ryff, 2014).

A replicable set of findings brought attention to the challenges of aging: Multiple national studies documented a longitudinal decline in purpose in life and personal growth in the transition from midlife to old age, thus drawing attention to the contemporary reality that living longer does not necessarily translate to meaningful living (Ryff, 2018).

1.3 Problem statement

Psychiatric nursing has been described as a stressful occupation, with registered nurses reporting high levels of job dissatisfaction, job burnout and poor well-being in many countries (Burke et al, 2012; Karanikola & Papathanassoglou, 2013). Psychological well-being is a vital

factor in the improvement of working conditions and personal life of nurses (Kelly et al, 2016; Babalola & Olumuyiwa, 2015; Leka et al, 2012). Mental health nurses work with people suffering from various psychiatric conditions and their families to offer help and support in ameliorating their conditions (WHO, 2011).

Elliot and Daley (2013) stated that exposure to high levels of violence and aggressive behaviour can contribute towards the onset of occupational stress and various mental health problems in affected staff. The resultant effects on nurses working in these environments have been identified as causing a decrease in productivity, an increase in absenteeism rate and high staff turnover, anxiety and depression which may result in compromising patient care (Elliot & Daley, 2013; Cortese et al, 2010).

Nurses are faced with stressors at their workplace and their mental health is exposed to environmental pressures (Kahaki & Jenaabadi, 2014). Low psychological well-being has been associated with work stressors (Munir et al, 2012) as well as work–life conflict (Cortese et al, 2010). Hence, it is important to adopt ways to maintain the mental health of nurses as important members of the multidisciplinary team (Kahaki & Jenaabadi, 2014). In a study conducted by Babalola and Olumuyiwa (2015) on job satisfaction and psychological well-being among mental nurses, they found that the majority of nurses reported positive psychological well-being (84.5%), while 15.5% had psychological distress. According to Babalola and Olumuyiwa (2015), a better understanding of components contributing to psychological well-being among mental health nurses may help improve working conditions with resulting benefits for the quality of nursing care. In spite of the available literature concerning the effects of work stress on nurses (Babalola & Olumuyiwa, 2015; Munir et al, 2012), there are gaps when it comes to describing the psychological well-being of registered psychiatric nurses. It was therefore necessary to determine the psychological well-being of registered nurses, especially those working in psychiatric hospitals.

1.4 Aim of the study

The aim of this study was to describe the psychological well-being of registered nurses in a psychiatric hospital in the Western Cape.

1.5 Objectives of the study

- To determine whether registered nurses' have a positive attitude towards self and past life (**self-acceptance**)
- To determine whether registered nurses have goals and objectives that give life meaning (**purpose in life**)
- To determine registered nurses' ability to manage the complex demands of daily life (**environmental mastery**)
- To determine registered nurses' sense of continued development and self-realisation (**personal growth**)
- To determine whether registered nurses have caring and trusting ties with others (**positive relation with others**)
- To determine registered nurses' ability to follow their own convictions (**autonomy**)

1.6 Significance of the study

The findings and recommendations from this study may lead to a better understanding of the psychological well-being of registered nurses working in the psychiatric hospital. They may also assist the hospital management and inform policy makers to put in place structures/measures to support psychiatric nurses in their institution. Existing guidelines, policies and training programmes may be adjusted or formulated based on the findings of this study.

1.7 Operational definitions

The conceptual and operational definitions used in the study are described below:

- **Registered nurse:**

  The Nursing Act 33 of 2005 states that a "registered nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice." In this study, a registered nurse refers to a person who is qualified to render care, treatment and rehabilitation to patients with mental illness at the selected psychiatric hospital.

- **Psychiatric hospital:**

  A psychiatric hospital is a health establishment that provides care, treatment and rehabilitation for patients with mental illness (Mental Health Care Act 17 of 2002). In this study, a psychiatric hospital refers to the selected mental health institution in the Western Cape where registered nurses render care, treatment and rehabilitation to patients with mental illness.

- **Psychological well-being:**

  Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively (Huppert, 2009: 137). In this study, psychological well-being refers to the registered nurses' optimal functioning in terms of ability to deal with their immediate environments, independence in opinion, having good interpersonal relations, accepting themselves as they are, and having goals and a sense of purpose in life. These factors are measured by the Ryff psychological well-being scales (RPWBS).

- **Autonomy** is a sense of self-determination, independence and regulation of behaviour from within, whereby there is autonomy of thought and action (Bhullar, Hine & Phillips, 2014). In this study, autonomy is the ability to fully function as a person, having internal locus of evaluation, whereby one does not look to others for approval, but evaluates oneself by personal standards (Ryff, 2014).

- **Environmental mastery** is the ability to manage complex environments to suit personal needs and values (Seifert, 2005). Bhullar et al (2014) also define it as the capacity to manage effectively one's life and the surrounding world. In this study, environmental mastery refers to how well one is managing one's life situations and the pursuit of shaping the environment to meet one's personal needs and desires (Ryff, 2014).
- **Personal growth**, which is part of positive functioning, is dynamic and involves a continual process of developing one's potential (Ryff & Singer, 2008). In this study, it refers to the feeling of continued development whereby one sees oneself as growing and expanding, being open to new experiences, having a sense of realising one's potential, seeing improvement in oneself and one's behaviour over time, and changing in ways that reflect more self-knowledge and effectiveness (Ryff, 2014).
- **Positive relations with others** refers to the ability to love and have warm and trusting interpersonal relations. In this study, positive relations with others is determined by warm, rewarding and trustworthy relationships with other people, concerns about the well-being of others, the ability to feel empathy, affection and intimacy, and understanding the giving and receiving components of human relationships (Ryff, 2014).
- **Purpose in life** is the belief that life is purposeful, meaningful, and characterised by goals, intentions and a sense of direction (Bhullar et al, 2014). In this study, purpose in life is the extent to which respondents feel their lives have meaning, purpose and direction (Ryff, 2014).
- **Self-acceptance** is a positive attitude towards oneself and one's past life. In this study, positive attitude toward the self acknowledges and accepts multiple aspects of self,

including good and bad qualities. One also feels positive about one's past life (Ryff, 2014).

1.8 Research design and method

A quantitative research approach and descriptive survey design were employed to achieve the aim of this study. The RPWBS was used to collect data. The research approach, design and methods used in this study will be discussed in detail in Chapter 3.

1.9 Chapter outline

This introductory chapter gives a contextual overview of the study. It provides the background of the study, the research problem, purpose of the study, research objectives, significance of the study, and a brief description of the research method and design.

The rest of the chapters are presented as follows:

Chapter 2: Literature review: In this chapter, the reviewed literature is explored, which includes an introduction, background, the conceptual framework of psychological well-being according to Ryff, and an overview of the construct of psychological well-being and the hedonic and eudaimonic views of psychological well-being. A review of the literature has also been undertaken to locate various studies on the psychological well-being of registered nurses working at a psychiatric hospital.

Chapter 3: Research methodology: In this chapter, the research design and methodology used are described in depth.

Chapter 4: Research findings: In this chapter, the results obtained from the data analysis are presented.

Chapter 5: Discussion of the findings: This chapter presents an in-depth discussion of the research findings within the body of empirical literature on psychological well-being.

Chapter 6: Conclusion, limitations and recommendations: In this chapter, this research study is concluded by reflecting on the research objectives and the aim of study and the findings from Chapter 4. The limitations of the study are identified, and recommendations for practice and possible areas for further research are identified.

1.10 Summary

This chapter provided a general overview/description of the study, which touched on the background of the study, the research problem, the purpose of the study, its research objectives, its significance, operational definitions, and a brief description of the research design and methodology.

Chapter 2 presents an in-depth literature review concerning the topic of the research study. This includes the background of the study, its conceptual framework and an overview of the construct of psychological well-being and what is currently known about the psychological well-being of registered nurses working in psychiatric hospitals.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

According to Burns and Grove (2009: 93), a literature review is an organised written presentation that conveys to the reader what is currently known about the topic of interest. In this study, the researcher did a literature review to determine what is already known about the psychological well-being of registered nurses working in a psychiatric hospital. Specific keywords (namely psychological well-being, psychiatric hospital and registered nurses) were used to identify relevant literature. Literature was accessed from the following databases: EBSCOhost, MEDLINE, PubMed, Wiley Online Library, Science Direct, Elsevier and Google Scholar. Most of the literature reviewed was published between one and eight years ago.

The literature review focused on aspects of the psychological well-being of registered nurses working in psychiatric hospital. However, most studies on psychological well-being in nursing have focused on general nursing, with relatively few studies on psychiatric nursing. Hence, in this study, all fields of nursing have been included. This chapter is divided into two parts: Section A describes the conceptual framework that guided the study and section B presents the literature review on psychological well-being.

2.2 Section A: Conceptual framework for this study

Carol Ryff encountered eudaimonia nearly two decades ago and first used the term to challenge prevailing conceptions of subjective well-being, which focused on assessments of feeling good, contentment and life satisfaction (Ryff & Singer, 2008) and omitted the idea of striving towards excellence based on one's unique potential. This observation was central to Ryff's efforts to articulate a conception of psychological well-being (PWB) that was explicitly concerned with the development and self-realisation of the individual (Ryff, 1989).

Ryff and Singer (2008) state that although social scientists had long studied subjective well-being, key indicators lacked theoretical underpinnings, and thereby neglected aspects of positive psychological functioning described in conceptions of life-span development (Bühler, 1935; Buhler & Massarik, 1968; Erikson, 1959; Neugarten, 1973), maturity (Allport, 1961), self-actualisation (Maslow, 1968), individuation (Jung, 1933), the fully functioning person (Rogers, 1961), and positive mental health (Jahoda, 1958). According to Ryff (1989), these perspectives lacked credible assessment tools. Ryff and Singer (2008) further state that the central challenge in working with all of the perspectives was the task of integrating them into some coherent whole. This was a progressive process (Ryff, 1982, 1985, 1989), wherein the objective was to identify recurrent themes or points of convergence in these many formulations of positive functioning (Ryff & Singer, 2008).

Ryff argued that all these perspectives contain similar and complementing criteria of positive psychological functioning. An important similarity is that they were all formulated in terms of well-being instead of illness. This perspective generated a new model of health based on the conception of health as "not only the absence of illness but the presence of something positive" (WHO 1948; Ryff & Singer 2008).

After summarising the theoretical literature, Ryff found these diverse areas converged around a set of core constructs or dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (Seifert, 2005). Recognising the need for an instrument to measure theoretically derived constructs of psychological well-being, Ryff developed the RPWBS (Seifert, 2005).

2.3 Section B: Overview of psychological well-being

In this section, the construct of psychological well-being and the theory-guided dimensions will be discussed according to various authors.

2.3.1 The construct of psychological well-being

Ryff (1989) developed an alternative approach to well-being that she refers to as psychological well-being. Psychological well-being has been defined in various ways by different authors. Agarwal and Sharma (2011), in their study concerning paramedics in India, define well-being as a 'complex construct that concerns optimal experience and psychological functioning'. Bhullar et al (2014), in a study on Australian university students, write that it refers to a 'state more than an absence of mental problems'. Similarly, Ryff asserts that psychological well-being was conceived as the presence of self-acceptance, a sense of purposefulness, mastery, positive relationships with other people, feelings of continued growth and autonomy, all guided by major theoretical perspectives on positive functioning (Ryff, 1989). Huppert (2009) concludes that psychological well-being is about "lives going well and it is the combination of feeling good and functioning effectively". According to Seifert (2005), well-being is a multifaceted and dynamic concept that includes subjective, social and psychological dimensions as well as health-related behaviours. All the above authors concur that the concept of psychological well-being is complex.

Ryan and Deci (2001) assert that well-being is not only the focus of everyday interpersonal inquiries but also of intense scientific scrutiny. Indeed, from the beginnings of intellectual history, there has been considerable debate about what defines optimal experience and what constitutes "the good life". How we define well-being influences our practices of government, teaching, therapy, parenting and preaching, as all such endeavours aim to change humans for the better, and thus require some vision of what "the better" is (Ryan & Deci, 2001).

Psychological well-being, as one of the positive psychological concepts, is related to quality of life (Espie et al, 2016). Ryff (2015) defines psychological well-being as the striving for perfection in order to realise the true potential capabilities. In this view, psychological well-being is manifested in the person's effort to improve his/her talents and abilities (Asadi, 2017).

The psychological well-being approach investigates the observed growth and development in the existential challenges of life, and it heavily emphasises human development; for example, an individual should follow meaningful and developmental goals, and establish qualitative relationships with others (Asadi, 2017).

According to Huppert (2009), individuals vary widely in their habitual level of psychological well-being, and there is evidence for a seminal role of social factors and the early environment in this process. Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting, and when they interfere with a person's ability to function in his or her daily life (Huppert, 2009).

Huppert (2009) asserts that the concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence and affection. Hence, functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships (Huppert, 2009).

Recent years have witnessed an exhilarating shift in the research literature from an emphasis on disorder and dysfunction to a focus on well-being and positive mental health (Huppert, 2009). This paradigm shift has been especially prominent over the last two decades in psychological research (Ryff & Singer, 2008). This positive perspective is also enshrined in the constitution of the WHO, where health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). More

recently, the WHO has defined positive mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001).

Psychological well-being is an important part of every human life and consequently of any organisation (Zizek, Treven & Cancer, 2015). Wood and Joseph (2010) state that lack of psychological well-being has been found to be a risk factor for depression. Psychological well-being has only recently attracted sustained empirical attention and become the focus of clinical treatments (Ryan & Deci, 2001). Indeed, psychological well-being is strongly correlated with depression (Ryff, 1989; Ryff & Keyes, 1995; Ryff et al, 1994), suggesting that people who are low in psychological well-being may be at risk of developing the disorder. Findings from Ryff's studies (1989, 1994, 1995) suggest that people with low levels of positive well-being are at a substantially higher risk of being depressed ten years later. In the study of Wood & Joseph (2010), absence of positive well-being strongly predicts depression, even after controlling for the presence of neuroticism, medical conditions, and economic status. It was also notable that psychological well-being predicted depression even in the presence of the personality trait of agreeableness.

The findings of Wood & Joseph (2010), suggest that the concept of psychological well-being is relevant to psychiatry and medicine. People with low psychological well-being were over seven times more likely to be more depressed ten years later. This suggests that the improvement of psychological well-being may be a legitimate public policy aim, and of medical significance in that it may prevent depression (Ryff, 1989; Ryff et al, 1994; Ryff & Keyes, 1995; Wood & Joseph 2010).

Psychiatric nurses play an important role in caring for patients with mental illness despite the numerous challenges that they face. Therefore, it is important to check their well-being status (Madhuchandra & Srimathi, 2016).

According to Ryff and Singer (2008), psychological well-being is beyond mental well-being, and is an appropriate indicator when considering health. Moreover, psychological well-being is one of the important factors in personal and social growth. When individuals take advantage of mental health and well-being, they are able to take action towards problems that may arise and choose solutions accordingly (Emadpoor, Lavasani & Shahcheraghi, 2016).

2.3.2 Definitions of theory-guided dimensions of well-being

The following definitions will be defined:

- **Positive relations with others**

According to Ryff (2014), positive relations with others refer to the depth of connection that people have with others. It is related to the effort of development and maintenance of warm and trusting interpersonal relationships.

Positive relations with others are of importance to the nurses. Awan and Sitwat (2014) state that in the work environment, employees depend on each other as they are working together for a larger purpose. Therefore, they need each other to succeed and attain the particular goal of that organisation.

- **Self-acceptance**

Self-acceptance defines people's knowledge and acceptance of themselves, including awareness of personal limitations (Ryff, 2014). People who are self-accepting have a positive attitude toward the self, acknowledge and accept multiple aspects of self, including good and bad qualities. They also feel positive about their past life (Zambianchi, 2015; Awan & Sitwat, 2014; Ryff, 2018).

- **Purpose in life**

This is the extent to which respondents feel their lives have meaning, purpose and direction (Ryff, 2014). It is related to having goals in life which provide sense of directedness, having aims and objectives for livelihood, and considering one's past and present life to be meaningful (Zambianchi, 2015; Awan & Sitwat, 2014; Ryff, 2018).

- **Environmental mastery**

This refers to how well one is managing one's life situations, and to the pursuit of shaping the environment to meet personal needs and desires (Ryff, 2014). The individual who has a sense of mastery and competence in managing the environment controls complex array of external activities, makes effective use of surrounding opportunities, and is able to choose or create contexts suitable to personal needs and values (Awan & Sitwat, 2014; Zambianchi, 2015).

- **Autonomy**

Autonomy refers to whether one views oneself to be living in accordance with one's own personal convictions (Ryff, 2018). An autonomous individual is self-determining and independent in resisting social pressures against his/her beliefs, values and regulate his/her own behaviour, and evaluates himself/herself according to self-made standards (Zambianchi, 2015; Awan & Sitwat, 2014; Ryff, 2018).

- **Personal growth**

Personal growth is the extent to which people make use of their personal talents and potential. An individual who exhibits personal growth has a feeling of continued development, sees self as growing and expanding, is open to new experiences, has sense of realising his or her potential, sees improvement in self and behaviour over time, and is changing in ways that reflect more self-knowledge and effectiveness (Ryff, 2018; Zambianchi, 2015; Awan & Sitwat, 2014).

Zizek et al (2015) state that employees with an appropriate level of psychological well-being experience freedom on a personal level (for acceptance of ethics and valuing decisions), purposefulness of lifestyle and developing skills for external goals (e.g., concern for money, status and professional growth) as well as internal goals (greater commitment to their organisations). They further state that it is not surprising that employees who are enthusiastic and committed to their lives (with regard to autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance) demonstrate happiness in their personal life. In addition, they transpose the impact of these effects to their professional area (Zizek et al, 2015).

Madhuchandra and Srimathi (2016) conducted a comparative study on the psychological well-being of 600 doctors and nurses from Bangalore City (doctors 300, nurses 300). The participants were selected randomly from different private and government hospitals. The results revealed that doctors and nurses did not show significant difference in overall psychological well-being (F=1.83, p=0.17). However, doctors and nurses differed significantly in their autonomy score (F=4.48, p=.03), where nurses were found to be more autonomous (mean, 35.04) than doctors (mean, 34.12). Doctors and nurses also differed significantly in their environmental mastery scores (F=12.11, p=0.001), where nurses were found to score higher on environmental mastery (mean, 35.23) than doctors (mean, 34.58). Comparison based on gender did not show any significant difference; however, male and female differed in the domain of personal growth, with male respondents scoring higher than female respondents. There was no significant difference in other domains of psychological well-being such as self-acceptance, purpose in life, and positive relations with others.

Awan and Sitwat (2014) conducted a study on workplace spirituality, self-esteem and psychological well-being among mental health professionals in Pakistan. The sample

comprised 120 mental health professionals, including 30 psychologists, 30 psychiatrists, 30 psychiatric nurses and 30 ward attendants working in the field of mental health. The mean age of psychiatrists, 36.3 (SD=10.8), was the highest, followed by psychologists (33.3, SD=8.9), nurses (31.1, SD=10.0) and attendants (34.9, SD=10.7). The sample comprised 74% male and 26% female psychiatrists, 13.3% male and 86.7% female psychologists, all nurses were female, and all attendants were male. Results revealed a significant positive association of workplace spirituality and self-esteem with psychological well-being among mental health professionals. They also showed that self-esteem was a significant predictor of five out of six sub-scales (autonomy, environmental mastery, self-acceptance, purpose in life and positive relations with others) of psychological well-being. Organisational values and contemplation the significant predictors of environmental mastery and self-acceptance. Gender was a significant predictor of autonomy and environmental mastery. The results further indicated that positive work unit values, positive connection with others and education were significant predictors of personal growth. Similarly, inner life and occupation were significant predictors of purpose in life, and blocks to spirituality were significant predictors of positive relations with others (Awan & Sitwat, 2014).

Various researchers have shown that eudaimonic well-being is achieved by engaging in activities that benefit others, that are just not based on economic gain, and that this is where an individual finds purpose in life. Health professionals fulfil this criterion of always being present to serve the needy, which leads to finding greater meaning on the work front, which in turn affects eudaimonic well-being (Ola, 2016). Well-being was assessed using the purpose in life sub-scale of the RPWBS (Keyes et al, 2002; Ryff & Keyes, 1995); depression, anxiety, and stress levels were assessed through corresponding scales (DASS by Lovibond & Lovibond, 1995), and meaningful work through work and meaning inventory (Steger, 2012). Findings indicated that eudaimonic well-being was inversely correlated with depression (r = -.82),

anxiety (r = - .72) and stress (r = -.71) (p = .01). It also revealed that eudaimonic well-being was positively correlated with meaning at work (r = .52, p = .01).

Satoodeh et al (2016) conducted a survey on a sample of 128 conveniently selected nurses working in hospitals in Bojnourd, Iran, during 2013, which aimed to determine the relationship between spiritual and moral intelligence and the psychological well-being of nurses. Results indicated a positive and significant relationship between spiritual and moral intelligence and psychological well-being (p<0.01). The regression analysis showed that spiritual and moral intelligence could significantly predict 26% of the variance of psychological well-being (p<0.01).

Based on the positive relationship between spiritual and moral intelligence and the psychological well-being of nurses, it is recommended that these factors be taken into consideration in programmes designed to promote nurses' mental health (Satoodeh et al, 2016). Nurses are an important group who provide health system services. They may be faced with various stresses related to their job that may cause physiological problems. Many factors can influence their psychological health (Tehrani, Habibian & Ahmadi, 2015).

Increasing empirical evidence has indicated beneficial effects of psychological well-being within the clinical field (Bhullar et al, 2014). For example, low levels of psychological well-being have been implicated in the risk of developing depression (Bhullar et al, 2014; Ryff & Keyes, 1995).

Arguably, the greatest innovations in science followed from eudaimonia's entry into the health arena (Ryff, 2018). Some studies have linked illnesses and disabilities to differing aspects of well-being, whereas epidemiological studies documented the protective influence of well-being (especially purpose in life) in reducing the risk of cognitive impairment, Alzheimer's disease, cardiovascular disease, stroke and osteoporosis in later life (Kim, Sun, Park,

Kubzansky & Peterson, 2013; Boyle, Buchman, Barnes & Bennett, 2012; Boyle et al, 2010). Prospective studies showed extended length of life among those with higher purpose in life (after adjusting for numerous confounds and covariates), including a multi-county meta-analysis (Cohen, Bavishi & Rozanski, 2016).

Other researchers began looking for mediators to account for the health benefits noted above, such as practising better health behaviours (Kim, Strecher & Ryff, 2014). The biological correlates of well-being received extensive attention; numerous studies showed that higher eudaimonia was linked with better physiological regulation measured in terms of stress hormones, inflammatory markers, glucose regulation, cardiovascular risk factors and allostatic load (Zilioli, Slatcher, Ong & Gruenewald, 2015). Some physiological benefits were also documented among disadvantaged segments of society, thereby underscoring the resilience-promoting features of purposeful life engagement, personal growth and positive ties to others in the face of inequality and limited life chances (Morozink, Friedman, Coe & Ryff, 2010).

Current research on well-being has been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudemonic approach, which focuses on meaning and self-realisation and defines well-being in terms of the degree to which a person is fully functioning (Ryan & Deci, 2001).

2.4 Hedonic view of psychological well-being

According to Ryan and Deci (2001), the hedonic view is that well-being consists of subjective happiness and concerns the experience of pleasure versus displeasure, broadly construed to include all judgments about the good/bad elements of life. Although there are many ways to evaluate the pleasure/pain continuum in human experience, most research within new hedonic psychology has used assessment of subjective well-being (Diener & Lucas, 1999). Ryan and

Deci (2001) stated that subjective well-being consists of three components: life satisfaction, the presence of positive mood, and the absence of negative mood, together often summarised as happiness. Just as there have been philosophical arguments about equating hedonic pleasure with well-being, there has been considerable debate about the degree to which measures of subjective well-being adequately define psychological wellness (Ryff & Singer, 2008). Hence, the hedonic view is different to what Ryff terms psychological well-being.

2.5 Eudaimonic view

Eudaimonism defines well-being as the degree to which individuals are fully functioning, that is, realising their true potential (Ryan & Deci, 2001; Waterman, 1993). Eudaimonia conceptualises well-being as occurring when individuals' life activities are congruent with their values and they are fully engaged. Under such circumstances, individuals are thought to feel intensely alive and authentic, existing as who they really are. In the positive psychology literature, psychological well-being is often used as a synonym for eudaimonism (Ryan & Deci, 2001). Thus, from Aristotle, the highest of all human goods was activity of the soul in accord with virtue. The key task in life is to know and live in truth with one's daimon, a kind of spirit given to all persons at birth. Eudaimonia embodied the Greek imperatives of self-truth (know thyself) and striving towards an excellence consistent with innate potentialities (become what you are) (Ryff, 2018).

Ryan and Deci (2001) further state that the term eudaimonia is valuable because it refers to well-being as distinct from happiness per se. Eudaimonic theories maintain that not all desires or outcomes that a person might value would yield well-being when achieved (Ryan & Deci, 2001). Even though they are pleasure producing, some outcomes are not good for people and would not promote wellness. A conceptual distinction has been made between subjective (or "hedonic") well-being and psychological (or "eudemonic") well-being (Ryan & Deci, 2001).

Thus, from the eudaimonic perspective, subjective well-being cannot be equated with psychological well-being (Ryan & Deci, 2001).

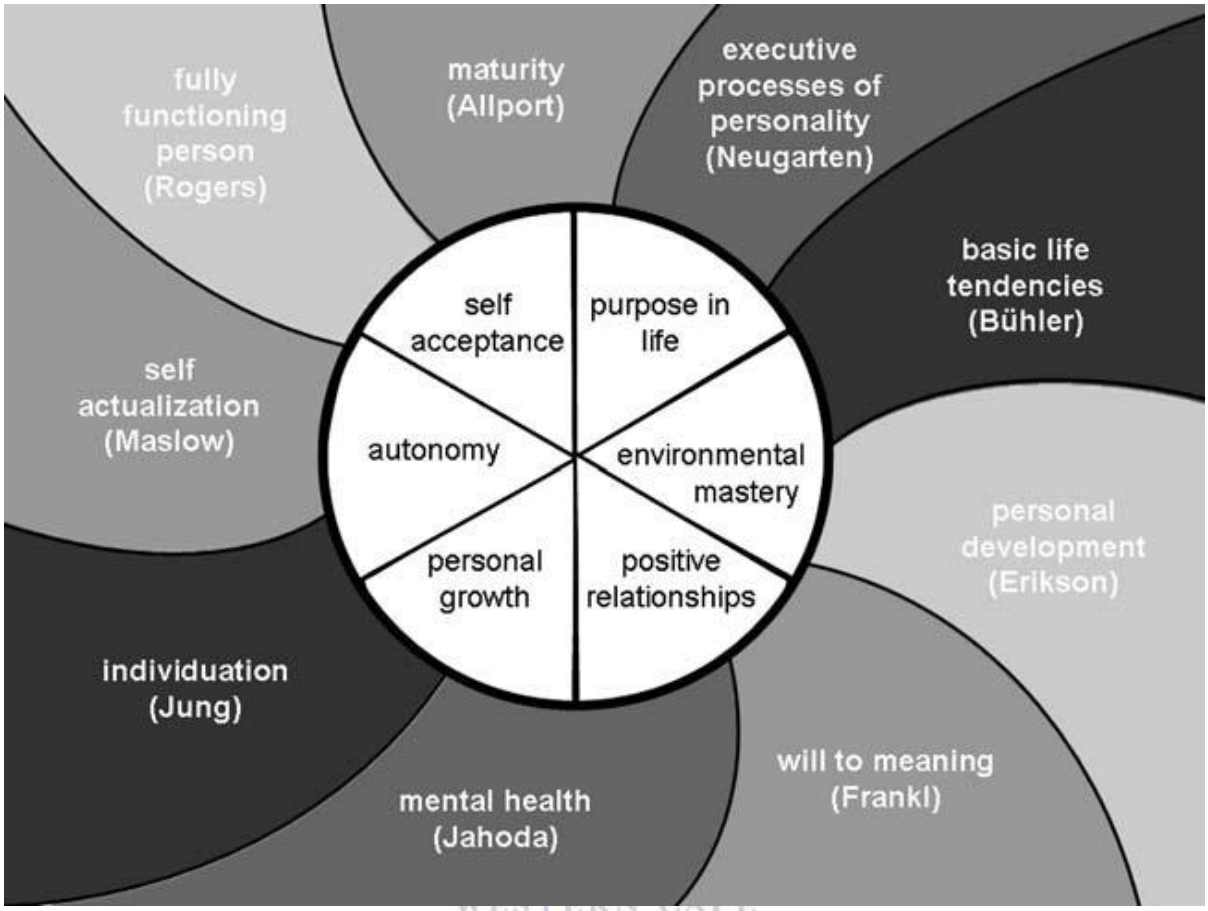

Figure 2.1: Core dimensions of psychological well-being and their theoretical foundations (Ryff & Singer, 2008).

Figure 2.1, created by Ryff and Singer (2008), indicates how each of the six dimensions grew out of the integration of the prior theoretical perspectives.

Ryff's multidimensional model of psychological well-being is one of the most integrative eudemonic models (Pérez-Garín, Molero & Bos, 2015; Ryff, 1989). Recognising the multidimensional nature of PWB provides a comprehensive account of optimal functioning (Ryff & Keyes, 1995).

2.6 Summary

In this chapter, the conceptual framework that informed the study's literature review on describing the psychological well-being of registered nurses working in a psychiatric hospital was described. An introduction was followed by an overview of psychological well-being in different countries, with reference to the hedonic and eudaimonic views. The construct of psychological well-being, as coined by Ryff, was discussed in relation to the multidimensional model of psychological well-being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance). Also discussed were the factors that influence the psychological well-being of registered nurses working in a psychiatric hospital (namely work–life conflict, social support, job satisfaction, leadership style, age, stress and burnout, and workplace violence).

In chapter 3, the research design and methodology that were used in this study will be discussed in depth.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was employed to achieve the research objectives of the study. The elements of the research methodology include the research approach, design and setting, the population and sampling, the data collection instrument, the data collection process, reliability, validity, data analysis, and ethical considerations.

3.2 Research approach

A research approach is "the overall plan for addressing a research question including specifications for enhancing the study's integrity" (Polit & Beck, 2012).

A quantitative, descriptive design was selected to meet the aim of this study. Quantitative research is a formal, objective, systematic process in which numerical data are utilised to acquire information about the world (Burns, Grove & Gray, 2013). According to Polit and Beck (2012), in quantitative research, a phenomenon is investigated leading to precise measurement and quantification of it. The phenomenon of psychological well-being can be measured and quantified; therefore, questionnaires were used to collect data, which was analysed by means of the Statistical Package for the Social Sciences (SPPS) version 24.

3.3 Research design

Brink, Van der Walt and Van Rensburg (2012: 96) define a research design as a set of logical steps taken by the researcher to answer the research question. They assert that it forms the "blueprint" of the study. For this study, the researcher used a descriptive survey design to achieve the aim. Descriptive survey design assists to describe the characteristics of a population or a phenomenon under study (LoBiondo-Wood & Haber, 2010; Polit & Beck, 2012), which in this case is the psychological well-being of registered psychiatric nurses. Survey research

involves gathering information from participants using questions administered through a chosen questionnaire (LoBiondo-Wood & Haber, 2010; Leedy & Ormrod, 2010). The descriptive survey design was suitable for the study because the researcher had no intention of establishing a cause-effect relationship; it also assisted to describe the psychological well-being of registered nurses working in the psychiatric hospital.

3.4 Research setting

The research setting is the site where a research study is conducted (Burns et al, 2013). This study was conducted in one of the four psychiatric hospitals in the Western Cape, South Africa. The selected hospital is a 722-bed psychiatric hospital in the Western Cape situated in Mitchells Plain, which is an area within the metropole region of Cape Town. Mitchells Plain is one of South Africa's largest suburbs. It is 32 kilometres from the Cape Town city centre, located in the Cape Flats on the False Bay coast between Muizenberg and Khayelitsha. It has an estimated population of 852 000 people (Smetherham, 2004).

The hospital is responsible for the delivery of tertiary level mental health care to the inhabitants of Mitchells Plain, Khayelitsha, Delft and Phillipi. The selected hospital is the main provider of specialist psychiatric services as well as being a major specialist referral centre of the Western Cape. The psychiatric hospital is divided into two sections, namely the psychiatric section and the section for individuals with intellectual disability. Among the services rendered within the psychiatric section are: acute-short-term and long-term admission units, forensics, and child and adolescent psychiatry. The section for individuals with intellectual disability is further divided into grades: grade I is for people with severe or profound intellectual disability, grade II is for those with moderate intellectual disability and grade III is for clients who are mildly intellectually disabled. This hospital was selected because it is the largest psychiatric hospital in the Western Cape.

3.5 Population and sampling

In this section, the population, sampling technique, sample and sample size are discussed.

3.5.1 Study population

Population is the "entire group of people or objects that is of interest to the researcher and which fulfil the criteria to successfully complete the study" (Burns & Grove, 2009).

The population for the study comprised all the registered nurses employed at the selected psychiatric hospital. The total population was 129 registered nurses. This category of nurses was chosen as the target population since they are responsible for the direct care, treatment and rehabilitation of patients with mental illness admitted to the selected hospital.

3.5.2 Sampling and sample size

Sampling is the "process of selecting cases to represent a whole population, in order to make inferences about the population" (Polit & Beck, 2012).

An all-inclusive sampling method was utilised to select the sample of registered nurses at the psychiatric hospital. The sample for the study was all-inclusive, meaning that all registered nurses working in the selected hospital were included in the study. The sample size refers to the number of participants selected to participate in the study (Burns et al, 2013). The sample size for this study was 129. The researcher distributed envelopes containing questionnaires, consent forms and information sheets to 129 registered nurses at the psychiatric hospital. A total of 104 completed forms were returned, yielding a response rate of 88.37% (n=104). Upon collection, the questionnaires were separated from the consent forms and place in two separate boxes. The participants retained the information sheets.

Inclusion criteria

- Registered nurses who were employed at the selected psychiatric hospital and are directly involved in rendering care, treatment and rehabilitation of psychiatric patients.

- Registered nurses who were willing to participate in the study.

Exclusion criteria

- Operational managers, staff nurses and other multi-disciplinary team members employed at the selected psychiatric hospital.

3.6 Data collection

Data collection is the "precise, systematic gathering of information relevant to the research purpose or the specific objectives, question, hypothesis of the study" (Burns, Grove & Gray, 2013). Planning the data collection enables the researcher to anticipate any problems that are likely to occur and explore possible solutions (Burns et al, 2013).

3.6.1 Data collection instrument

The data collection instrument is the tool used to gather information (Brink et al, 2012). A structured questionnaire was used to collect data in this study. Polit and Beck (2012) define a questionnaire as a document that is used to collect self-report data through self-administration of questions. The RPWBS, which is an existing, structured set of six-point Likert-type questions with possible responses ranging from strongly disagree (score 1) to strongly agree (score 6), was used to collect the data (Annexure E). The RPWBS is a self-reporting questionnaire comprising 48 closed-ended questions. The questionnaire comprises two sections, namely:

- Section A, which comprises six questions on biographical data such as age, gender, home language, years of experience at the psychiatric hospital, marital status and religion; and
- Section B, which comprises the RPWBS, consisting of 42 items divided into six domains, namely self-acceptance, purpose in life**,** environmental mastery, personal growth, positive relations with others and autonomy.

Each of these domains consists of seven statements. Completion of the question required 15 to 20 minutes of the participant's time. There was no charge to use the RPWBS; however, the researcher paid the cost of reproducing it from the electronic master file, which the researcher requested from the author.

The RPWBS is scored as follows: Negative phrased items on the RPWBS were recoded and reversed in the final scoring procedures so that high scores indicate high self-ratings on the dimension assessed. This scales have negative or reverse sentences for numbers 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41. That is, negatively worded items are flipped so that a 6 (strongly agree) is recoded as a 1, a 5 is recoded as a 2, and so on. The numerical values are assigned to a Likert scale from (1 – strongly disagree to 6 – strongly agree), thus facilitating the calculation of an average score to ascertain the psychological well-being score of registered nurses at a psychiatric hospital in the Western Cape.

Interpretation of scores:

According to Ryff, there are no specific scores or cut-points for defining high or low well-being. High well-being could refer to scores in the top 25% (quartile) of the distribution, whereas low well-being could be scores in the bottom 25% (quartile) of the distribution. Another option is to define high well-being as scores that are 1.5 standard deviations above the mean, whereas low well-being is scores that are 1.5 standard deviations below the mean. The latter method was applied in this study, and the measurement criteria for respondents' mean scores was as follows: low (1.00–2.00), medium (2.10–4.00) and high (4.10–6.00).

An overall psychological well-being score can be obtained by combining individual scale into a composite score and could be interpreted according to the above guidelines.

3.6.2 Reliability of the instrument

Creswell (2009: 190) defines reliability as the "consistency, stability and repeatability of the informants' accounts, as well as the researcher's ability to collect and record information

accurately". Burns and Grove (2009) further define validity as the accuracy and truthfulness of scientific findings.

The RPWBS has been used in diverse samples – for example, 224 staff nurses in Turkey, 945 emergency doctors and nurses from Spain, and 907 registered nurses in Taiwan – and has demonstrated good internal reliability.

In a study conducted by Bayani et al (2008) on Iranian students, the researchers found that the test-retest reliability coefficient of the RPWBS was 0.82. The subscales of self-acceptance, positive relation with others, autonomy, environmental mastery, purpose in life and personal growth were found to have reliability coefficients of 0.71, 0.77, 0.78, 0.77, 0.70 and 0.78 respectively, which were statistically significant ($p<0.001$) (Bayani et al, 2008).

3.6.3 Validity of the instrument

Validity of the instrument is defined as the accuracy and truthfulness of scientific findings (Burns & Grove, 2009). All questions asked in the questionnaire are consistent, as they relate to the objectives of the study as listed in Table 3.1 below.

Table 3.1: Construct validity

Objective	Questions
To determine whether registered nurses have a positive attitude towards self and past life (**self-acceptance**)	6, 12, 18, 24, 30, 36, 42
To determine whether registered nurses have goals and objectives that give life meaning (**purpose in life**),	5, 11, 17, 23, 29, 35, 41
To determine registered nurses' ability to manage the complex demands of daily life (**environmental mastery**)	2, 8, 14, 20, 26, 32, 38
To determine whether registered nurses have a sense of continued development and self-realisation (**personal growth**)	3, 9, 15, 21, 27, 33, 39
To determine whether registered nurses have caring and trusting ties with others (**positive relation with others**)	4, 10, 16, 22, 28, 34, 40
To determine registered nurses' ability to follow their own convictions (**autonomy**)	1, 7, 13, 19, 25, 31, 37

3.6.4 Pre-testing of the instrument

The instrument was pretested. Reasons for conducting a pre-test/pilot test included:

- to determine the accuracy, validity and reliability of information;
- to ensure that the questions were clear and whether the participants understood the questions or changes needed to be made before the main data collection;
- to ascertain if the time allotted was adequate to complete the questionnaire; and
- to ensure that the objectives of the study would be attained.

The process of the pre-test that was conducted at the selected psychiatric hospital in the Western Cape is described below.

The researcher distributed 20 envelopes, each containing a questionnaire, consent form and the information sheet to the staff in five psychiatric wards. Of the 20, 18 questionnaires were received back.

Mode of distribution and collection

The researcher visited every ward to explain what the research was about and request the registered nurses to participate in the study. The questionnaire was distributed, together with the consent form, to all participants who volunteered to participate in the pre-test, and they were requested to complete it in their own free time. The researcher collected the questionnaires the following day. The participants were requested to indicate at the back of the questionnaire anything they found difficult or unclear in the questionnaire.

On day two, which was 18 November 2017, most questionnaires had been completed (14), a few (4) had not completed and were awaiting collection, and two (2) had been forgotten at home.

FINDINGS

Section A: Demographics

How old are you?

- Five (5) participants did not indicate their age. Maybe they did not want to or felt shy about disclosing their age. I explained to the participants that their identity would not be linked in any way with their age and that they will remain anonymous.

How many years have you worked at the current hospital?

- Six (6) questionnaires were blank on this question as well.

Marital status

- The current pre-test questionnaire did not have option boxes for widowed or other. These were added to the final questionnaire.

Section B: The Ryff psychological well-being scales

Clarity of questions and instructions

- Most questions were clear and were understood by the participants. One participant asked for the meaning of the word 'trivial' in question 17. Most questions made sense and the participants could relate to them.

Length of each question

- The length of the questions is normal; participants find them straightforward and not ambiguous. None of the participants indicated finding the questions inappropriate, too long or boring.

Time needed to complete the questionnaire

- Four (4) questionnaires were completed while I was in the wards. It took +/- 15 minutes for most of the participants to complete them. Hence, 15 to 20 minutes might be adequate in comparison to the 25 to 30 minutes indicated in the information sheet.

The identified areas that were not clear or were ambiguous to the participants were paraphrased to reflect their views, and the participants were also encouraged to fully complete the questionnaires to the best of their knowledge.

3.6.5 Data collection process

The data collection process refers to precise, systematic gathering of information to address a research problem (Polit & Beck 2012; Burns et al, 2013).

After approval to undertake the study was granted by the University of the Western Cape Biomedical Research Ethics Committee (Annexure A), the researcher made an application to the Western Cape Department of Health for permission to undertake the study at the selected psychiatric hospital. The Western Cape Department of Health granted permission (Annexure B), and the research proposal was presented at a meeting to the Research Ethics Committee at the selected psychiatric hospital. Approval to access the staff was granted by the Chief Executive Officer of the selected psychiatric hospital.

The researcher contacted the area manager at the selected psychiatric hospital to introduce himself and arrange for the commencement of the data collection process. An appointment was made with the area manager responsible for the wards in order to gain access to the potential participants. Upon receipt of a list of the persons in charge of the wards, the researcher sent each of them an email communication detailing the study by way of the information sheet and offering to set up appointments for points of clarity if required.

Data collection took place from November to December 2017, commencing a week after the pre-test was finalised. The researcher visited every ward before data collection and explained the purpose of the study to the registered nurses on both alternating shifts (comprising night- and day-duty registered nurses). The researcher informed the participants of their right to participate voluntarily, possible risks and that they could withdraw at any stage of the study. Should they encounter emotional problems, a psychologist was made available and could be

reached with the information contained in the information sheet. Anonymity and confidentiality were also assured, and they were informed that the questionnaire would take approximately 15 to 20 minutes to complete. After answering all the potential participants' questions, the researcher invited the registered nurses to participate in the study. The researcher handed out an information sheet (Annexure C), informed consent forms (Annexure D) and a questionnaire (Annexure E), all contained in a single envelope, to each participant who had volunteered to participate in the study. Informed consent forms were signed and the researcher requested the participants to complete the questionnaire in their own free time. Once the questionnaires were completed, they were to be placed in the envelopes for the researcher to collect within two days between 13h00 and 15h00 on the agreed date. A total of 129 questionnaires were distributed and 104 questionnaires were returned. Twenty-five (25) questionnaires were not returned as the participants had either withdrawn from the study, or were sick or on leave.

3.7 Data analysis

According to Burns and Grove (2009), data analysis is a method of exploring and organising the raw data, as well as analysing and interpreting the data in order to give meaning. This is the final step in the methodology of a study. It requires that a method is chosen to explore and organise raw data so that it can be analysed and interpreted to give meaning at the end of the study (Brink et al, 2012).

SPSS version 24 was employed in the data analysis of this quantitative data. Data were captured and cleaned on receiving the questionnaires. Descriptive statistics were used, as they help summarise and reduce a large amount of data into an organised whole, making it possible for readers to make good meaning of it (Burns et al, 2013). Frequencies and percentages of categorical variables (gender, language, marital status and religion) were analysed, and mean and standard deviation of numerical variables (age and years of experience) were calculated.

Finally, association between demographic characteristics and the domains of psychological well-being was determined using the analysis of variance (ANOVA).

3.8 Ethical considerations

Ethical approval was obtained from the Biomedical Research Ethics Committee (Annexure A) at the University of the Western Cape. Permission to conduct the study in the selected psychiatric hospital was obtained from the Department of Health (Annexure B) and the CEO of the selected hospital.

Informed consent: Permission was received from the participants in the study, after they had been informed about the study. All participants were adequately informed and provided with a complete understanding of the study. Consent forms were signed prior to completion of the questionnaire (Annexure D).

Anonymity and confidentiality: Participants were informed that all information in the study shall remain private and confidential and that anonymity would be ensured at all times by using code names rather than the participants' names. The results of this study shall be published without mentioning the names of the participants or the institution. To ensure confidentiality, completed questionnaires were deposited into a single covered box, which was stored in a locked, private cupboard, to which only the researcher had the key.

Principle of beneficence: It is the participant's right to be free from discomfort and harm in any form. Participation was voluntary and participants had the right to refuse or withdraw from the study at any time during research without giving a reason for doing so (Burns & Grove, 2009; Brink et al, 2012). Participants were monitored for emotional discomfort at all times, and should they have experienced it, they would have been referred to a clinical psychologist for counselling/psychotherapy. Furthermore, if any of the participants scored high on negative phrases in the RPWBS, they were to be referred to a clinical psychologist, as prearranged by

the researcher. Upon completion of the data collection process, no participants required referral to the clinical psychologist.

3.9 Summary

This chapter discussed the research method and design used in the study. It also discussed the research setting, population and sampling, data collection instrument, pre-testing, data collection process, reliability and validity, data analysis, and ethical considerations that applied to the study.

Chapter 4 will discuss the results of the data analysis.

CHAPTER 4

RESULTS

4.1 Introduction

In this chapter, the findings of the study are presented. The aim of the study was to describe the psychological well-being of registered nurses in a psychiatric hospital in the Western Cape, South Africa. The results of this study are presented in six domains based on the objectives as follows:

1. To determine whether registered nurses have a positive attitude towards self and past life (**self-acceptance**)
2. To determine whether registered nurses have goals and objectives that give life meaning (**purpose in life**)
3. To determine registered nurses' ability to manage the complex demands of daily life (**environmental mastery**)
4. To determine registered nurses' sense of continued development and self-realisation (**personal growth**)
5. To determine whether registered nurses have caring and trusting ties with others (**positive relation with others**)
6. To determine registered nurses' ability to follow their own convictions (**autonomy**)

The results of the study will be presented in two sections.

Section A describes the sample realisation and a description of the respondents. Section B describes the main outcome of the study, which is the psychological well-being of registered nurses in six aspects (self-acceptance, purpose in life, environmental mastery, personal growth, positive relation with others, autonomy). Section C describes the associations between demographic variables and domains of psychological well-being will also be presented in this chapter.

4.2 Section A: Demographics of respondents

This section presents the sample realisation, which includes the demographic details such as gender, age, years of experience, home language, religion and marital status. Descriptive statistics in the form of frequency tables and pie charts and bar graphs are used to describe the sample, and below each of these is a discussion of the results.

4.2.1 Sample realisation

The population of the study comprised all registered nurses employed at a selected psychiatric hospital in the Western Cape, South Africa. At the time of the survey, there were a total of 129 registered nurses working at this psychiatric hospital. A total of 129 questionnaires were handed out to all the registered nurses, 104 of which were completed yielding a response rate of 80.6%. The remaining participants were unavailable for follow-up. As these registered nurses all occupied the same role, the results are presented as one group. However, where groups were created, differences were tested with analysis of variance (ANOVA) where relevant.

4.2.2 Demographics of respondents

Figure 4.1 depicts the gender of the registered nurses working at the selected psychiatric hospital.

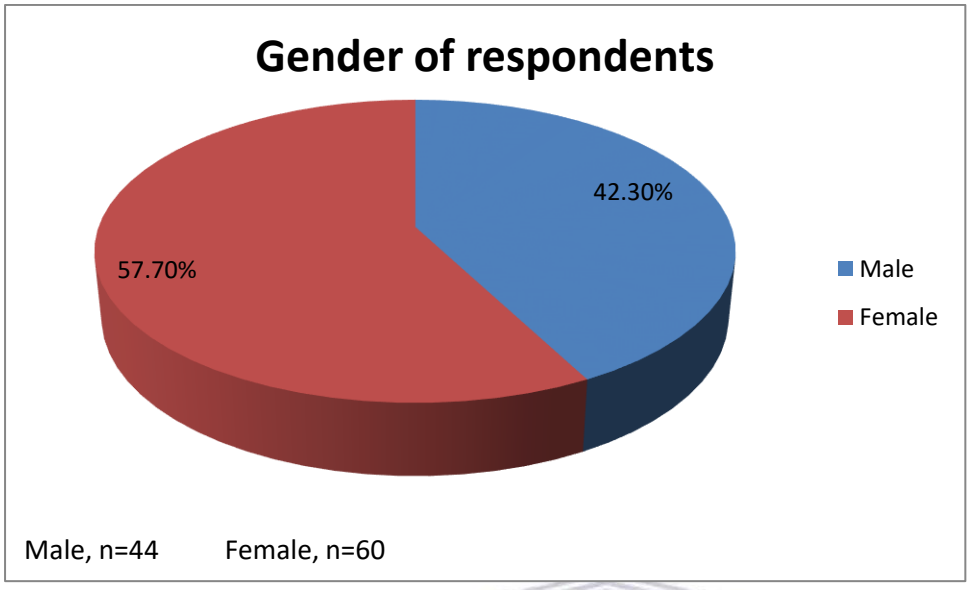

Figure 4.1: Gender of respondents

Figure 4.1 illustrates that of the total sample, the majority of the respondents were females (57.7%, n=60), with males comprising 42.3% (n=44).

4.2.2.1 Age of respondents

Figure 4.2 depicts the age of the registered nurses working at the selected psychiatric hospital and below is a discussion of the results.

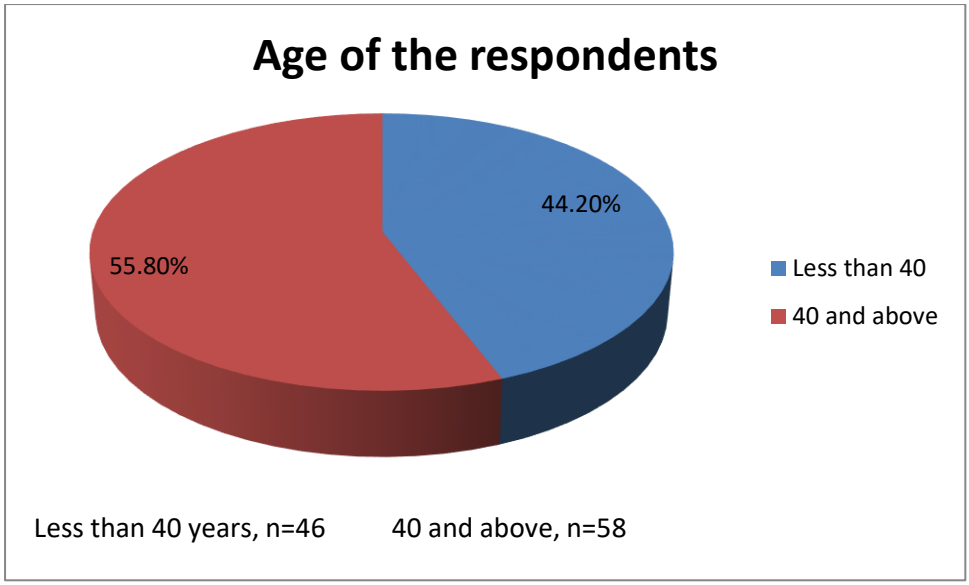

Figure 4.2: Age of the respondents

Figure 4.2 illustrates that more than half of the respondents were 40 years of age and above (55.8%, n=58), and 46 respondents (44.2%) were younger than 40 years, with an overall mean age of 38.9 (±10.3) years.

Table 4.1: Mean age of respondents

Demographic	Total
Age M (SD)	38.9 years (±10.3)

4.2.2.2 Years of experience

In Table 4.2, the years of experience working in the selected psychiatric hospital is depicted. The majority of the respondents had less than 17 years of experience (81.7%, n=85), while 18.3% (n=19) had more than 17 years' work experience (Table 4.2).

Table 4.2: Respondents' years of experience

Demographic	Total
Years of working in current hospital M (SD)	9.6 years (±8.8)

Years of working in current hospital in category (n, %)	
Below 17	85 (81.7%)
Above 17	19 (18.3%)

4.2.2.3 Home language

Figure 4.3 gives an account of the home language of the respondents of the study.

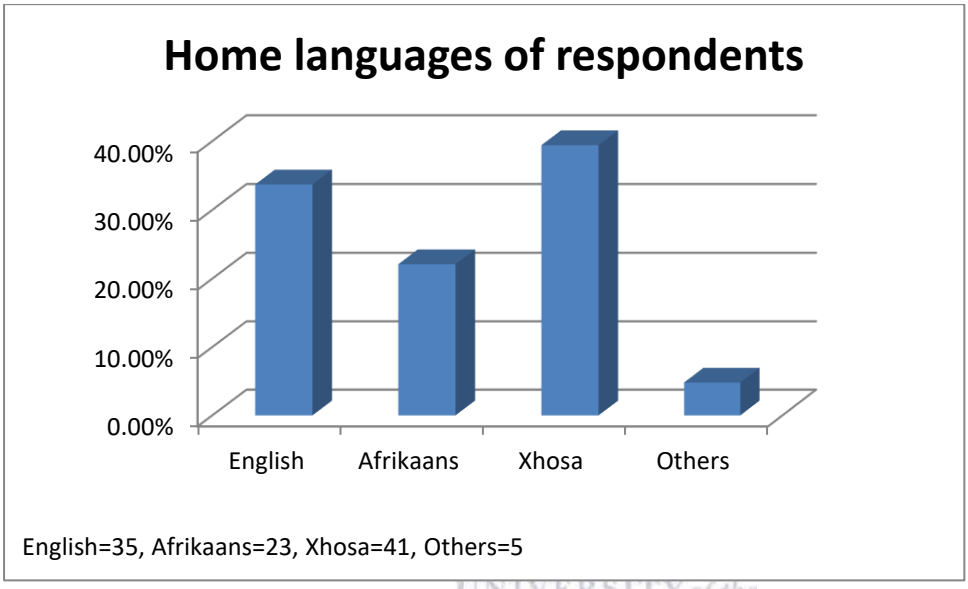

Figure 4.3: Home languages of respondents

Less than half of the respondents (39.4%, n=41) spoke Xhosa as their home language. A third (33.7%, n=35) spoke English, while 22.1% (n=23) spoke Afrikaans (Figure 4.3).

4.2.2.4 Religion of respondents

In Figure 4.4, the religion of the respondents is depicted followed by a discussion of the results.

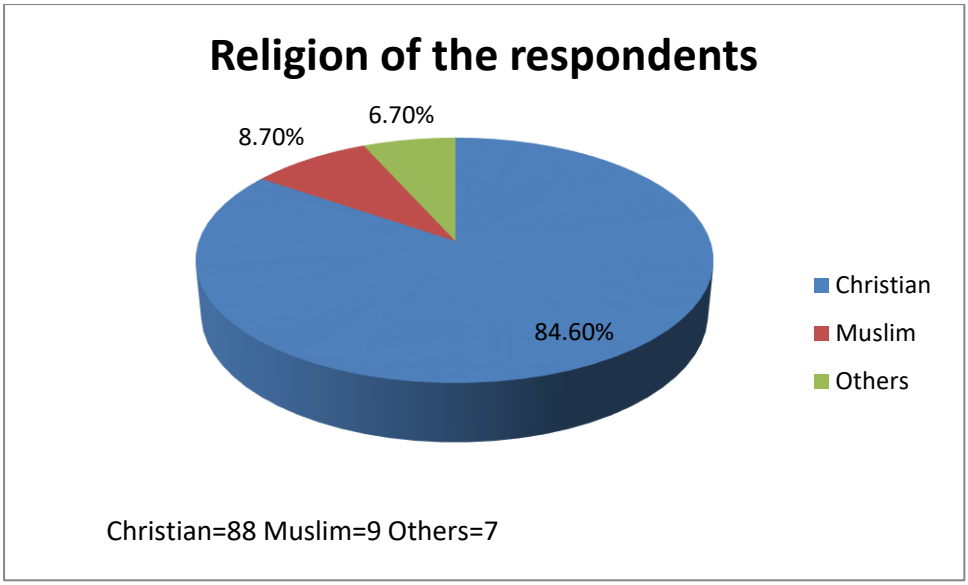

Figure 4.4: Religion of the respondents

The results in Figure 4.4 indicate that the majority of the respondents are Christians (84.6%, n=88), with only nine Muslims (8.7%, n=9) and even fewer adherents of other religions (6.7%, n=7).

4.2.2.5 Marital status of respondents

In Figure 4.5, the marital status of the respondents is illustrated in the form of a bar graph indicating percentages. The results are discussed below.

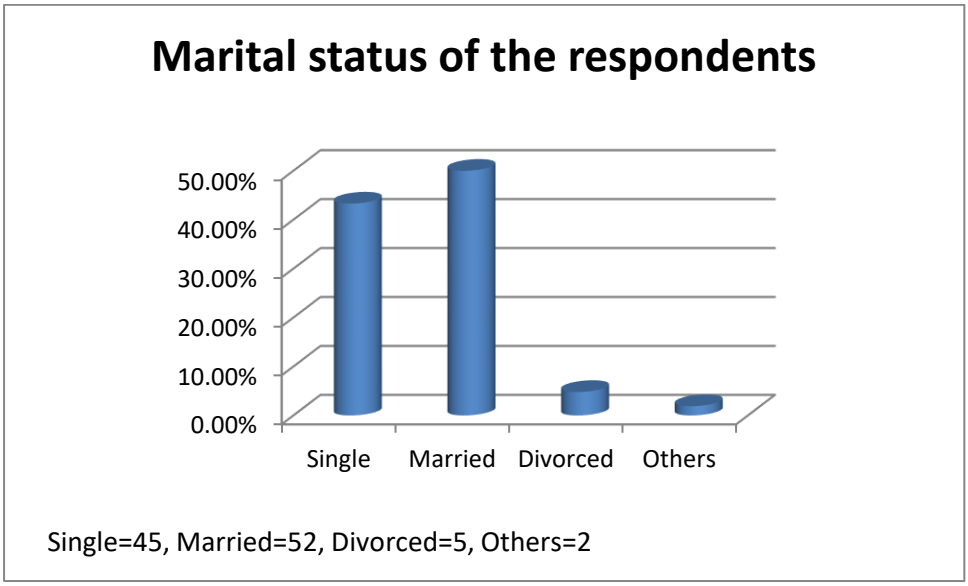

Figure 4.5: Marital status of the respondents

Half of the respondents were married (50.0%, n=52), followed by 43.3% (n=45) of respondents who are single, 4.8% (n=5) of respondents who are divorced and only 1.9% (n=2) with other marital status (Figure 4.5).

4.3 Section B: Psychological well-being of respondents

The psychological well-being of the respondents as measured by the RPWBS is depicted in the tables below according to six domains, namely self-acceptance, purpose in life, environmental mastery, personal, positive relation with others and autonomy.

Table 4.3 illustrates the total mean score for the psychological well-being dimensions among the studied nurses.

Table 4.3: Total mean score for the RPWBS

Descriptive statistics					
	N	Minimum	Maximum	Mean	Standard deviation
Total mean score for RPWBS	104	3.00	6.00	3.85	.811

4.3.1 Domain 1: Self-acceptance

Positive attitude towards self and past life (self-acceptance) was measured through the level of agreement with statements that reflected on aspects such as personality and attitude towards self in relation to others. In addition, an overall self-acceptance mean score was calculated.

Most of respondents (96.2%, n=100) agreed that they like most aspects of their personality. A smaller majority (92.3%, n=96) agreed to feeling confident and positive about themselves. Ninety-one respondents (87.5%, n=91) agreed to the statements that when they look at the story of their life, they are pleased with how things have turned out, and that when they compare themselves to friends and acquaintances, it makes them feel good about who they are. Less than half of the respondents (40.4%, n=42) agreed that their attitude about themselves is probably not as positive as most people feel about themselves. Less than a third of the respondents (28.8%, n=30) feel like many of the people they know have gotten more out of life

than them, while 18.3% (n=19) feel disappointed in many ways about their achievements in life. The overall self-acceptance mean score was 4.0 (±0.6) out of a possible of 6 (Table 4.4). Table 4.4 depicts the respondents' ratings on self-acceptance as one of the domains for psychological well-being.

Table 4.4: Self-acceptance scores of respondents

Items	Total	Agree	Disagree
1. I like most aspects of my personality.	104 (100%)	100 (96.2%)	4 (3.8%)
2. In general, I feel confident and positive about myself.	104 (100%)	96 (92.3%)	8 (7.7%)
3. When I look at the story of my life, I am pleased with how things have turned out.	104 (100%)	91 (87.5%)	13 (12.5%)
4. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	104 (100%)	91 (87.5%)	13 (12.5%)
5. My attitude about myself is probably not as positive as most people feel about themselves.	104 (100%)	42 (40.4%)	62 (59.6%)
6. I feel like many of the people I know have gotten more out of life than I have.	104 (100%)	30 (28.8%)	74 (71.2%)
7. In many ways, I feel disappointed about my achievements in life.	104 (100%)	19 (18.3%)	85 (81.7%)
Self-acceptance M (SD)			**4.0 (±0.6)**

4.3.2 Domain 2: Purpose in life

Purpose in life, which entails having goals and objectives that give meaning to life, was the second domain to be measured. Most of the respondents (95.2%, n=99) agreed to having a sense of direction and purpose in life, while 4.8% (n=5) disagreed to this statement. Ninety-four (90.4%, n=94) respondents agreed to enjoying making plans for the future and working to make them a reality, while 76.0% (n=79) agreed that some people wander aimlessly through life but they are not one of them. Less than half (35.6%, n=37) agreed to sometimes feeling like they have done all there is to do in life. Additionally, 26.0% (n=27) agreed to not having good sense of what they are trying to accomplish in life, and 22.1% (n=23) agreed that they live life one day at a time and do not really think about the future. A few (18.3%, n=19) respondents admitted that their daily activities often seem trivial and unimportant to them. All

the above results had an impact on the respondents' purpose in life. The overall purpose in life mean score was 3.5 (±0.6**)** out of a possible 6 (Table 4.5). Table 4.5 depicts the respondents' ratings on purpose in life as one of the domains for psychological well-being.

Table 4.5: Purpose in life scores of respondents

Items	**Total**	**Agree**	**Disagree**
1. I have a sense of direction and purpose in life.	104 (100%)	99 (95.2%)	5 (4.8%)
2. I enjoy making plans for the future and working to make them a reality.	104 (100%)	94 (90.4%)	10 (9.6%)
3. Some people wander aimlessly through life but I am not one of them.	104 (100%)	79 (76.0%)	25 (24.0%)
4. I sometimes feel as if I've done all there is to do in life.	104 (100%)	37 (35.6%)	67 (64.4%)
5. I don't have a good sense of what it is I'm trying to accomplish in life.	104 (100%)	27 (26.0%)	77 (74.0%)
6. I live life one day at a time and don't really think about the future.	104 (100%)	23 (22.1%)	81 (87.9%)
7. My daily activities often seem trivial and unimportant to me.	104 (100%)	19 (18.3%)	85 (81.7%)
Purpose in life M (SD)			**3.5 (±0.6)**

4.3.3 Domain 3: Environmental mastery

The results in Table 4.6 indicate that most of the respondents (95.2%, n=99) agreed to being quite good at managing the many responsibilities of their daily life, while 4.8% (n=5) disagreed to this statement. The findings in Table 4.6 also indicate that most (90.4%, n=94) of the respondents have been able to build a home and a lifestyle that is much to their liking, while 86.6% (n=90) generally feel in charge of the situation in which they live. About half of the respondents (47.1%, n=49) agreed to often feeling overwhelmed by their responsibilities. Furthermore fewer than half of the respondents agreed that demands of everyday life often get them down (37.5%, n=39) and that they have difficulty arranging life in a way that is satisfying to them (35.6%, n=37). Additionally, 32.7% (n=34) do not fit very well with the people and community around them. The overall mean score for environmental mastery was 3.8 (±0.9) out

of a possible 6 (Table 4.6). Table 4.6 depicts the respondents' ratings on environmental mastery as one of the domains for psychological well-being.

Table 4.6: Environmental mastery scores of respondents

Items	Total	Agree	Disagree
1. I am quite good at managing the many responsibilities of my daily life.	104 (100%)	99 (95.2%)	5 (4.8%)
2. I have been able to build a home and a lifestyle for myself that is much to my liking.	104 (100%)	94 (90.4%)	10 (9.6%)
3. In general, I feel I am in charge of the situation in which I live.	104 (100%)	90 (86.6%)	14 (13.5%)
4. I often feel overwhelmed by my responsibilities.	104 (100%)	49 (47.1%)	55 (52.9%)
5. The demands of everyday life often get me down.	104 (100%)	39 (37.5%)	65 (62.5%)
6. I have difficulty arranging my life in a way that is satisfying to me.	104 (100%)	37 (35.6%)	67 (64.4%)
7. I do not fit very well with the people and the community around me.	104 (100%)	34 (32.7%)	70 (67.3%)
Environmental mastery			**3.8 (±0.9)**

4.3.4 Domain 4: Personal growth

Results from Table 4.7 indicate that most of the respondents (95.2%, n=99) agreed to having a sense that they had developed as a person over time and that for them life has been a continuous process of learning, changing and growth. Ninety-eight (94.2%, n=98) think it is important to have new experiences that challenge how one thinks about oneself and the world. About half of the respondents (51.9%, n=54) do not enjoy being in new situations that require them to change their old, familiar ways of doing things.

Less than a third of the respondents admitted that they are not interested in activities that expand their horizons (32.7%, n=34) and that they gave up trying to make big improvements or changes in their lives long time ago (31.7%, n=33). Furthermore, Table 4.7 shows that 26.0% (n=22) of respondents agreed that when they think about it, they have really not improved much as a person over the years. The overall self-acceptance mean score was 3.8 (±0.7) out of a possible

6 (Table 4.7). Table 4.7 depicts the respondents' ratings on personal growth as one of the domains of psychological well-being.

Table 4.7: Personal growth scores of respondents

Items	Total	Agree	Disagree
1. I have the sense that I have developed a lot as a person over time.	104 (100%)	99 (95.2%)	5 (4.8%)
2. For me, life has been a continuous process of learning, changing and growth.	104 (100%)	99 (95.2%)	5 (4.8%)
3. I think it is important to have new experiences that challenge how you think about yourself and the world.	104 (100%)	98 (94.2%)	6 (5.8%)
4. I do not enjoy being in new situations that require me to change my old, familiar ways of doing things.	104 (100%)	54 (51.9%)	50 (48.1%)
5. I am not interested in activities that will expand my horizons.	104 (100%)	34 (32.7%)	70 (67.3%)
6. I gave up trying to make big improvements or changes in my life a long time ago.	104 (100%)	33 (31.7%)	71 (68.3%)
7. When I think about it, I haven't really improved much as a person over the years.	104 (100%)	22 (26.0%)	77 (74.0%)
Personal growth M (SD)			**3.8 (±0.7)**

4.3.5 Domain 5: Positive relations with others

The findings from Table 4.8 show that the majority of the respondents (97.1%, n=101) enjoy personal and mutual conversations with family members or friends. Most (86.5%, n=90) also agreed that most people see them as loving and affectionate and that people would describe them as a giving person, willing to share their time with others.

More than half (76.9%, n=80) know that they can trust their friends and their friends can trust them, while 33.7% (n=35) have not experienced many warm and trusting relationships with others. In addition, less than a third (28.8%, n=30) of respondents indicated that maintaining close relationships has been difficult and frustrating for them, and they also often feel lonely because they have few close friends with whom to share their concerns. The overall mean score for positive relation with others was 3.9 (±0.7) out of a possible 6 (Table 4.8). Table 4.8 depicts the respondents' ratings on positive relation with others as one of the domains for psychological well-being.

Table 4.8: Positive relations with others scores of respondents

Items	Total	Agree	Disagree
1. I enjoy personal and mutual conversations with family members or friends.	104 (100%)	101 (97.1%)	3 (2.9%)
2. Most people see me as loving and affectionate.	104 (100%)	90 (86.5%)	14 (13.5%)
3. People would describe me as a giving person, willing to share my time with others.	104 (100%)	90 (86.5%)	14 (13.5%)
4. I know that I can trust my friends, and they know they can trust me.	104 (100%)	80 (76.9)	24 (23.1%)
5. I have not experienced many warm and trusting relationships with others.	104 (100%)	35 (33.7%)	69 (66.3%)
6. Maintaining close relationships has been difficult and frustrating for me.	104 (100%)	30 (28.8%)	74 (71.2%)
7. I often feel lonely because I have few close friends with whom to share my concerns.	104 (100%)	30 (28.8%)	74 (71.2%)
Positive relation with others M (SD)			**3.9 (±0.7)**

4.3.6 Domain 6: Autonomy

As indicated in Table 4.9, most respondents agreed to the statements "I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people" (96.2%, n=100) and "I have confidence in my opinions, even if they are in contrary to the general consensus" (91.3%, n=95). The majority of the respondents also agreed that their decisions are not usually influenced by what everyone else is doing (87.5%, n=91) and judge themselves by what they think is important, not by the values of what others think is important (84.6%, n=88).

Fewer than half the respondents (42.3%, n=44) tend to be influenced by people with strong opinions. Finally, 36.5% (n=38) of respondents have difficulty voicing their own opinions on controversial matters and tend to worry about what other people think of them. As per the results in Table 4.9, the overall mean score for autonomy was 4.1 (±0.6) out of a possible 6. Table 4.9 depicts the respondents' ratings on autonomy as one of the domains for psychological well-being.

Table 4.9: Autonomy scores of respondents

Item	Total	Agree	Disagree
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	104 (100%)	100 (96.2%)	4 (3.8%)
2. I have confidence in my opinions, even if they are contrary to the general consensus.	104 (100%)	95 (91.3%)	9 (8.7%)
3. My decisions are not usually influenced by what everyone else is doing.	104 (100%)	91 (87.5%)	13 (12.5%)
4. I judge myself by what I think is important, not by the values of what others think is important.	104 (100%)	88 (84.6%)	16 (15.4%)
5. I tend to be influenced by people with strong opinions.	104 (100%)	44 (42.3%)	60 (57.7%)
6. I tend to worry about what other people think of me.	104 (100%)	38 (36.5%)	66 (63.5%)
7. It's difficult for me to voice my own opinions on controversial matters.	104 (100%)	38 (36.5%)	66 (63.5%)
Autonomy M (SD)			**4.1 (±0.6)**

4.4 Section C: Association between demographic characteristics and the domains of psychological well-being

This section covers respondents' accounts on the six domains of psychological well-being in relation to their demographic characteristics (years of experience, age, gender, home language, religion and marital status), as illustrated in Tables 4.9 to 4.14, in order to ascertain if there is a significant difference or association between them.

4.4.1 Years of experience

Table 4.10 illustrates the association between the years of experience and psychological well-being among registered nurses working at the selected psychiatric hospital. Below the table is a discussion of the results.

To test whether there was an association between years of working experience and psychological well-being, the mean score of each item that made up the psychological well-being was used and years of experience was classified into "below 17 years" and "17 years and above" (Table 4.10). There was significant difference in two of the psychological well-being items (personal growth and autonomy), with respondents with fewer years of experience (4.0,

±0.7) reporting having a greater sense of continued development and self-realisation (personal growth) than respondents with more years of experience (3.5, ±0.5) (*p*=.026*).

On the other hand, respondents with more years of experience (4.2, ±0.6) reported having a greater ability to follow their own convictions (autonomy) than those with fewer years of experience (3.7, ±0.4) (*p*=.010*). No significant difference was found in other domains of psychological well-being for years of experience (Table 4.10).

Table 4.10: Association between years of experience and psychological well-being domains

Psychological well-being domains	Total (104)	Less17 (85)	Above 17 (19)	F	*p*-value
1. Registered nurses' positive attitude towards self and past life (**self-acceptance**)	4.0 (0.6)	4.1 (0.6)	3.9 (0.6)	1.6	.214
2. Registered nurses having goals and objectives that give life meaning (**purpose in life**)	3.5 (0.6)	3.5 (0.7)	3.4 (0.3)	0.2	.655
3. Registered nurses being able to manage complex demands of daily life (**environmental mastery**)	3.8 (0.9)	4.0 (0.9)	3.7 (0.6)	0.3	.567
4. Registered nurses having a sense of continued development and self-realisation (**personal growth**)	3.8 (0.7)	4.0 (0.7)	3.5 (0.5)	5.1	.026*
5. Registered nurses having caring and trusting ties with others (**positive relation with others**)	3.9 (0.7)	3.9 (0.7)	3.9 (0.5)	0.1	.672
6. Registered nurses' ability to follow their own convictions (**autonomy**)	4.1 (0.6)	3.7 (0.4)	4.2 (0.6)	6.8	.010*

4.4.2 Age

Table 4.11 outlines the association between age and psychological well-being among the registered nurses at the selected psychiatric hospital.

To test whether there was an association between age and psychological well-being, the mean score of each domain was used, and age was classified into "less than 40 years" and "above 40 years" (Table 4.11). According to the results displayed in Table 4.11, there was a significant

difference in one of the psychological well-being domains (positive relations with others), with respondents 40 years of age and above (4.1, ±0.6) having a higher rate of reporting having caring and trusting ties with others than respondents below 40 years of age (3.8, ±0.8) (*p*=.011*).

There was no significant difference found on the other domains of psychological well-being for age (Table 4.11).

Table 4.11: Association between age and psychological well-being domains

Psychological well-being domains M (SD)	Total (N=104)	Younger RN (<40) (n=46)	Older RN (≥40) (n=58)	F	*p*-value
1. Registered nurses' positive attitude towards self and past life **(self-acceptance)**	4.0 (0.6)	4.1 (0.6)	4.0 (0.6)	2.0	.158
2. Registered nurses having goals and objectives that give life meaning **(purpose in life)**	3.5 (0.6)	3.5 (0.7)	3.5 (0.6)	0.5	.492
3. Registered nurses being able to manage the complex demands of daily life **(environmental mastery)**	3.8 (0.9)	3.8 (0.9)	3.9 (0.9)	0.4	.522
4. Registered nurses having a sense of continued development and self-realisation **(personal growth)**	3.8 (0.7)	3.9 (0.7)	3.8 (0.7)	0.9	.351
5. Registered nurses having caring and trusting ties with others **(positive relation with others)**	3.9 (0.7)	3.8 (0.8)	4.1 (0.6)	6.6	.011*
6. Registered nurses' ability to follow their own convictions **(autonomy)**	4.1 (0.6)	4.1 (0.7)	4.0 (0.5)	0.6	.432

4.4.3 Gender

As indicated in Table 4.12, the results from the study showed that there is an association between the gender of the respondents and their ability to manage the complex demands of daily life (environmental mastery). The male respondents (4.1, ±0.9) reported being able to

manage the complex demands of daily life at a higher rate than the female respondents (3.7, ±0.8) (p=.021*).

As per the results of the study shown in Table 4.12, there was no significant difference found between genders on the other domains of psychological well-being.

Table 4.12: Association between gender and psychological well-being domains

Psychological well-being domains M (SD)	Total N=104	Male (n=44)	Female (n=60)	F	*p*-value
1. Registered nurses' positive attitude towards self and past life **(self-acceptance)**		4.1 (0.6)	4.0 (0.6)	0.1	.754
2. Registered nurses having goals and objectives that give life meaning **(purpose in life)**		3.5 (0.6)	3.5 (0.6)	0.2	.703
3. Registered nurses being able to manage the complex demands of daily life **(environmental mastery)**		4.1 (0.9)	3.7 (0.8)	6.0	.021*
4. Registered nurses having a sense of continued development and self-realisation **(personal growth)**		3.8 (0.7)	3.8 (0.7)	0.4	.541
5. Registered nurses having caring and trusting ties with others **(positive relation with others)**		3.9 (0.7)	4.0 (0.7)	0.2	.718
6. Registered nurses' ability to follow their own convictions **(autonomy)**		4.2 (0.6)	4.0 (0.7)	0.8	.367

4.4.4 Home language

Association between home language and psychological well-being of the registered nurses at the selected psychiatric hospital is depicted in Table 4.13 and discussed.

According to the results of the study indicated in Table 4.13, when comparing nurses having goals and objectives that give life meaning (purpose in life) with home languages (Xhosa,

English, Afrikaans and others), there was minimal significant difference among respondents with Xhosa as the home language (3.6, ±0.7) as compared to other home languages (*p*=.097*).

Additionally, there was no significant difference noted among respondents of different home languages with regard to self-acceptance, personal growth, positive relations with others, autonomy and environmental mastery (Table 4.13).

Table 4.13: Association between home language and psychological well-being domains

Psychological well-being domains	Total (N=104)	English (n=35)	Afrikaans (n=23)	Xhosa (n=41)	Others (n=5)	F	*p*-value
1. Registered nurses' positive attitude towards self and past life **(self-acceptance)**	4.0 (0.6)	4.0 (0.6)	4.0 (0.6)	4.2 (0.6)	3.7 (0.4)	1.8	.146
2. Registered nurses having goals and objectives that give life meaning **(purpose in life)**	3.5 (0.6)	3.5 (0.6)	3.3 (0.5)	3.6 (0.7)	3.1 (0.3)	2.2	.097
3. Registered nurses being able to manage the complex demands of daily life **(environmental mastery)**	3.8 (0.9)	3.9 (1.1)	3.9 (0.6)	3.8 (0.9)	3.8 (0.9)	0.1	.972
4. Registered nurses having a sense of continued development and self-realisation **(personal growth)**	3.8 (0.7)	3.8 (0.6)	3.7 (0.5)	3.9 (0.8)	3.8 (0.6)	0.6	.588
5. Registered nurses having caring and trusting ties with others **(positive relation with others)**	3.9 (0.7)	4.1 (0.6)	3.9 (0.5)	3.8 (0.8)	4.3 (0.9)	1.5	.213
6. Registered nurses' ability to follow their own convictions **(autonomy)**	4.1 (0.6)	4.0 (0.7)	4.0 (0.5)	4.2 (0.7)	4.4 (0.3)	1.9	.141

4.4.5 Religion

The results in Table 4.14 show that there was no significant difference among respondents of different religions (Christians, Muslims and others) in relation to the six domains of psychological well-being.

Table 4.14: Association between religion and psychological well-being domains

Items	Total (N=104)	Christianity (n=88)	Muslim (n=9)	Others (n=7)	F	*p*-value
1. Registered nurses' positive attitude towards self and past life **(self-acceptance)**	4.0 (0.6)	4.0 (0.6)	3.8 (0.5)	4.2 (0.7)	0.8	.475
2. Registered nurses having goals and objectives that give life meaning **(purpose in life)**	3.5 (0.6)	3.5 (0.6)	3.6 (0.5)	3.5 (1.13)	0.1	.920
3. Registered nurses being able to manage the complex demands of daily life **(environmental mastery)**	3.8 (0.9)	3.8 (0.9) 3	4.2 (0.8)	4.1 (0.9)	1.1	.343
4. Registered nurses having a sense of continued development and self-realisation **(personal growth)**	3.8 (0.7)	3.8 (0.7)	3.8 (0.7)	3.8 (0.8)	0.1	.969
5. Registered nurses having caring and trusting ties with others **(positive relation with others)**	3.9 (0.7)	3.9 (0.7)	4.1 (0.5)	4.1 (0.7)	0.4	.689
6. Registered nurses' ability to follow their own convictions **(autonomy)**	4.1 (0.6)	4.1 (0.6)	3.9 (0.7)	4.2 (0.3)	0.3	.709

4.4.6 Marital status

The association between marital status of the respondents and psychological well-being is outlined in Table 4.15.

According to the results of the study indicated in Table 4.14, there is a significant difference between the divorced respondents and the others with regard to having caring and trusting ties with others (positive relation with others) (4.4, ±0.4). There was no significant difference

among respondents of different marital statuses in relation to the other domains of psychological well-being measured, namely autonomy, personal growth, environmental mastery, purpose in life and self-acceptance (Table 4,14).

Table 4.15: Association between marital status and psychological well-being domains

Items	Total (104)	Single (45)	Married (52)	Divorced (5)	Others (2)	F	*p*-value
1. Registered nurses' positive attitude towards self and past life **(self-acceptance)**	4.0 (0.6)	4.0 (0.7)	4.0 (0.5)	3.8 (0.4)	3.8 (0.1)	0.4	.778
2. Registered nurses having goals and objectives that give life meaning **(purpose in life)**	3.5 (0.6)	3.4 (0.6)	3.6 (0.6)	3.6 (0.4)	3.4 (0.4)	0.4	.729
3. Registered nurses being able to manage complex demands of daily life **(environmental mastery)**	3.8 (0.9)	3.9 (1.0)	3.8 (0.8)	3.9 (0.5)	3.9 (0.5)	0.1	.965
4. Registered nurses having a sense of continued development and self-realisation **(personal growth)**	3.8 (0.6)	3.9 (0.7)	3.8 (0.7)	3.8 (0.5)	3.9 (0.0)	0.4	.747
5. Registered nurses having caring and trusting ties with others **(positive relation with others)**	3.9 (0.7)	3.8 (0.7)	3.9 (0.6)	4.4 (0.4)	3.9 (0.3)	0.9	.444
6. Registered nurses' ability to follow their own convictions **(autonomy)**	4.1 (0.6)	4.1 (0.6)	4.1 (0.6)	3.6 (0.4)	3.6 (0.3)	1.5	.210

4.5 Summary

This chapter presented the findings on the psychological well-being of registered nurses at a selected psychiatric hospital in the Western Cape. They were presented in the form of tables, percentages, pie charts, bar graphs and written reports of the findings. An association between the demographic data of the registered nurses and their psychological well-being was illustrated.

In the next chapter, the findings will be discussed in depth.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses the findings that were reported in the previous chapter. Having presented the results of the study, it is necessary to discuss and draw conclusions and recommendations based on these findings. The focus of the study was to describe the psychological well-being of registered nurses working at a psychiatric hospital in the Western Cape.

The results of the study are discussed in relation to demographic data and overall psychological well-being, according to the six domains of the RPWBS, and placed in the context of empirical literature. Thereafter, a summary of the chapter is presented. Most studies on psychological well-being in nursing have focused on general nursing, with relatively few studies on psychiatric nursing. Hence, in this study, all fields of nursing have been included.

5.2 Demographic data

In this study, more than half (57.7%, n=60) of the respondents were females, while slightly less than half (42.3%, n=44) of the respondents were males; 55.8% were 40 years of age and above, while 44.2% were younger than forty years. Most (81.7%, n=85) of the respondents had less than 17 years' experience. The most represented home languages of the respondents were Xhosa (39.4%, n=41) and English (33.7%, n=35). Most of the respondents were Christians (84.6%, n=88), half of them were married (50.0%, n=52), and less than half were single (43.2%, n=45).

5.3 Overall psychological well-being score

According to the results of this study, the average mean score of psychological well-being was 3.85, which is considered to be at a moderated level in line with the following criteria: a low score being 1.00 to 2.00, medium being 2.10 to 4.00, and high being 4.10 to 6.00. These

findings are consistent with the findings reported by Tehrani et al (2015), who conducted a study on the relationship between religious attitudes and psychological well-being among 250 nurses working at health centres at Qom University of Medical Sciences in Iran. Psychological well-being was found to be at a medium level in their study. Blumberga and Olava (2016), in their study among 56 medical nurses in Latvia, also revealed that the overall psychological well-being among the personnel was at a medium level. The results of these authors are similar to the results of this study.

However, Foster et al (2019), in their study among 498 nurses working in mental health settings in Victoria, Australia, revealed that psychological well-being was moderately high, but lower for nurses indicating consumer/career-related stressors as their most stressful challenge. Similarly, in Indonesia, Hardjanti, Dewanto and Noermijati (2017), in their study among 72 nurses and midwives, revealed that the psychological well-being variable had an average of 4.07, considered as high in their study. Veliz et al (2018), in their study among 97 nurses in southern Chile, revealed that 57.5% of the nurses had a high level of psychological well-being. Metwaly and El-Maksoud (2018), in their study of 208 nurses conducted at maternal and child health centres in Egypt, revealed that 86.5% of the nurses had a low level of total psychological well-being. Qiao, Li and Hu (2011), in their study among 85 new graduate nurses in China, revealed that psychological well-being was low. The results of these authors differ from the results of this study.

5.4 Six domains of psychological well-being

5.4.1 Self-acceptance

A positive attitude towards oneself constitutes a central characteristic of positive psychological functioning, self-actualisation (Maslow), optimal functioning and maturity (Ryff & Singer, 2008; Zizek et al, 2015). To accept oneself means to acknowledge that the self contains both

positive and negative aspects, and to acknowledge one's potentialities as well as one's limitations (Ryff, 1989; 2014). According to the findings, the respondents have a positive attitude towards self and past life, with an optimum score of 96.2% and a mean score was 4.0 (±0.6). These findings indicate that the registered nurses in this study have a relatively moderate level of self-acceptance as one of the domains of psychological well-being.

These results contrast with those of a study conducted by Blumberga and Olava (2016) on quality of hospital nursing work life, psychological and subjective well-being among 56 medical nurses in Latvia. These authors revealed that that the medical nurses had lower scores in the self-acceptance, autonomy and personal growth scales, which are interrelated. Similarly, Burke et al (2012), in their study conducted in Turkey, reported that nurses had a lower level of self-acceptance.

5.4.2 Purpose in life

Purpose in life refers to having goals and a sense of direction. It is the feeling that one's present and past have meaning (Ryff, 2014). The findings of this study indicate that purpose in life was at a moderate level, the mean score being 3.5 (±0.6) and the optimum score being 95.2%. No association was found with demographics of the respondents.

These results mirror those of a study conducted among 270 nurses (psychiatric, intensive care, emergency, labour and paediatric units) in Tehran-Iran by Mohammad et al (2013), which revealed that purpose in life was moderate. Purpose in life had a mean score of 54.45% in their study. In another study by Tehrani et al (2015) also conducted in Iran, among all nurses in Qom University of Medical Sciences, their findings revealed that purpose in life was at a moderate level.

However, a study conducted by Blumberga and Olava (2016) among 56 medical nurses in Latvia revealed that the medical nurses had higher scores on purpose in life. The results of these authors differ from the findings of this study. Furthermore, opposing results were found in a study conducted in Egypt by Metwaly and El-Maksoud (2018) among 208 nurses in maternal and child health centres. Their study revealed that purpose in life was low. Qiao et al (2011) conducted a study on stress, coping and psychological well-being among 85 new graduate nurses in China. The results of these authors revealed that new graduates who used ineffective coping strategies had low level purpose in life. The results of these authors also differ from the findings of this study.

5.4.3 Environmental mastery

The results of this study reveal that the registered nurses at the selected psychiatric hospital have a moderate level of environmental mastery, with a mean score of 3.8 (±0.6) and an optimum score of 95.2%. Similarly, Mohammad et al (2013), in their study done in Iran among 270 nurses from various units (psychiatric, intensive care, emergency, labour and paediatric units), revealed that environmental mastery was at a moderate level, with a mean score of 52.68%.

However, in a study conducted in Egypt by Metwaly and El-Maksoud (2018) among 208 nurses in maternal and child health centres, it was revealed that environmental mastery was low. The results of these authors differ from the findings of this study.

Madhchandra and Srimathi (2016) conducted a comparative study in India on psychological well-being among doctors and nurses. Their study revealed that nurses scored high on environmental mastery. Blumberga and Olava (2016), in their study in Latvia among 56 medical nurses, found that environmental mastery was high. In Indonesia, Hardjanti et al (2017) conducted a study among 72 nurses and midwives at X Hospital Malang who had

worked for more than four months. Environmental mastery had a high score in their study. In another study by Veliz et al (2018) among 97 nurses in southern Chile, their results revealed environmental mastery to be at a high level. The results of these authors also differ from the findings of this study.

5.4.4 Personal growth

Personal growth encompasses the feeling of continued development, seeing oneself as growing and expanding, being open to new experiences and changing in ways that reflect more self-knowledge and effectiveness (Ryff, 2014). In this current study, there was a moderate level of personal growth among the registered nurses, with a mean score of 3.8 (±0.6) and an optimum score of 95.2%. A study conducted by Mohammad et al (2013) among 270 nurses in various specialities within a hospital in Iran revealed that personal growth was moderate, with a mean score of 55.31%. The results of this study are congruent with those of this study.

Metwaly and El-Maksoud (2018), in their study conducted in Egypt at maternal and child health centres revealed that the nurses had a high level personal growth. Similarly, Veliz et al (2018) conducted a study among 97 nurses in Southern Chile, their results revealed a high level of personal growth. Blumberga and Olava (2016) in their study among 56 medical nurses in Latvia revealed that personal growth scores were low. Therefore, the results of this authors differ from the results of this study.

5.4.5 Positive relations with others

Positive relations with others entails one having warm, trusting relationships with others, being concerned about their welfare, and understanding the give and take of human relationships (Ryff, 2014). The results of the current study reveal that the registered nurses at the selected psychiatric hospital have moderate positive relations with others, with a mean score of 3.9 (±0.6) and an optimum score of 97.1%. In Iran, Mohammad et al (2013) conducted a study among 270 registered nurses from various specialities. Positive relations with others was at

moderate level, with a mean score of 52.51%. The results of these authors is similar to the results of this study.

In a study conducted in Egypt by Metwaly and El-Maksoud (2018) among 208 nurses in maternal and child health centres, it was revealed that positive relations with others was low. Loukzadeh and Bafrooi (2013), in their study among 100 registered medical nurses' in Iran, also revealed that positive relations with others was low. In Los Lagos, southern Chile, a study conducted among 97 nurses revealed that positive relations with others was low (Veliz et al, 2018). In Latvia, a study conducted among 56 medical nurses in Latvia revealed that positive relations with others was high (Blumberga & Olava, 2016). The results of these authors differ from the results of this study.

5.4.6 Autonomy

The results of this study reveal that the registered nurses at the selected psychiatric hospital have a high level of autonomy, with a mean score of 3.9 (±0.6) and an optimum score of 96.2%. In Madhchandra and Srimathi's (2016) comparative study on psychological well-being among doctors and urses in India, they revealed that nurses scored high on autonomy. Metwaly and El-Maksoud (2018), in their study conducted in Egypt at maternal and child health centres, revealed that the nurses had a high autonomy level. Loukzadeh and Bafrooi (2013), in their study among 100 registered medical nurses' in Iran, also revealed that autonomy level was high. In another study done by Dorgham and Al-Mahmoud (2013) among registered nurses (head nurses and intensive care nurses) from Saudi Arabia and Egypt, it was revealed that autonomy level was high. Agarwal and Sharma (2011) conducted a study on the effects of perception of hospital workplace factors on psychological well-being and job satisfaction among health care employees in India. Their results revealed that employees from the non-teaching hospitals reported higher levels of co-ordination and work autonomy than their

counterparts from the teaching hospital. The results of these authors are similar to the results of this study.

However, in a study conducted in Latvia among 56 medical nurses, it was revealed that autonomy level was low (Blumberga & Olava, 2016). The results of these authors differ from the results of this study.

5.5 Summary

In this chapter, the researcher discussed the findings of the study and compared them with empirical literature. The results of the study indicated that the overall levels of psychological well-being, self-acceptance, environmental mastery, purpose in life, positive relations with others and personal growth of the registered nurses at the selected psychiatric hospital were moderate, whereas the level of autonomy was found to be relatively high.

The next chapter will focus on the summary of the findings and the limitations of the study, as well as recommendations for further research and practice.

CHAPTER SIX

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

The aim of the study was to describe the psychological well-being of registered nurses in a psychiatric hospital in the Western Cape. The study had six objectives, namely, to determine the nurses' levels of: self-acceptance, purpose in life, environmental mastery, personal growth, positive relation with others and autonomy. The researcher conducted a detailed literature search regarding the study, and thus became aware that there has not been a study conducted on the psychological well-being of registered nurses at the institution under study. In addition, limited studies relating to the topic of interest have been undertaken in literature. A quantitative descriptive survey design was used to address the research question of this study. In this chapter, the researcher discusses how the objectives of this study were fulfilled, summarising the findings, limitations and recommendations, and providing a conclusion based on the findings.

6.2 Summary of findings

The six objectives of the study were answered as follows.

6.2.1 Objective 1: To determine whether registered nurses have a positive attitude towards self and past life (self-acceptance)

According to this study, the mean score of the registered nurses working at the selected psychiatric hospital was neither high nor low. It was 4.0, which is at a moderate level on the self-acceptance domain. Additionally, there was no significant correlation between self-acceptance and any demographic data of the respondents, i.e. years of experience, age, gender, home language, religion and marital status.

6.2.2 Objective 2: To determine whether registered nurses have goals and objectives that give their lives meaning (purpose in life)

In this study, registered nurses working at the selected psychiatric hospital had a moderate level of purpose in life. The mean score was 3.5, which shows that the registered nurses have goals and objectives that give life meaning. Purpose in life was not correlated with any demographic data of the respondents.

6.2.3 Objective 3: To determine registered nurses' ability to manage the complex demands of daily life (environmental mastery)

The environmental mastery mean score among the registered nurses was 3.8 – a moderate score. This indicates that the registered nurses have the ability to manage the complex demands of daily life. Gender was significantly correlated with environmental mastery. Male respondents reported being able to manage the complex demands of daily life better than the female respondents – 4.1 (±0.9) versus 3.7 (±0.8) – (p=.021*).

6.2.4 Objective 4: To determine registered nurses' sense of continued development and self-realisation (personal growth)

The findings of the study revealed that the registered nurses have a sense of continued development and self-realisation. Personal growth was at a moderate level, with a mean score of 3.8. This domain was significantly correlated to the respondents' years of experience. Respondents with fewer years of experience reported having a greater sense of continued development and self-realisation than those with more years of experience – 4.0 (±0.7) versus 3.5 (±0.5) – (*p*=.026*).

6.2.5 Objective 5: To determine whether registered nurses have caring and trusting ties with others (positive relations with others)

Positive relations with others had a mean score of 3.9, which indicates that the registered nurses have caring and trusting ties with others to a moderate degree. Positive relations with others had a significant correlation with age: Respondents 40 years of age and above reported having caring and trusting ties with others at a higher rate than respondents under 40 years of age – 4.1 (±0.6) versus 3.8 (±0.8) – (*p*=.011*).

6.2.6 Objective 6: To determine registered nurses' ability to follow their own convictions (autonomy)

The findings of this study show that the registered nurses at the selected psychiatric hospital have the ability to follow their own convictions. The mean score for their autonomy was 4.1, which is relatively high. Furthermore, autonomy had a positive correlation with years of experience. Registered nurses with more years of experience reported having a greater ability to follow their own convictions than respondents with fewer years of experience – 4.2 (±0.6) versus 3.7 (±0.4) – (*p*=.010*).

6.3 Limitations

This study was conducted in only one psychiatric hospital in the Western Cape; therefore, the findings cannot be generalised for all registered nurses working in psychiatric hospitals in the Western Cape.

This study was also conducted among registered nurses working at a psychiatric hospital; other categories of nurses were not included. Therefore, these findings cannot be generalised to all nurses. Last, but not least, relatively few studies have been conducted relating to the topic of interest. The researcher therefore included literature on studies conducted among general nurses as well as other specialities of nursing.

6.4 Recommendations

6.4.1 Clinical practice

It is recommended that impaired interpersonal relationships and impaired functioning be identified, and that tailored support be offered. Furthermore, team building should be promoted, work–life conflict should be reduced and work environments should be created that are supportive to the needs of the registered nurses. Impaired well-being is associated with medication errors, near misses, and compromised patient safety and satisfaction (Gartner et al, 2012). The absence of positive well-being also presents a substantial risk factor for depression (Wood & Joseph, 2010).

Assessing psychological well-being is not a one-time action; it requires continuous monitoring and evaluation. Creating an online screening tool that can be used to detect work-related detrimental health effects at an early stage should be an essential component of programmes aimed at the protection of employees. Being online, it has potential to reach nurses on a wider scale, at a lower cost, while providing automated online self-help interventions and personalised feedback.

A dedicated section in the hospital offering counselling services, referral and psychological intervention can prevent related hazards at preliminary stages. Continuous efforts should be made to examine factors in the work environment that positively or negatively affect the psychological well-being of nurses.

6.4.2 Nursing education

Encourage the registered nurses to participate in in-service training, short courses and programmes related to psychological well-being. Ongoing/regular training in the hospital wards should be made compulsory for all, as should induction of newly appointed registered

nurses. Through education and clinical practice, nurses get equipped with a learned cognitive process that allows them to develop both resiliency and optimism about potential setbacks.

Specifically designed training programmes can be set for nursing professionals while in educational institutions, and a psychological well-being programme can be added to the syllabus of nursing education.

6.4.3 Future research

Qualitative research studies should be conducted on the psychological well-being of registered nurses working in psychiatric hospitals, in order to obtain richer data and gain a deeper understanding of psychological well-being.

A follow-up study should be conducted at the same institution and should include all categories of nurses. This study should also be replicated among other health care workers and settings in South Africa.

The present data were assessed using self-reported measures, and so it may reflect or raise the possibility of response set tendencies or common method bias. Future research might utilise observer measures of well-being to ensure an adequate level of congruence between self-report and observer data.

6.5 Conclusion

The purpose of the study was to describe the psychological well-being of registered nurses in a selected psychiatric hospital in the Western Cape. The results have indicated that the registered nurses working at the selected psychiatric hospital have an overall moderate level of psychological well-being. The psychological well-being domains of self-acceptance, personal growth, environmental mastery, positive relations with others and purpose in life were at a moderate level, while that of autonomy was found to be high.

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ANNEXURES

Annexure A: Ethical clearance letter

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

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28 June 2017

Dr JK Rotich
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM17/5/7

Project Title: Describing the psychological well-being of registered nurses at a psychiatric hospital in the Western Cape.

Approval Period: 09 June 2017 – 09 June 2018

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The proof of acceptance from the Provincial Health Department/Facilities must be submitted for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER -130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE

Annexure B: Permission letter from Western Cape Department of Health

Western Cape Government
Health

STRATEGY & HEALTH SUPPORT
Health.Research@westerncape.gov.za
tel: +27 21 483 6857: fax: +27 21 483 9895
5th Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: WC_2017RP59_690
ENQUIRIES: Ms Charlene Roderick

University of Western Cape

Robert Sobukwe Road

Bellville

Cape Town

7535

For attention: Mr Josphat Kiprono Rotich

Re: **Describing the psychological well-being of registered nurses at a psychiatric hospital in the Western Cape.**

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact following people to assist you with any further enquiries in accessing the following sites:

Lentegeur Hospital	**Ms Mary Jacobs**	**021 370 1111**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (**annexure 9**) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).
3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report

(**Annexure 8**) to the provincial Research Co-ordinator

(Health.Research@westerncape.gov.za).

4. The reference number above should be quoted in all future correspondence.

Yours sincerely

A S HAWKRIDGE.

DR A HAWKRIDGE

DIRECTOR: HEALTH IMPACT ASSESSMENT

DATE: 5/10/2017.

Annexure C: Information sheet

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 611457167

E-mail: 3211777@myuwc.ac.za

INFORMATION SHEET

Project Title: ***Describing the psychological well-being of registered nurses at a psychiatric hospital in the Western Cape.***

What is this study about?

This is a research project being conducted by Josphat K. Rotich at the University of the Western Cape. We are inviting you to participate in this research project because you are a registered nurse working in one of the psychiatric hospitals in the Western Cape. The purpose of this research project is to describe the psychological wellbeing of registered nurses in a psychiatric hospital in the Western Cape

Understanding psychiatric nurses' psychological well-being is important for improving the overall wellbeing of psychiatric nurses and quality care to the patients.

What will I be asked to do if I agree to participate?

You will be asked to first complete and sign consent form that will be given to you. Thereafter a questionnaire will also be distributed to you. The questionnaire consists of two sections. First section will be biographical data which consist of questions on age, gender and years of experience. The second section will consist of 42 questions on the domains of psychological wellbeing which are; self-acceptance, purpose of life, environmental mastery, personal growth, positive relations with others and autonomy. The questionnaire will take approximately 25-30 minutes to complete. After completion the researcher will collect the questionnaires.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaires are anonymous and will contain no information that may personally identify you.

To ensure confidentiality details of any information provided will be kept strictly confidential and in a safe closed room accessible to the researcher only. A code will be assigned to you instead of your name and only the researcher can have access to the identification key.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your identity will not be linked to the report or article published.

What are the risks of this research?
There may be some amount of risks from participating in this research study.
We will nevertheless minimise such risks and act promptly to assist you. You will be monitored for emotional discomfort at all times during the process of your participation in the study and should you experience it, then you will be referred to a clinical psychologist for counselling and or psychotherapy.

What are the benefits of this research?
The benefit to you as a participant will be an understanding of what psychological well-being is and how it influences your day to day activities and life.
This research is not designed to only help you personally, but the results may also help the investigator learn more about the psychological wellbeing of registered nurses working in a psychiatric hospital. We hope that, in the future, other people might benefit from this study through improved understanding of the importance of the psychological well-being of mental health registered nurses in rendering quality and holistic care, treatment and rehabilitation of patients with mental illness.
Findings from this study may assist the hospital management and inform policy makers to put in place structures/measures needed to support psychiatric nurses in their institution. This will boost their morale to provide quality nursing care.

Do I have to be in this research and may I stop participating at any time?
Your participation in this research is completely voluntary. You have the right to refuse or withdraw from the study at any given time during the process of the research without giving reason for doing so. Also, you will not be penalized for doing so.

What if I have questions?
This research is being conducted by **Josphat Kiprono Rotich** from the Department of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact the Department of Nursing, University of the Western Cape, Private Bag X17, Bellville 7535, South Africa or (+27) 611 457 167, email: 3211777@muwc.ac.za
Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. J Chipps
Head of Department: School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
jchipps@uwc.ac.za

Prof. R Swart
Acting Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Research Ethics Committee. (REFERENCE NUMBER: BM/17/5/7)

Annexure D: Consent form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 611457167

E-mail: 3211777@myuwc.ac.za

CONSENT FORM

Title of Research Project: ***Describing the psychological well-being of registered nurses at a psychiatric hospital in the Western Cape.***

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……..

Participant's signature……

Date……

Annexure E: Data collection tool

The Ryff psychological well-being scales

SECTION A : SOCIO-DEMOGRAPHIC DATA

Please fill/tick the most appropriate choice of the following questions:

1. How old are you? ……

2. Which gender are you?

Male	Female

3. What is your home language?

English	Afrikaans	Xhosa	Other

4. Marital status.

Single	Married	Divorced

4. How many years have you been working at current hospital? ……..

5. Religion

Christian	Muslim	Other

Section B: The Ryff psychological well-being scales
Please complete by circling the most appropriate response to the statement.

		Strongly disagree					Strongly agree
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
2	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3	I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4	Most people see me as loving and affectionate.	1	2	3	4	5	6
5	I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6	When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7	My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
8	The demands of everyday life often get me down.	1	2	3	4	5	6

9	I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
10	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
11	I have a sense of direction and purpose in life.	1	2	3	4	5	6
12	In general, I feel confident and positive about myself.	1	2	3	4	5	6
13	I tend to worry about what other people think of me.	1	2	3	4	5	6
14	I do not fit very well with the people and the community around me.	1	2	3	4	5	6
15	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
16	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
17	My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18	I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
20	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
21	I have the sense that I have developed a lot as a person overtime.	1	2	3	4	5	6
22	I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
23	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
24	I like most aspects of my personality.	1	2	3	4	5	6
25	I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
26	I often feel overwhelmed by my responsibilities	1	2	3	4	5	6
27	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
28	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
29	I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
30	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
31	It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
32	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
33	For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
34	I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
35	Some people wander aimlessly through life but I am not one of them.	1	2	3	4	5	6
36	My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37	I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6

38	I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
39	I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
40	I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
41	I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
42	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

Thank you for taking your time to complete this questionnaire

Mr. JK Rotich

Annexure F: Permission to use the Ryff psychological well-being scales

Thu, May 31, 2018, 3:50 AM

to cryff

Good day Dr. Carol Ryff,
I trust that this email finds you well.
I am currently doing my Masters in Advanced Psychiatric Nursing at the University of the Western Cape in South Africa. I would kindly like to request permission to use the Ryff Scale of Psychological Well-Being for my research study on " Describing the psychological well-being of registered nurses in a psychiatric hospital in the Western Cape". Kindly grant me permission to use the scale in the questionnaire. Thank you.

THERESA M BERRIE <berrie@wisc.edu> Thu, May 31, 2018, 6:24 PM

to me

Greetings,

Thanks for your interest in the well-being scales.
I am responding to your request on behalf of Carol Ryff.
She has asked me to send you the following:

You have her permission to use the scales for research or other non-commercial purposes.

They are attached in the following files:

"Ryff PWB Scales" includes:
- psychometric properties
- scoring instructions
- how to use different lengths of the scales

“Ryff PWB Reference Lists” includes:
- a list of the main publications about the scales
- a list of published studies using the scales

There is no charge to use the scales and no need to send us the results of your study.
We do ask that you please send us copies
of any journal articles you may publish using the scales to:
berrie@wisc.edu and cryff@wisc.edu.

Best wishes for your research,

--
Theresa Berrie
Administrative Assistant
UW Institute on Aging


2 Attachments

Annexure G: Copy of the code book

Annexure H: Editorial certificate

Nathan T Lowe
9 Lamborghini Avenue
Wierda Park
Centurion
0157
Tel: 076 362 7852
Email: nathanthomaslowe@gmail.com
24 October 2019

To whom it may concern

I hereby declare that I, Nathan Thomas Lowe, edited Josphat Kiprono Rotich's mini-thesis entitled "Describing the psychological well-being of nurses in a psychiatric hospital in the Western Cape".

Regards

Nathan T Lowe

Language practitioner for the University of Pretoria's Language Unit

Annexure I: Map of Cape Town Metropole