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Full Length Article

Needs and challenges of lay community health workers in a palliative care environment for orphans and vulnerable children

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ABSTRACT

Introduction: The escalation of HIV/AIDS infections in the last decade has increased the need for palliative care community organizations to care for orphans and vulnerable children, who are in dire need of support. Many of these organizations depend on the services of lay community health workers to provide constant care to those in need of it in their local communities. The focus of this study is to explore the role of lay health workers in a community organization located in rural Bronkhorstspruit, Gauteng Province of South Africa. That provides palliative care for orphans and vulnerable children diagnosed with HIV/AIDS. Their roles were analysed critically through a job-demands and job-resources theoretical framework.

Methods: A descriptive phenomenological case study design was employed to collect data through twenty five individual interviews, two separate focus groups consisting of ten participants in one group and eleven participants in the other group, observations and document analysis. Data were processed through a rigorous thematic analysis.

Results: The findings pointed out specific knowledge and skills these lay community health workers needed in order to be satisfied with, and successful in, their administration of palliative care to orphans and vulnerable children. Participants identified the following organizational challenges that were deemed to be impacting negatively on their work experiences: the lack of career pathing processes; sufficient career guidance; and inadequate employment processes, such as staff retention, succession planning, and promotion.

Conclusion: Through the findings, a framework for enhancing the work experiences of the lay community health workers was developed. The uniqueness of this framework is that the focus is on improving the work lives of the lay community health workers, who have serious skills-resourcing needs. There were specific concrete strategies that the organization could adopt to support the knowledge and skills requirements of the lay community health workers in relation to the needs and challenges that will enhance their efficiency in the palliative care environment. The findings and framework that emanated from this study could be used to support lay community health workers in their respective organizations to be more effective in the support they provide to orphans and vulnerable children. Because South Africa is afflicted by the HIV/AIDS epidemic, this framework can be

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used in similar organizations that are working with lay community health workers with skill-resourcing needs not only in the health sector, but also in other sectors, such as in education and agriculture.

1. Introduction and background

According to the Human Sciences Research Council (HSRC), South Africa ranks first in worldwide HIV incidents (HSRC, 2014). The social and economic effects of this illness are complex and potentially shocking to families, communities and economies. Therefore, the impact of HIV/AIDS requires people to work together to address the international, national, regional and local challenges collaboratively (United Nations Millennium Declaration, 2000). The increasing number of orphans and vulnerable children (OVC) increases the challenges faced by the family unit and the broader community. This increases pressure on government to come up with adequate support programmes to address these challenges.

However, the government cannot manage these responsibilities on its own, hence they invite external stakeholders, such as non-governmental organisations (NGOs), non-profit organisations (NPOs), and community organisations to come on board to provide the necessary support and care for the OVCs. Government advocates that ideally all children should remain in their family units, even if this is not always possible. Due to this the government encourages organizations to provide support and care for the OVCs. This should be reason enough for community organizations to play a more critical role in the care of OVC, however, this is not the case because the survival of community organizations is dependent on the services of lay community health workers (LCHWs). Hence, this study focuses on the demands and resources of the LCHWs' job profile from an organizational level by using the job-demands and job-resources (JD-R) model as predictors. For this reason, the JD-R Model was selected as a framework to explore the needs and challenges of LCHWs (Bakker & Demerouti, 2007). Specific job demands and job resource components can be related to this study, because they can be used to predict certain behaviours in LCHWs, including work stress, burnout and work engagements, and the consequences of these variables on organizational performance (Bakker & Demerouti, 2007). The JD-R model (Bakker & Demerouti, 2007) further proposes that employee well-being is related to a wide range of workplace variables that can be conceptualized as job demands, such as the physical, social, or organizational aspects of the job that require sustained physical or psychological effort; or job resources, such as personal growth, learning and development, irrespective of the occupational context under study. Thus, the JD-R model serves as a framework to explore the needs and challenges LCHWs experienced in their work as providers of palliative care. This study examined what is expected from LCHWs in terms of competencies, abilities and their coping mechanisms, based on their regular interaction with terminally ill and vulnerable children. The study made it clear that these situations have a psychological impact on the LCHWs. It was critical to get a deeper understanding of their needs and challenges. While there is growing evidence that LCHWs can help improve certain health outcomes (Lewin et al., 2005), research suggests that community health programmes often fail because of the lack of support, knowledge and skills offered to LCHWs (Gilson, Doherty, Loewenson, & Francis, 2007). This study shows that the sustainability of palliative care community organizations depend on an organization's ability to equip LCHWs with the knowledge and skills required to perform their jobs effectively.

2. Problem statement and objective

LCHWs serve a critical function in the communities, in which they work, providing a service to the most marginalised poor communities where none might otherwise have been available (Daniels, van Zyl, Clarke, Dick, & Johansson, 2004). They are recognized as natural helpers who play an important role in connecting the public and primary care to the communities they serve (Herman, 2011). This is unique, since LCHWs generally have a natural flair for trust, rapport, understanding and the ability to communicate with the community. Regardless of the high job demands and limited resources, these individuals are passionately committed to their jobs, their organization and to OVCs. The LCHWs enthusiasm towards their work helps them overcome the daily challenges and give them a sense of significance and worth in the role they play as carers (Bakker & Demerouti, 2008). They provide valuable work by improving the quality of health care given to patients, according to Kennedy, Milton, and Bundred (2008).

In fact, LCHWs' services are so essential in community organizations that the United States Agency for International Development (USAID, 2012), lobbied that they should have definite responsibilities and be well-supported by health services and non-governmental organizations working with them. Community organizations benefit immensely from the services rendered by LCHWs, because they have the untapped potential to provide care and support to OVCs beyond basic treatment. This is according to the primary health-care declaration of the World Health Organization (WHO, 2000) who emphasize that knowledge can be efficiently applied by laypersons and that it is not necessary to relying on specialized services from technically trained professionals. Researchers Van Ginneken, Lewin, and Berridge (2010) explain that if community organizations wish to improve on the cost-

effectiveness of their health-care systems, they should focus on their immediately available human resources, which includes LCHWs. Not only do LCHWs improve the lives of OVC, they make it possible for community organizations to reach out to the underserved communities, thereby making their services worthwhile (Rennert & Koop, 2009). Hence, a salient point in this study is that community organizations should support LCHWs.

To gain an in-depth understanding of the needs and challenges LCHWs are faced with, the focus was on the involvement of one specific community organization called, Home of Hope (pseudonym). It is situated in Sizanani Village, a small rural farming town 50 km east of Tshwane, on the N4 highway towards Witbank. It lies on the border between the Gauteng and Mpumalanga provinces, in South Africa. This organization was formed in response to the needs created by HIV/AIDS and has been in existence since 1999. It remains the only organization offering comprehensive holistic palliative care services in that region, which made this investigation about the needs and challenges of LCHWs important. In this study it was important to ascertain what the organization might need in terms of taking care of its LCHWs.

3. Research design and method

The purpose of this study was to explore the needs and challenges of LCHWs in a palliative care environment. The participants in this study were reasonably typical of the larger groups of LCHWs as South African citizens, working in HIV/AIDS palliative care organizations. A qualitative research approach was chosen to focus on the needs and challenges of the LCHWs. It was specifically aimed at obtaining insights and to provide in-depth, rich descriptions of naturally occurring lived-experiences about their needs and challenges in their work situations. Thus, the social constructivist paradigm was used, because the study was aimed at finding out how the participants construct the reality of their situation.

3.1. *Participants*

A descriptive phenomenological case study design was used to collect data. Twenty five individual interviews, two separate focus groups consisting of ten participants in one group and eleven participants in the other group were conducted, including observations and document analysis. The descriptive phenomenology served to better understand the participants' experiences rather than to provide causal explanations of their lived experiences. Hence, descriptive phenomenology provided a platform to bracket off influences around the phenomenon. Data were processed through a rigorous thematic analysis. Home of Hope, the organization where the study was conducted, is an example of a contemporary bounded system. It is a typically average community in Bronkhorstspruit, and meets the criteria that it had to be a rural community faced with work challenges, as palliative carers for OVCs infected with, or affected by, HIV/AIDS.

3.2. *Data collection*

In total forty-six participants were purposively selected from the complete staff complement in the organization, comprising 9 males and 37 females, between the ages of 27 and 65. The sample size included project leaders, volunteers, section heads, and permanent staff from each occupational level. The interviews were unstructured open-ended questions with the staff, director, finance, training and human resources managers. Since the focus of this study was on the organization, the rationale for including participants with varying characteristics in this descriptive phenomenological study was essential. Therefore, by interviewing participants on different occupational levels, the outcome provided a better understanding of the different levels of their lived experiences in the organization. For this reason, the inclusion of varying characteristics presented a holistic picture of what happens in the organization. The exploration happened over a period of eight months, through detailed, in-depth data collection, which included additional sources of information, for example: data collected from the director that specifically covered the service delivery and objective protocol, to highlight the vision/mission of the organization in relation to the job demands and job resources of the LCHWs. Participation was voluntary and each participant was given the freedom to withdraw from the research process at any time they felt they needed to. They were assured that participation was voluntary and that withdrawal would not be penalised. Participants were initially approached through an introductory personalized interview session where they voluntarily completed and signed the consent forms with the condition that their participation remained anonymous. They also agreed to the interviews being audio-recorded to ensure that the information was correctly captured and presented in the form of a report. A list and designations of all the participants in this study appears in Table 1.

3.3. *Data analysis*

The collected data were categorised into themes through a process of coding and by developing condensed codes. Documentation included the organization's existing training plan (which provided details of the participants' training programme) and executive summaries (which emphasised the training and development endeavours the organization incorporated into its mission and vision statements). Triangulation consisted of individual and focus group interviews, audio tape-recordings, observation and document analysis, to collect and report on multiple viewpoints from different participants. Member checking was carried out to clarify and confirm the accuracy of the findings with the participants.

4. Ethics approval

This study was approved by the University of Johannesburg's Faculty of Education Research Ethics Committee (Ethical Clearance Number: 2015-057). Permission was granted from the organisation and the participants. The research study

Table 1 – List and designations of participants in this study.

Individual interviews
1. Director of Home of Hope
2. Deputy Director
3. Fundraising Manager
4. Social Service Manager
5. Health Manager
6. Training Manager
7. Human Resources Manager
8. Cleaner
9. Executive Secretary/PA
10. Hospice Manager
11. Finance Administrator
12. Administrative Receptionist
13. Machinist
14. Finance Administrator
15. Manager at the Cuddle Company
16. Male Nurse
17. Staff Nurse
18. Cook
19. Storekeeper and Supervisor
20. Peer Counsellor
21. VCT Coordinator
22. VCT Counsellor
23. Adherence Counsellor
24. Day Care Worker
25. Home Base Carer
Focus group 1 interviews (11 participants)
Volunteers from the various community projects run by the organization
Focus group 2 interviews (10 participants)
Project leaders and home-based care workers from the various community projects run by organization

protected the rights and dignity of the organisation and participants and no names were disclosed.

5. Trustworthiness

To meet the criteria of trustworthiness the researchers relied on critical self-awareness, not regarding themselves as the experts, but being open to listening, learning and facilitating rather than to speaking, teaching and controlling the participants in this study. The presentation of samples of raw data in the appendices, including samples of the explication as it progressed, and the member-checking process, allowed participants to verify their quotes and correct any misinterpretations. Observation notes served as a way to reflect upon any potential bias. Methodological triangulation allowed for consideration of data from different sources.

6. Results

Three main themes emerged from the data analysis, namely: knowledge needed by LCHWs, skills needed by LCHWs, and organizational challenges. The organizational challenges included retention, succession planning and promotion of the LCHWs. These themes presented below are integrated with literature and the JD-R model.

6.1. *Theme 1: knowledge needed by LCHWs*

LCHWs indicated that they felt ill equipped in their roles, due to their lack of the necessary knowledge to work more efficiently with the OVCs. *They identified particular issues about their lack of knowledge in palliative care, namely: knowledge in terms of palliative care itself, knowledge of psycho-social support, knowledge about antiretroviral and adherence treatment.* The special issues they needed knowledge on were evident in the individual interviews, focus groups, document analysis and observations. Literature revealed that palliative care itself is seen as an essential part of treatment and such treatment, while not curative, prolongs life for a considerable period of time and restores quality of life, in this case, for OVCs (Harding, 2004).

Participants were vocal about their lack of knowledge of palliative care as confirmed in an individual interview session from a statement made by a participant: 'People need knowledge to deal with HIV status and treatment'. Knowledge contributes to the overall operations in organizations; researchers Goodyear, Ames-Oliver, and Russell (2006) affirm that commitment, motivation, knowledge, and skills make an incredible difference in an organization. Participants emphasized their need for training in palliative care, to enhance their understanding based on the following: 'But we have not developed a course to do palliative care,' this statement was made by a participant in one of the focus group discussions. Clearly, the need for training in palliative care by LCHWS, who served the community, is fundamental. Jaskiewicz and Tulenko (2012) suggest that a community's perception of community health workers' knowledge, skills and ability to assist communities' with their health needs is critical in inspiring respect and acceptance of their services. The cadres of LCHWs, in this study, were people with skill-resourcing needs, and they were responsible for the palliative care of OVC, and despite their lack of knowledge in palliative care, they persevered to improve the lives of the OVC.

Also, not having the required job resources did not stop them from doing their work, which contradicts the view of Hakanen, Bakker, and Schaufeli (2006) who say that job resources are known to influence an employee intrinsically by helping his/her to achieve work goals. The participants cared for very ill patients on a daily basis where they were required to witness their suffering and, in certain cases, to face the death of patients they were caring for. This suffering and death impacted negatively on their work performance and affected their already low self-efficacy levels, as a result of the high job demands. Furthermore, the job-demands perspective, focuses on personal resources, mental and emotional competence, self-efficacy, organisational-based self-esteem, and optimism; it demands employees to be strongly involved in their work in order to experience a sense of significance, enthusiasm, and challenge (Xanthopoulou et al., 2007). It was evident from the findings that extensive training in palliative care itself was crucial for the LCHWs as well as for the organization, and according to the WHO (2006), training of community health workers is a core idea in its AIDS and health workforce plan.

Psycho-social support for OVC at Home of Hope covered a large area of the LCHWs daily responsibilities, and across

diverse ethnic groups. This is summarised in a statement made from a focus group discussion: 'In the district we've got two OVC programmes for Home of Hope. We are doing psycho-social support, which is when you make the child grow up, you teach him or her the life skills and then you make them to talk about death'. Reports state that family, peers and the community can be involved in the psycho-social support of the vulnerable child (Gakuba & Passini, 2011).

Participants were faced with the challenge of not having the required knowledge on how to make antiretroviral treatment more accessible to OVCs by creating a supportive environment. This was confirmed in a focus group discussion: 'People need knowledge and skills to deal with HIV status and treatment.' The National Department of Health (NDoH, 2003) also stated that lay-workers, such as the participants in this study, are also part of the Comprehensive Care, Management and Treatment Programme that governs antiretroviral access.

Lay counselling stood out in the findings as an urgent need for in-depth knowledge and training in lay counselling for traumatised and bereaved OVC. 'I think the other two lay counsellors need more training on counselling on children, because they are good in visiting but not for counselling the children' This need was identified in both focus group discussions. It is not uncommon, because community health workers are widely used as lay-counsellors (Kipp, Kabagambe, & Konde-Lule, 2002). In their respective roles as lay counsellors, the participants were responsible for educating the OVC and they were active in areas such as trauma, HIV/AIDS and other life-threatening illnesses. Furthermore, literature (Gakuba & Passini, 2011) points out that counselling is about helping people and children to deal with life's challenges, to adjust to difficult changes, to facilitate effective expressions of their emotions, to develop an understanding of those emotions and guide the child in the development of personal solutions to challenges.

This study recognizes that lay counselling, as described by these authors, is relevant to the participants. The findings were clear that, at times, the participants were personally traumatised during lay counselling sessions, and needed counselling and support themselves. Researchers Richter, Manegold, and Pather (2004) found that those who care for the sick also sometimes find themselves in need of care and support. Contrary to the findings, it was observed that the participants, despite their need for knowledge in lay counselling, often ignored their own need for counselling in their commitment to supporting those who were emotionally traumatised or bereaved.

Excessive job demand levels are often referred to as role overload which is generally defined as having too much work to do, which can result in negative affective reactions by individuals experiencing these demanding pressure (Boyar, Carr, Mosley, & Carson, 2007). Despite the fact that the participants were regarded as people with skill-resourcing needs, and because of their inherent job requirements, they were obliged to provide intensive psycho-social support, such as antiretroviral and lay counselling treatment to OVCs. It was for these reasons that the National Department of Health purposefully developed a plan of action that provide the community with caregivers to attend to the needs of OVCs, combining some of the community caregivers in the health and social development sectors.

6.2. *Theme 2: skills needed by LCHWs*

Specific skills needed by the participants to *work competently consisted of: nutrition, academic skills in reading, writing, numeracy and literacy, auxiliary health care, mentoring and coaching.*

The findings revealed that, meal preparation at Home of Hope was not of an acceptable nutritional standard. Participants clearly confirmed their lack of understanding about nutrition and food preparation according to an individual interview: 'Professional Chef and like hotel management and industrial chef … like you cook for old people.' Participants worked in the different community projects, without the basic academic skills in reading, writing, numeracy and literacy, which were important requirements in their respective jobs. A participant from a focus group discussion said: 'Yes, you have to be able to read and write what you are doing because you also have to give reports.' These skills needs were similar to that from a study conducted by Rennert and Koop (2009) who reported that interventions with community health workers (CHWs) to address problems in caring for children, found that primary health care for children in remote underserved communities using CHWs is possible and feasible.

Correspondingly, the Tertiary Education Commission (TEC, 2008) explains that improving workforce literacy, language and numeracy skills works best if the learning is in a context that is relevant to the learner, for example, existing workplace training. The findings also regarded nursing as a scarce skill, which LCHWs were compelled to do: 'We don't have a lot of nurses trained in palliative care at this level.' During the field visits to Home of Hope, it was observed that the LCHWs found it awkward to physically transfer the bodies of the terminally ill OVCs from one position to another. Participants clearly demonstrated through their facial expressions, for example: through their sad faces and slow movement, that they were uncertain of how to manage the situations.

It was highlighted in the focus group discussion that: 'We would like for our staff to improve their health-care skills and one of the areas that we feel that we lagging back on is training in the area of health, not in the company, training out of the company.' It is acknowledged that organizational learning requires both individual and organisational competence, and organisational culture to work, which may require effort to attain a high level of commitment, trust, and understanding between LCHWs and the organization (Yeo, 2005). The JD-R model also considers psycho-social work conditions, and particular job demands, such as workload and emotional demands, as significant predictors of an employee health erosion pathway. Coping with chronic job demands leads to an erosion of the LCHWs energy reserve; in turn, this leads to negative responses, such as psychological distress, and in the longer term, other health problems (Schaufeli & Bakker, 2004).

Participants mentored each other in a lay fashion, they followed an informal and unstructured mentoring practice according to the following participant: "It is constant training and mentoring, there has to be mentoring in any profession and I haven't been on any training so they just taught me here

what I didn't know, my supervisors taught me about child and youth care work." Although unstructured, this informal mentoring process made it possible for them to learn new knowledge, skills and tasks; mentoring is presently at the forefront of strategies to improve workplace learning (Darwin, 2000). To the contrary, based on the findings, mentoring was used by LCHWs, as a method to only learn new tasks, and not where the organization initiated mentoring to support the participants.

In addition to mentoring, the participants also used coaching as a training and learning method and as a way of transferring knowledge and skills about their tasks to each other. A participant from a focus group discussion described his coaching experience as: "He is always pushing me; he is motivating me a lot, I can't explain how much I have learned from him." This is not an unusual practice; coaching is viewed as a powerful catalyst for transforming performance, because it is not just a remedial intervention for poor performance (Woodruff, 2006). Moreover, if individuals are to take responsibility for their own development they need support, advice and a coaching relationship that will provide them with the appropriate support needed for them to achieve their developmental aims (Whitmore, 2000).

The JD-R model, in particular, the job resources element (Xanthopoulou et al., 2007), speaks to this finding in the sense that it includes autonomy, social support, supervisory coaching performance feedback and opportunities for professional development, which are verified as relating to work engagement, reciprocally. The knowledge and skills identified by the participants as necessary were an indication that they were ready and motivated to be skilled in their role as palliative carers, also to positively promote the image of Home of Hope. This trend to gain new skills concurred with the findings of a study conducted by Goodyear et al. (2006) which states that human resources are assets that drives business success.

6.3. *Theme 3: organizational challenges*

LCHWs needed the organization to deal with the following specific challenges: lack of career pathing and guidance, and inadequate employment processes (retention, succession planning and promotion).

6.3.1. *Sub-theme 1: lack of career pathing and guidance*

The findings confirmed that the LCHWs were unfamiliar with the term 'career pathing' in relation to their day-to-day tasks, as stated by the following participant: 'I am not doing my career presently, but I love my job very much.' Further confirmation from the findings indicated that the LCHWs were placed in jobs which they could not execute efficiently because of their lack of knowledge and skills, and interest in specific areas of their jobs, was evident in a focus group discussion: 'Some of them they do home base care but they don't like home base care; they would like to be social workers.' A career development programme at Home of Hope seemed to be the missing link, as observed during the interview sessions. Their non-verbal communication responses about career pathing indicated that they did not understand its meaning (when a question was directed to them, they would just stare at us, without any responses).

Through the findings it was established that there were no formal career guidance strategies for LCHWs at Home of Hope and according to the documents on the organization's existing training plan; career guidance did not appear as a training event. This was backed up by a participant who said: 'So what I think would be a good idea is that there will be a career plan, starting with the volunteers in the communities to see where one can grow to become a child-care worker and maybe then after that they can become a project leader; but they have a picture of how they can develop themselves.' The main reason for adults to access guidance provision is a belief that it may help them enhance their job prospects (Hawthorn & Watts, 2002). These findings are in line with the view of Billett (2001) about the reality that some limits to learning in the workplace exist, limits which include learning (either knowledge or practices) that is inappropriate, but reinforced by the workplace; barriers to access and guidance for developing workplace practice; having to learn knowledge that is not accessible in the workplace; the lack of expertise or experience required to develop this knowledge. Job resources may play either an intrinsic motivational role, because they foster the growth of LCHWs learning and development, or they may play an extrinsic motivational role because they are instrumental in achieving work goals (Bakker & Demerouti, 2007).

According to the JD-R model (Bakker & Demerouti, 2007), job resources fulfil basic human needs, such as the needs for autonomy, competence, and relatedness, for example, LCHWs required proper feedback to foster learning, thereby increasing job competence; whereas decision latitude and social support satisfied the need for their autonomy and the need for them to identify themselves with their job to construct meaning. Likewise, evidence found (Schaufeli & Bakker, 2004) for a positive relationship between the job resources of performance feedback, social support and supervisory coaching, and work engagement in studies conducted by Hakanen et al. (2006) on a sample of Finnish teachers, with results showing that job control, information, supervisory support, an innovative climate, and social climate were all related positively to the work engagement of LCHWs. On the other hand, while employers are aware that the skills of their employees are very important to their business, those employees who were part-time, of lower-status, and less qualified than others, received very little training, or generalised or non-task specific (Gorard, 2003). Most importantly, it is not constructive to define the worker merely as an individual and the workplace as providing the structure or context, as both individual and workplace construct, and are constructed by, each other (Gorard, 2003).

6.3.2. *Sub-theme 2: inadequate employment processes*

6.3.2.1. Retention. In this study the LCHWs worked for an indefinite period without the proper knowledge, skills; and under inadequate organisational employment processes. Regardless of these challenges they were still dedicated, committed and entrenched in the work of the organization. In this study, the findings correlate with a statement by Salafsky, Glasser, and Ha (2005) that retention of health workers, particularly those in rural areas, will severely contribute to accessibility problems. What is more, the findings indicated

that the organization was driven by the participants, who were directly responsible for its success or failure. Workplace training and career guidance development play a critical role in attracting and retaining good workers and maintaining low levels of staff turnover (WHO, 2006). The level of pay, lack of career guidance opportunities, unmet needs due to a lack of person-organisation fit, lack of support from a line manager, and working conditions or job stress are some of the major push factors that lead to unwanted staff turnover (Aamodt, 2010).

6.3.2.2. Succession planning. Based on the findings, the participants were expected to fill the roles of those who resigned, without prior notice, training or guidance. The following participant's view was: 'People are being trained here, but after they have trained they leave, and if you have a good follow-up plan they can even grow into new positions, there might be a chance that you keep them and that you keep the circle running.' The absence of a succession plan contributes to sudden changes in the jobs of participants and increases their job-demands. Succession planning as a systematic, long-term process of determining goals, needs and roles within an organisation and preparing individuals or employee groups for responsibilities relative to work needed within an organisation (Luna, 2012). The JD-R model (Bakker & Demerouti, 2007), notes that poorly-designed jobs or chronic job demands, such as work overload, and emotional demands exhaust employees' mental and physical resources and may therefore lead to the depletion of their energy.

6.3.2.3. Promotion. Home of Hope proved to have no promotion possibilities. In the focus group discussions a participant stated that: 'When you are not qualified, just a volunteer, you will stay a volunteer for ten years, so there is no space for you to grow.' It was generally understood in the past that employee performance was often perceived as a function of skills and knowledge, however, recently it has been recognised that performance is influenced by other factors, such as, systems and facility issues (WHO, 2006). In this study, participants viewed promotion as a measure of their success and progress at work, which affected their jobs in many different ways, both negatively and positively, based on personal perceptions and experiences in their respective roles as carers. It can therefore, be inferred from the findings that good performance by the participants can be enabled through a supportive working environment, which correlates with the explanation (Potter & Brough, 2004) that a supportive working environment encompasses more than just having sufficient equipment and supplies; it includes systems such as decision-making, information-exchange processes, and capacity issues which include workload, support services and an infrastructure.

It is argued that the availability of job resources, such as support from the organisation, advancement possibilities, growth opportunities, and socialising with colleagues at work may enable employees to cope with the demanding aspects of their work and simultaneously stimulate them to learn from, and grow in their jobs (Mostert, Cronje, & Pienaar, 2006). However, in this study, LCHWs experienced high job demands with limited job resources, and persevered and intrinsically coped, despite the absence of growth and advancement opportunities. Home of Hope needed structured employment processes. Job resources may be located at the level of the organization at large, and may include, among others, pay, career opportunities, job security, interpersonal and social relations (such as team climate, supervisor and co-worker support), role clarity (organization of work), and the level of task (skills variety, task significance, autonomy, performance feedback), all of which are essential for managing the care of OVC (Bakker & Demerouti, 2007; Dix, 2012).

7. Limitations

The study's sample was not balanced in terms of gender. The majority of the participants were female. Only African and White participants volunteered and were interviewed. This study was not able to report on the experiences shared by people from Coloured or Indian descent. It was not uncommon to find missing race groups, because the racial mix depended on the location and the context of the study vary between the province and the region.

8. Conclusion

This study brought about a deeper awareness of the impact the identified needs and challenges experienced by the LCHWs had on their work and care of OVCs at Home of Hope. According to Statistics South Africa (2013), such community organizations are definitely going to play an important role in palliative care since an estimated 10, 2% of the total population is HIV positive. As such, lessons from this particular case study can be used to see what could be done to improve the quality of care in similar palliative organizations as Home of Hope. More importantly, government also needs clear strategies on how to support such organisations to provide quality palliative care to OVC. Also, the findings of this study could be useful for government's own planning in terms of policies relating to OVC, LCHWs and community organizations. The experiences shared by Home of Hope and its LCHWs could be a good learning experience for other organizations involved in similar community work because they, too, should have good retention, succession planning, promotion, training and career development policies and procedures in place. In general, community organizations need to assist LCHWs to acquire specific knowledge and skills with regard to their job tasks and job roles. The findings in this study could be used by the numerous palliative care community based organisations in South Africa as well as other parts of the world to provide healthcare, nutrition, psychosocial support and general community health programmes for OVCs. Finally, it is hoped that these organizations can use the findings to improve the work situation of LCHWs through their job demands and job resources, thereby ensuring sustainability of community based palliative care organizations.

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