

THE MEANING OF WORKING IN THE CONTEXT OF  
THE FINANCIAL CRISIS: THE CASE OF PAID  
WORKERS WITHIN NON-PROFIT AIDS CARE  
ORGANISATIONS IN THE DURBAN METROPOLIS

By

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## DECLARATION

I, **Siphokazi, Joy Ntetha** declare that this dissertation, titled “**The meaning of working in the context of the financial crisis: The case of paid workers within non-profit aids care organisations in the Durban metropolis**” is my own work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the Master of Industrial and Organisational Psychology in the Faculty of Humanities, Development and Social Sciences, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other university.

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Siphokazi J. Ntetha

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Date

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*“The Lord your God is with you; his power gives you victory.*

*The Lord will take delight in you, and in his love you will rest.*

*He will sing and be joyful over you.” (Zephaniah 3:17)*

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# ABSTRACT

## Background

Meaning of working studies suggest that working, beyond providing an opportunity to make money, contributes to an employee's identity, fulfilment, self-esteem and other important psychological needs. The Meaning of working model offers one approach to explore how social and cultural norms shape what work means to individuals. The current study is situated within in the context of the recent global financial crisis which has caused turmoil in many organisations including those in the non-profit sector. The study explores the meanings workers in AIDS care non-profit organisations in the midst of the crisis and the subsequent socio-economic context.

## Aim

This is an interpretative phenomenological study which aims to explore how workers in AIDS care organisations make sense of their work within a unique socio-economic context occasioned by the financial crisis.

## Method

The study was conducted in semi-rural areas and townships of Durban Metropolis and the vicinity. Using a snowballing technique, project managers, HBC facilitators and a nurse (N=14) were recruited and interviewed using a topic guide containing semi-structured questions drawn from Westwood and Lok (2003) MOW model.

## Findings

Findings suggest that due to the financial crisis these organisations have undergone

restructuring causing them to apply various strategies including social entrepreneurship strategies in order to survive. It was also found that participants generally regard working as central to their lives and complementary to other important life roles due to the fundamental nature of AIDS care work being linked to religion, community and family. Findings also caution that due to the high value they attach to working, there are various negative consequences for worker's well-being and health which should be considered by health care policy makers.

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# CHAPTER ONE

## Introduction

### 1.1 Introduction and background to the study

The concept of ‘work meanings’ has been a difficult one to define succinctly in the literature. This is because of its links to multiple paradigms and concepts in organisational studies. The dilemma is further complicated by the view that meaning is, in principle, a product of subjective interpretation (Quintanilla, 1990). It has therefore not been easy to make sense of work from a holistic perspective as well as the meanings that are attached to it. The meaning of working (MOW) offers one approach to conceptualizing work meanings. It explores how cultural and societal norms, shape what working means. One of the earliest studies on MOW was a seminal work done by a research team referred to as the MOW International Research Team (MOWIRT) (1987). MOWIRT (1987) and some follow-up studies are guided by an exploratory model of the subjective meaning of work which suggests that for many, working and its outcomes are considered significant and fundamental (Ardichvili & Kuchinke, 2009; Chalofsky, 2003; Gill, 2000; Maslow, 1976; 1987).

The capacity of work to provide purchasing power is a dominant theme in the way in which economists view working (Quintanilla, 1990). Working has been shown to also have social and psychological significance in an individual’s life (MOWIRT, 1987; Gill, 2000). This has

been a dominant theme in Organisational Psychology in general and more specifically, Positive Psychology. MOW studies reveal that working, above and beyond providing an opportunity to make money, contributes to an employee's identity, fulfilment, self-esteem and other important psychological needs (Gill, 2000; Harpaz & Meshoulam, 2009). As a result, the meaning that employees attribute to working plays a critical role in motivating employees to work more happily and optimally, which is significant for both individual well-being and organisational effectiveness.

While some authors have focused on issues internal to organisations, such as creating humane working places and meaningful work (Quintanilla, 1990), an increasing number of writers on MOW are beginning to also highlight the influence of the broader setting in which MOW is studied (Ardichvili, 2009; Chalofsky, 2003; Westwood & Lok, 2003;). In light of this, one could put forward the argument that the context in which work meanings are studied is critical to enhancing a richer understanding of MOW (Ardichvili, 2009; MOWIRT, 1987; Westwood & Lok, 2003). Research, indeed, reveals that MOW is influenced by broader contextual realities outside of organisations, such as the socio-economic environment (Ardichvili, 2009; Westwood & Lok, 2003). Perhaps a classic case illustrative of the possible influence of context on MOW is the current global financial crisis.

The global financial crisis has led to noticeable challenges in many organisations around the world. This is also true for South Africa which, for the first time in 17 years, entered an economic recession in May 2009 leading to the loss of at least 959 000 jobs in the first quarter of 2009 alone (Statistics SA, 2009). The majority of research on the global financial

crisis has focused on the real sector.<sup>1</sup> However, an emerging body of research also highlights the potential implications of the global crisis for the feminization of poverty (see Antonopoulos, 2009; Seguino, 2009). There is evidence which points to the crisis having contributed to reduced access to funding amongst civil society organisations located within the non-profit sector, and is exacerbating inequitable access to health and social services by the poor and underprivileged (Akintola, 2010).

AIDS care organisations play a particularly important role in providing home-based care services to people living with HIV/AIDS and related illnesses (DoH & DSD, 2009; Naledi, Barron, & Schneider, 2011; Akintola, 2012). At the same time, during the crisis, governments are increasingly relying on non-governmental and non-profit organisations to address social issues. This is disturbing in light of the marked decrease in spending on social services by governments and international development agencies (Akintola, 2010; Antonopoulos, 2009; Seguino, 2009; Teka & Magezi, 2008). The budget reduction has implications not only for the beneficiaries of social services, but also for the well-being of employees who provide these services.

Health care organisations in the non-profit sector play a critical role in society. They work to improve the well-being of citizens through the provision of health and social services that the government should otherwise provide (Akintola 2010a; Seguino, 2009). The reliance on these

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<sup>1</sup> The Real Sector: Refers to the sector in which there is production of goods and services through combined utilization of raw materials and other production factors such as labour force, land and capital or by means of a production process. The market is the determiner of what society should produce and through what combination of production factors (Global Commerce License, n.d.)

organisations has increased in South Africa as the country faces the challenges of the AIDS pandemic. AIDS care organisations in particular suffer from the loss of funding as their major donors have been hit hard by the global financial crisis (Akintola 2010a). One could surmise that the influence of the crisis on these organisations is severe and that this could negatively impact employees working in these organisations and their families. Akintola (2010a) demonstrates that the financial crisis has compelled AIDS care non-profit organisations to employ various strategies to deal with the crisis, which affect employees as well as service delivery. Some care organisations which lack funds to pay stipends and salaries have also retrenched valuable staff while others have had to close down (Gwelo, 2012; Nyawose, 2012). It would be interesting to know how employees working within AIDS care organisations in the non-profit sector make sense of their work within the context of the financial crisis.

## 1.2 Problem Statement

Amongst other variables, the socio-economic context plays a vital role in shaping the meaning of working (Ardichvili, 2009; MOWIRT, 1987). An empirical study done by Ardichvili (2009) found that instability and job insecurity, mortality, the AIDS epidemic, inequality in society, decline in social benefits and employment, and wages, impact profoundly on MOW. This study, as with most MOW studies, employed a quantitative design and was conducted in for-profit, private and governmental organisations, underscore the influence of the broader context on MOW.

The global financial crisis presents an interesting context within which to explore the concept of MOW. Given the paucity of literature on MOW in the non-profit sector, an understanding

of MOW among employees working in non-profit organisations in the context of the global financial crisis could provide interesting insights that could extend the frontiers of knowledge on MOW. Yet it is unclear how the current crisis has impacted on MOW among paid employees working in the non-profit sector. Even less clear is an appreciation of MOW among employees working in AIDS care organisations in South Africa in the context of the financial crisis. Acknowledging the need for qualitative studies that seek a better understanding of how employees working in the non-profit sector make sense of their work, this study aims to explore MOW among employees in AIDS care organisations in the context of the prevailing financial crisis. Insights gained from this study could contribute to the literature on positive psychology and on non-profit work in South Africa and globally. It could also assist in developing strategies and policies to promote subjective well-being, leading to positive outcomes and optimal functioning of employees in non-profit organisations and more specifically in AIDS care organisations that serve communities directly. Finally, given that AIDS care organisations play a major role in the delivery of health care services at the primary care level (DoH, 2009; Naledi, Barron, & Schneider, 2011; Akintola, 2012), the findings could have implications for primary health care policy in South Africa.

### 1.3 Aim of the Study and Research Questions

The aim of this study is to understand how paid employees in AIDS care non-profit organisations make sense of their work during the era of the global financial crisis. Insight gained from this study could inform AIDS Care policy and add knowledge in the field of

MOW. The key questions that the current study aims to address are:

- a) Who are AIDS care workers and what do they do?
- b) In what ways has the global financial crisis affected AIDS care organisations?
- c) How do AIDS care workers make sense of their working experiences in the context of the global financial crisis?

## 1.4 Structure of the dissertation

*This dissertation consists of six chapters.*

The purpose of *chapter one* is to introduce the study. It sets the tone by situating the study within a specific context which provides background information. Thereafter, a problem statement is argued followed by the purpose of the study, as well as a summary of the significance of the study and research questions.

In *chapter two*, I begin with a review of the literature of the various areas the current study taps into. The following themes are covered: defining work, individual significance of working, MOW, and MOW within the socio-economic context; this is further divided into: the global financial crisis, the economic crisis weighs on the non-profit sector, the importance of AIDS care organisations, the effects of restructuring on AIDS care employees, and the pursuit of meaning in non-profit work.

I then go into depth with a discussion around the conceptual nature of MOW in *chapter three*.

This includes a description of Westwood and Lok's (2007) MOW conceptual framework. It is adapted from the original MOW framework developed by MOWIRT (1987), and appreciates the influence of the socio-economic context on MOW. The framework includes the following central variables: work centrality, societal norms about working, valued outcomes and goals, and attachment to working. Westwood and Lok (2007) place further emphasis on micro-personal and macro-societal factors which influence the central MOW variables.

*Chapter four* describes the qualitative methods employed to collect data for the study. Fourteen participants recruited from eight organisations were interviewed using a topic guide. The data collection procedure is described followed by an interpretative phenomenological technique which was used to analyse the data.

*Chapter five* presents the findings of the study according to the MOW Conceptual Framework.

I then discuss the major findings in *chapter six*, where important messages and conclusions are drawn.

The next sections are references and appendices of documents used in the current study.

# CHAPTER TWO

## Literature review

### 2.1 Introduction

This chapter provides a review of the literature around the study of the meaning of working. I begin by introducing how working is generally defined in the literature and thereafter distinctly describe the definition of working that guides the current study. This is done to provide clarity and avoid confusion with how work has been conceived. The focus of this chapter is on the meaning of working, which explores how working people experience working and what significance working has for individuals.

The literature reveals that the function of working is not only instrumental or a means of survival, but that it is also of expressive value to an individual. This means that employees derive satisfaction and other intrinsic benefits from working. Thus the experience of working is crucial to individual well-being. Most importantly, this study further anchors MOW within a socio-economic context. By doing so, I highlight the importance of understanding MOW from multiple perspectives and suggest how MOW is a fluid and dynamic concept which is susceptible to external, broader influences. Unique to this study is exploring MOW within the context of the financial crisis and of AIDS care organisations. I provide an overview of the challenges of the crisis and how they have affected these organisations and consequently their employees. The chapter concludes by discussing the literature on non-profit work, which is

significant because AIDS care work is non-profit in nature. This type of work is generally seen as an opportunity where employees pursue meaning in their work. This is because it is linked to religious and personal beliefs of helping and empowering people for the good of society. The chapter also discusses the literature that interrogates the notion of ‘meaningful work’ by discussing the potential consequences this may have on individual well-being and health.

## 2.2 Defining working, for the purpose of the current study

Working is generally a difficult concept to define. Today, working occurs within the context of large internal and external labour markets which are dynamic and constantly changing (MOWIRT, 1987). Work is an institution that alters many relationships and other life roles that shape the meaning assigned to it (MOWIRT, 1987). Modern capitalist societies tend to encourage a moral value to work for various reasons, whereas in the past work was also seen as a degrading pursuit to be carried out by those at the bottom of the hierarchal structure (Beder, 2000). This mainly reveals that different people have different views about work; it is shaped by era, culture and social setting.

In non-market societies, people were not paid to work. They did what was required to provide for their needs and much of this was done collectively. However, with the rise of more complex market-related societies, work became a separate activity (Beder, 2000). Most of what we know about the idea of work is within the context of market-related societies, with

relatively less knowledge on non-market intensive work. Understanding work within a non-market related sector is important because this kind of work is an increasingly important activity in society.

The definition of work that guides this research refers to ‘paid employment’. All voluntary work and any other forms of work where there is no exchange of labour for pay are excluded. Following the work of MOWIRT (1987, p. 13) and other scholars who have written on MOW, ‘working’ and ‘work’ are used interchangeably throughout this dissertation. Nonetheless, it is crucial to make distinctions between the two. I have chosen to study the meaning of *working*, as opposed to the meaning of *work*. In making this decision, I follow reasoning similar to that expressed by the MOWIRT (1987): I am not concerned with exploring *the philosophical significance of work*, rather I am concerned with the human activity and life-long process of *working*; its significance, value, and consequence (i.e. its psychological meaning) within AIDS care and the financial crisis context mapped for this study. In essence, the study aims to ask people to step back from this stream of activity, and describe the meaning they attach to it. The concept of *work* on the other hand has historical and philosophical connotations. A general term to understand these connotations is Protestantism, where work is connected with moral quality and is a central defining characteristic of human existence. Weber argues that in the protestant work ethic, work was seen as a religious calling, a way of worshipping God (1930). Thus for a ‘believer’, work is not done for the purpose of earning a living but to glorify God and demonstrate one’s state of grace (Beder, 2000). There are similar variations to the Protestant work ethic. They include the notion of work being a ‘difficult good’; difficult in the sense that work is taxing, and good in part because it involves a God-given challenge to overcome the hardships of work and live

in God's image. Another historical view of work comes from Judeo-Christianity, in which work is viewed as a form of punishment or obligation to God and society. Buddhist thinking also highlights a different view to working which suggests that working is an activity that brings man close to nature and builds character (MOWIRT, 1987).

It is, however, a different issue to explore how working people experience working, and what significance it has to them personally. This approach of enquiry refers to the concept of *working* which I am trying to explore conceptually, characterise, compare and interrogate empirically, and understand in terms of its antecedents and consequences within the context of non-profit AIDS care work and the greater socioeconomic context of the global financial crisis.

## 2.3 Individual significance of working

Working occupies a central role in one's life as well as being a primary societal objective. In fact, Harpaz, Honig and Coetsier (2002) argue that for the majority of working people, working and its outcomes are considered fundamental and significant. Well-designed paid work fulfils a number of functions that are vital to individual well-being (Ardichvili & Kuchinke, 2009; Chalofsky, 2003; Gill, 2000; Maslow, 1976; MOWIRT, 1987). Scholars have different arguments regarding the significance of working amongst employees. Some authors argue that working is mainly a means towards earning a living. This reasoning comes from the school of economics, which views work as merely providing purchasing power.

This implies that working is only an opportunity to make money. This view may be too simplistic and problematic in that it removes the phenomenon of working from the experience of working per se and the implications of this experience for individual well-being (Gill, 2000) such as satisfaction, fulfilment and engagement. This perspective also has grave implications for social policy when trying to understand the socio-economic issues of working. Morse and Weiss (1955) together with other writers in the field of psychology and sociology argue that working does not only serve an economic function. This approach towards exploring working sheds light on the centrality of work to individual well-being (see Gill, 2000). In fact, a growing number of studies reveal that a majority (66%, cited in MOWIRT, 1987) of people would continue to work even if they had enough money to live comfortably for the rest of their life without working (Ardichvili, 2009; Ardichvili & Kuchinke, 2009; Harpaz & Fu, 2002). Other authors suggest that working has the potential to fulfil other important needs and roles beyond and independent of providing access to things that money can buy: It may contribute to one's self-esteem, fulfilment, identity, status and other psychological needs (Gill, 2000; Harpaz & Meshoulam, 2009).

Gill (2000) asserts that, (amongst many other things), activities and social interactions gained from the workplace contribute to well-being. She further argues that working is a 'social microcosm' (Gill, 2000), meaning that it reproduces social life (Billington, Hockey & Strawbridge, 1998) and is capable of satisfying the psychological needs (mentioned above) which are deemed essential to individual well-being. Work is thus central to one's social and personal sense of being in the world. Similar to this argument, Dewey (1930) suggests that working is a primary mode by which individuals interact with the larger society (as cited in Ardichvili & Kuchinke, 2009). This means that working is a mode in which we construct

certain realities for ourselves that inform the way in which we act in society. Brief and Nord (1990) argue that:

Work meanings are part of the social construction of reality (Burger & Luckmann, 1966) and, as such endure the single individual in social institutions (like economic, educational, family, political and religious groups) as clusters of norms, values, beliefs, roles, and statuses that guide social action (as cited by Quintanilla, 1991, p. 83).

The majority of employees in our society are entrusted in the hands of organisations (Hoffman & Cowan, 2008). Organisations have the power to structure working experiences. And with the rise of globalization, the meaning of working is constantly shifting. Capitalist societies have fostered a strong work ethic for managerial purposes at the expense of employee's well-being (Beder, 2000; Hoffman & Cowan, 2008; Rose, 1990). Beder (2000) argues that the protestant view of work for instance provides a conducive environment in which capitalism can flourish and the moral high ground from which to pursue profit freely and with a good conscience. In this light, a person's value in society is assessed by what they do for a living and how much money they earn. As a result, some authors argue that work is taking over people's lives, restructuring and constraining people's time (Beder, 2000; Hoffman & Cowan, 2008; Rose, 1990). Beder (2000) further argues that even those not at work invest more time worrying about work; this position is also supported in one of studies of MOW (MOWIRT, 1987). Organisations nowadays are driven by a success-oriented work ethic which fosters ambition, hard work, self-reliance and self-discipline and holds the hope that such effort would be materially rewarded (Beder, 2000).

Friedman and Havighurst (1954) point out that clues about the significance of work to an individual stem from the experiences of unemployment and retirement of people who have been working all their lives (as cited in MOWIRT, 1987; Gill, 2000). In other words, a person shows better appreciation of working once s/he no longer has a job. A study conducted by Gill (2000) confirmed that the psychological impacts of job loss could not be fully accounted for by financial stress. This further highlights that the actual experience of working provides employees with much more than income. Most of these studies are done amongst workers in for-profit organisations in developed countries. The initial study of meaning of work for example was conducted by MOWIRT (1987) amongst eight countries, from Europe, America and Asia. We know much less about the significance of working of workers in non-profit organisations or developing countries as coverage of the topic is sparse. The current study explores these issues in the context of non-profit work in a non-market related sector.

## 2.4 The Meaning of Working

The essence of understanding MOW is embedded in and interlinked with the conceptual framework of MOW. Thus, I dedicate the next chapter to define and discuss MOW more conceptually. At this stage, I provide the underpinnings that have given birth to the study of MOW, but I begin by a rationale and value for studying MOW.

There has been growing interest in meaning of working because of its association with satisfaction at work and with life generally (Brown et al., 2000; Wrzesniewski, Dutton and

Debebe, 2003). MOW has also been linked to positive outcomes for both the individual and the organisation (Money, Hillenbrand & DaCamara, 2008); such as retention of key employees, effective management of change, and greater organisational commitment and employee engagement (as cited in Cartwright & Holmes, 2006). Several empirical studies report that MOW influences important outcomes such as motivation, absenteeism, work behaviour, engagement, job satisfaction, empowerment, stress, organisation identifications, career development, performance, personal fulfilment and subjective well-being (Ardichvili, 2009; Ardichvili & Kuchinke, 2009; Rosso, Dekas & Wresniewski, 2010; Steger & Dik, 2009). The outcomes are negative or positive according to the way in which people attach meaning to working. A study done by Kuchinke, Ardichvili, Borchert and Rozanski (2008) suggests that there is a significant relation between different domains of MOW and career and job satisfaction. MOW is determined by both internal and external factors:

The development of a person's concept of work and of work related self-identity is affected not only by ones internal drives and interests, but also by a complex interplay of such factors with multiple external forces (Ardichvili & Kuchinke, 2009, p. 45).

Reviews of the primary sources on MOW show several common points of interest and findings (Friedmann and Havighurst, 1954; Morse and Weiss, 1955; Weiss and Kahn, 1960; Kaplan & Tausky, 1974). Kaplan and Tausky (1974) provide an initial typology of understanding the elements and make-up of the concept of MOW (see Table A below). Some elements are instrumental and others are expressive as illustrated in Table A below. The expressive component of MOW suggests that people express themselves through working and derive satisfaction from their performance of various tasks at work. This is expressed through: a) work as an intrinsically satisfying activity, b) work as a status and prestige

bestowing activity, c) work as a morally correct activity, and d) work as a source of satisfying interpersonal activity. On the other hand, working is also seen as meaningful because of its instrumental component, as a means of accomplishing an external end. This component includes a) work as an economic activity and a means of survival and b) work as a structured or routine strategy which keeps one occupied (Kaplan & Tausky, 1974).

**TABLE A** (Adapted from Kaplan & Tausky, 1974, p.186)

**A TYPOLOGY OF MEANINGS OF WORK**

**Expressive**

I. *Work as an intrinsically satisfying activity.* Enjoyment and a sense of accomplishment may be derived from performing a work task, e.g. rendering a service to others. There may be a desire for new experience, to learn more, and to utilize and develop abilities in one's job to self-actualize. There may be a need for responsibility and autonomy.

II. *Work as a status and prestige bestowing activity.* A desire for status achievement in monetary or social terms. A job or type of work may be valued for the prestige accruing to the person performing such a task. Status or prestige may be sought from one's co-workers, friends, or relatives. The pursuit of money signifies status achievement.

III. *Work as a morally correct activity.* Work is seen as an activity that fulfils a prescribed role in society, carrying prescriptions about the "rightness" and "correctness" of working.

IV. *Work as a source of satisfying interpersonal experiences.* Satisfactions may be derived from associations with others in work and during the course of one's work with clients, patrons, patients, or co-workers. The satisfactions are not from services rendered, but from affiliated relations in one's job.

**Instrumental**

V. *Work as an economic activity,* a means of survival. Work is sought for the money. It is prized for the opportunities it provides for obtaining satisfactions away from one's job.

VI. *Work as a scheduled or routinized activity which keeps one occupied.* It consumes time and energy, and may be viewed as a vehicle for avoiding negative consequences associated with laziness and idleness-e.g. hustling and illegal activities.

Table A above represents one of the first understandings of MOW. MOWIRT (1987) extends on this and develops a model which conceptualizes MOW as involving five central variables including work centrality (relative and absolute value), societal norms about working (entitlements and obligations), valued goals and outcomes (expressive and instrumental), work identification and attachment to working. These central variables are influenced by conditional variables, which include macro socio-economic environment, present job and career history, personal and family situation. The model by MOWIRT (1987) describes also consequential variables that are the outcomes influenced by MOW central variables, which include subjective expectations about future working situations and objective outcomes of working. The current study is guided by Westwood and Lok's (2003) model. It is adapted from MOWIRT (1987). It is this conceptual framework which will be discussed in the next chapter to capture the essence of MOW.

The subject of the MOW is embedded in humanistic/positivist psychology, but is also a relevant topic in the schools of economics/socio-economics, labour economics and human resource development. This seems to suggest that work transcends individual fulfilment and links a person to the social, economic and political realms (Ardichvili & Kuchinke, 2009). Wrzesniewski, Dutton and Debebe (2003) argue that MOW is dynamic and fluid, and it changes over time (Son, 2006). It is a living social account that employees make of their experiences at work. An understanding of meaning of work may shed some light on why people work and what sort of goals are important to them, what they seek at work and what would make them stop working (Harpaz & Meshoulam, 2009). Having a full picture of this requires an exploration of work embedded within a context from multiple perspectives, and this is a theme I discuss next.

## 2.5 MOW within the socio-economic context

Socio-economic conditions play a vital role in shaping societal perceptions of the MOW (Ardichvili, 2009). A study done in Russia reveals how major socio-economic trends of a country undergoing radical transformation, such as instability and job insecurity, mortality, the AIDS epidemic, inequality in society, decline in social benefits and employment and wages impact profoundly on the MOW (Ardichvili, 2009). In his study, Ardichvili (2009) found that attachment to work (which refers to willingness to work without income) is greater when socio-economic conditions are negative (leading to acceptance of long hours and atrocious working conditions) than when socio-economic conditions are pleasant (with employees still attached to work, but also feeling the importance of spending time with family). The implications of the finding in this study for future researchers strongly suggest that, by exploring MOW without anchoring it within a particular socio-economic contextual reality, one could miss critical information that is likely to contribute to understanding the phenomenon of MOW. The current study attempts to explore MOW within a specific socioeconomic context.

The next subsections are dedicated to describing the socio-economic context in which the current study aims to explore MOW. The first subsection draws attention to the global financial crisis, and how it has affected the non-profit sector. I then narrow the focus to describe the importance of AIDS care organisations and how the crisis has affected them. One of the major consequences of the crisis is restructuring in organisations; it is therefore crucial that there is a section that sheds light on how restructuring affects employees. The last

subsection critically reviews the literature on non-profit work. It interrogates the general view of non-profit work being highly fulfilling, to bring light on the potentially negative implications of this problematic view of non-profit work.

### 2.5.1 The global economic crisis

The mortgage crisis which started in the United States in late 2007 manifested into a global economic downturn. Although developing and emerging countries were initially cushioned from its blow, the financial crisis has severely impacted globally more than any other period of financial turmoil in the past 60 years (International Monetary Fund [IMF], 2009). The growth patterns even before the crisis in certain regions, notably Africa, had only shown negligible reductions in poverty (Balchin, 2009; Torres, 2009). The global financial crisis has significantly worsened the economic outlook for sub-Saharan Africa. Nigeria, Ghana, Kenya and South Africa were hit first because of their financial links with other regions in the world. South Africa at the end of 2008 reported the first deficit in GDP of - 0.73%, disrupting 17 years of positive economic growth (International Centre Trade Sustainable Development [ICTSD], 2010). South Africa's previous socio-economic and political dispensation, which was built upon the principles of Apartheid, highly disadvantaged the majority population groups, which were mainly people of colour and women. Recent studies reveal that during the crisis, it is these groups once again that have been reported to be mostly susceptible to the impact of the crisis (Seguino, 2010; Antonopoulos, 2009). One could therefore argue that the global financial crisis also becomes an issue of race and gender, especially in South Africa because it aggravates the situation for these vulnerable groups (people of colour and women). At this point it is also important to note that the sample of the current study is predominately

these groups. Thus, it will be interesting to unpack these issues from their point of view.

### 2.5.2 Economic crisis weighs on the non-profit sector

Socio-economic experts suggest that as an important response to the financial crisis, government should be spending more money on social interventions (Seguino, 2010; Antonopoulos, 2009; Torres, 2009). However, studies report that in developing regions, this has not happened. Rather, governments have reduced budgets on social spending. Hence people who depend on the social protection programmes are exposed and vulnerable to more risk during the crisis (Antonopoulos, 2009). Interestingly, however, in the face of financial crisis and large-scale public disinvestment, the non-profit sector is expected to respond to the social needs not being met by the state (Jayasinghe, 2010). Teka and Magezi (2008) state that it is of grave concern that, while the non-profit sector is burdened with this expectation, economic debate has almost overlooked the effects of the crisis on the non-profit sector. Current focus of research and media attention is on the real sector. The non-profit sector regrettably suffers a 'quiet crisis' of a triple-fold dilemma (see Teka & Magezi, 2008). While some fundraising experts suggest that donors will play a constructive role during times of crisis, an increasing amount of research unfortunately reports that the decrease in wealth around the world has led to a decrease in international funding. As a result, social grants and donations have decreased and non-profit organisations (NPOs) suffer from a lack of funding (see Teka & Magezi, 2008). Moreover, NPOs cannot rely on government funding either, because government budgets have downscaled on social spending during the crisis, and have neglected NPOs in terms of supporting them financially. The financial crisis has led to the

poor being more desperate. There has been growing human need for the services that NPOs provide. Unfortunately, however, with a limited resource base to meet these demands (Hass & Morrissey, 2008), the battle against cuts in social spending, such as AIDS care, and subsequently in poverty reduction, cannot be fought by NPOs.

Research indicates that NPOs that provide health care services have also been hit hard by the crisis. This is particularly true in the sub-Saharan African region where HIV/AIDS is rife and public care facilities are burdened and overstretched (Akintola, 2010). NPOs for AIDS care specifically, can be grouped as non-governmental organisations, community based organisations and faith-based organisations. These organisations have taken on an increased role of providing care and support for people living with HIV/AIDS (Akintola, 2010) as I discuss in greater detail in the next subsection. As evident in my earlier discussion, the impact of the crisis on the real sector is expansively documented, in comparison to the little we know of the impact of the crisis on the non-profit sector.

During the crisis, Akintola (2010) notes that AIDS care organisations have been (and are still) forced to implement various strategies to deal with the financial crisis: Firstly, due to a decline in operating revenues, organisational restructuring proved to be necessary, this has resulted in the downscaling of outreach services to the communities (Akintola, 2010). Secondly, incentives for volunteers (who provide the bulk of these services to the communities) are being rationed to meet the available funds, and salaries have been cut (Akintola, 2010). And thirdly, consequences of the crisis are not only a decline in charity on the part of NPOs, but it also becomes an issue of job losses, as organisations cannot afford to

retain all employees. The non-profit sector provides employment for many people in the labour market. NPOs that have been hit by the crisis have been forced to retrench a large number of employees, contributing to the country's unemployment rate, poverty and slow economic development (Akintola, 2010). It could therefore be argued that the crisis exacerbates the financial situation in non-profit AIDS care work.

### 2.5.3 Importance of AIDS care organisations

Public health care services are essential, especially in developing countries where there are large health care disparities. This need has also been aggravated by the HIV/AIDS pandemic in countries that have been mostly affected. HIV/AIDS continues to be a serious problem notably in the sub-Saharan African region. In South Africa alone, 5.24 million people are estimated to be living with HIV/AIDS (DoH & DSD, 2009; STATSSA, 2010), resulting in public health systems being overwhelmed. There is a shortage of staff to adequately care for and support people living with HIV/AIDS [PLWHA] in clinical institutions. These clinics are mostly in the rural and semi-rural areas which lack bed space and facilities to accommodate the high influx of sick people. This catastrophe has also been due to the difficulties for poor patients to cover the high costs of accessing clinics due to unreliable transport and low cash incomes (Jaffar, Amuron, Foster, Birungi, Levin, Namara, Nabiryo, Ndembi, Kyomuhangi, Opiyo, Bunnell, Tappero, Mermin, Coutinho & Grosskurth, 2009; DoH & DSD, 2009; Shisana & Simbayi, 2002). Home based care [HBC] has been introduced formally by government to bridge the gap of care and support to PLWHA. Churches, community initiatives and mainly NPOs, with some receiving support from government, have taken up this responsibility to

implement AIDS care services and programmes in communities which include HBC work (i.e. cleaning patients, monitoring treatment, nursing wounds, providing nutritious food, spiritual upliftment), feeding schemes, counselling, paralegal services, vegetable garden projects and the like (Akintola, 2008; Ntetha, 2010). NPOs recruit and train volunteer caregivers to be capable of providing these services to PLWHAs, and their close families and relatives who have also been affected by the AIDS pandemic. Thus, the success of these home-based care programmes is largely reliant on unpaid volunteers (Akintola, 2008; Russel & Schneider, 2000).

AIDS care is a key component in the response to the HIV/AIDS epidemic in sub-Saharan African countries. However, when compared to other AIDS interventions such as prevention and awareness, it has attracted much less attention in government budget allocations (Homan, Searle, Esu-Williams, Aguirre, Mafata, Meidany, Oosthuizen, & Towel, 2005). Due to this relative neglect, AIDS care organisations even prior to the crisis had been experiencing serious challenges in accessing funds and other necessary resources critical to the outreach to PLWHAs, such as home-based care kits and food parcels (Homan et al., 2005; Pallangyo & Mayers, 2009; Ntetha, 2010). Moreover, as explained above, volunteers, who are considered the cornerstone of AIDS care programmes, are unpaid. Some organisations are able to provide them with a stipend, but many remain unpaid (Akintola, 2008). A study done by Chikoko (2010) that looked at the experiences of paid AIDS care workers in these organisations, such as the administrator, financial manager, social workers, area coordinator and facilitators reported that these workers are underpaid (Chikoko, 2010). With increased demands and limited resources and rewards, this contributes to stress, constant pressure, burnout and frustration amongst employees working in AIDS care (Pallangyo & Mayers,

2009; Chikoko, 2010). Thus, the issue of underfunding in these organisations precedes the global financial crisis. Akintola (2010a) adds knowledge on how the crisis has affected AIDS care NPOs, but it is still unclear how these organisational strategies in response to the crisis have affected employees.

#### 2.5.4 The effects of Restructuring on AIDS care employees

The global financial crisis also has social consequences. It affects the organisations, employees, communities and households in various ways. One of the consequences is a reduced demand for labour, resulting in unemployment (Fallon & Lucas, 2002). Those who still have a job face the possibilities of lower remuneration and other changes within their organisation, or losing their job altogether. Organisations around the globe go through a period of restructuring, downsizing, re-engineering and other reforms due to unanticipated shocks in the economy (Burke, 1998). These will collectively be referred to as ‘reforms’. And as hinted at in my previous discussion, the current crisis makes organisational restructuring inevitable (Zweni, 2004). This section specifically extends on how these reforms have engendered damaging consequences for workers (Chalofsky & Krishna, 2009). Due to organisational reforms, employees ask questions about the meaning and purpose of work in their lives as they experience job losses, job uncertainty, ambiguity and heightened anxiety (Cartwright & Holmes, 2006). This is mostly evident in developing regions, where young persons, migrant workers and women workers in precarious and informal jobs have been affected disproportionately (Antonopoulos & Hirway, 2010).

Due to the AIDS epidemic, the work of women, who are the main care providers in families and households, have received greater attention in literature. Akintola (2010a) argues that with the introduction of HBC, there has been a dramatic increase in women's care work and a contribution to the feminization of poverty. HBC comes with added responsibility and most of this work is under-acknowledged if remunerated at all (Akintola, 2011). Because women work within the context of poverty and inadequate resources, women are faced with greater complications when working in AIDS care. With such prevailing challenges, reform effects occasioned by the crisis intensify the challenges of poverty and unemployment.

### 2.5.5 The pursuit of meaning in non-profit work?

NPOs are characterised by the commitment to advancing the greater common good. The literature largely portrays the non-profit sector as a place where people can pursue work of a higher calling (Dempsey & Sanders, 2010). Non-profit work takes on social and moral value because it tackles problems such as poverty, disparities in health care and education. Thus NPOs have emerged as having a widely celebrated set of practices and discourses centred on the pursuit of meaningful work (see Dempsey & Sander, 2010). Much of the literature on AIDS care focuses on other aspects, such as on volunteer caregivers who have hands-on experience of AIDS care. A study done by Chikoko (2010) adds unique knowledge on the experiences of paid employees in AIDS care organisations. This study suggests that workers in AIDS care organisations are socially and emotionally attached to their work. Chikoko (2010) sheds light on the reasons behind what motivates these employees to continue working in AIDS care. Her study reveals that employees stay motivated because of the following reasons: They consider their work rewarding, they love people and their communities, and their work gives them hope that what they are doing is worthwhile

(Chikoko, 2010). Studies also report on the stresses related to this line of work, such as the stigma of HIV/AIDS, unreliable salary which is below what the real sector market has to offer, client deaths and administrative duties (Chikoko, 2010; Demmer, 2002). Many employees also report that there are rewards from AIDS care work, such as personal effectiveness, doing something worthwhile and serving the community, which also provides hints on AIDS care workers' motivation (Chikoko, 2010; Demmer, 2002). Nonetheless, the shortage of resources remains the greatest challenge in these organisations and employees (Chikoko, 2010). This is a fundamental issue because the lack of financial resources affects the quality and quantity of services. Akintola (2010b) gives insight on the motivations of volunteer caregivers; he notes the function of religion (amongst many factors) as a unique motivation which engenders a strong adherence to the religious obligation of being of service to others. Akintola (2010b) applies a functional approach to explore motive functions of volunteers; which also included values, community, career, being protective, understanding, enhancement, reciprocity, recognition, reactivity and social responsibility. It is noteworthy that this research is purely on volunteers, and it is still unclear what meaning paid AIDS care workers attach to working.

Other studies (such as that of Dempsey & Sanders, 2010) suggest that the romanticized vision of non-profit work being highly fulfilling is naïve. These authors argue that the general view of non-profit work as meaningful work gives an incomplete and more ideal rather than realistic picture of how employees in this sector make sense of their work (Dempsey & Sanders, 2010). It is important to understand (as discussed earlier), that employees in this sector also encounter numerous and unique challenges (Akintola, 2011). As previously

discussed, NPOs experience serious funding challenges and face international competition for donors and grants (Dempsey & Sanders, 2010; Homan et. al., 2005; Ntetha, 2010). As a response, NPOs have adopted different strategies to source funds competitively. One of these strategies is what is referred to as ‘social entrepreneurship’. Dempsey and Sanders define social entrepreneurship as;

The application of the tenets of capitalist entrepreneurship to NPOs with the goal of creating meaningful alternatives to traditional corporate career paths. Rather than seeking to maximise profit, social entrepreneurs focus their efforts on creating social values (2010, p. 438).

Dees (1998) similarly defines social entrepreneurship as:

- Adopting a mission to create and sustain social value (not just private value).
- Recognizing and relentlessly pursuing new opportunities to serve that mission.
- Engaging in a process of continuous innovation, adaptation, and learning.
- Acting boldly without being limited by resources currently in hand.
- Exhibiting a heightened sense of accountability to the constituencies served and for the outcomes created.

In other words, social entrepreneurship combines the passion of a social mission with an image of business-like discipline. Dees (1998) argues that because of a social mission, social entrepreneurs face some distinctive challenges depending on how one defines the term ‘social

entrepreneurship'. The definitions used in this paper reflect that for social entrepreneurs, wealth is a means to an end, rather than one of the primary organisation goals. Furthermore, the definitions highlight that social entrepreneurs work in markets that aim to create social values, which is different from for-profit organisations. Dees (1998) argues that these markets often do not paint the correct picture of non-profit organisations. For instance, some organisations charge fees for their services, and they constantly compete for donations, volunteers, and other kinds of support with other organisations (Dees, 1998), which are issues not often highlighted in these markets.

Authors also argue that using a social entrepreneurship approach may be precarious in non-profit organisations. Firstly, strategies that were developed for the profit sector may foster problems when being applied in the non-profit sector. The non-profit sector has distinctive organisation aspirations and landscapes, thus attributing what works in the profit sector to employees in the non-profit sector might be misleading (Son, 2006). Secondly, Dempsey and Sanders (2010) and Son (2006) argue that it may promote an exploitative dimension in the employer-employee relationship. This suggests that non-profit work may be oppressive; because meaningful work is seen as inherently inspiring and highly fulfilling, there is less need to draw the line between work life and personal life, or to enquire about the opportunity cost of overwork, exhaustion and self-sacrifice. This may result in an imbalance between work and personal life roles, and consequentially well-being. It is especially true for project managers who have started these organisations themselves, as they bear the challenges of operating non-profit organisation (Dempsey & Sanders, 2010).

There is scarcity of the literature that explores how work and personal life are balanced in non-profit organisations, especially in comparison to research done on employees in for-profit organisations. This causes concern because work/life policies are compelling management innovation strategies, especially in non-profit organisations, where work is supposed to be fulfilling and meaningful (Pitt- Catsouphes, Swanberg, Bond, & Galinsky, 2004). The rewards of working in non-profit organisations centre on addressing pressing social problems, hence when working within a social/moral context, the negative impacts of social entrepreneurship are difficult to challenge (Dempsey & Sanders, 2010). A few studies that look into work/life policies and programmes in different organisations suggest that although some non-profit organisations are responsive to work/family conflict, many are still unaware of, and unresponsive to, these challenges. Further, the studies indicate that although there is no major difference between for-profit and non-profit work/life practices and policies, non-profit organisations are more likely to offer extended leave; however, they are less likely to offer pay during leave (Galinsky & Stein, 1990; Pitt-Catastrophes, Swanberg, Bond, & Galinsky, 2004). This could be linked to underfunding, and result in employees being discouraged from taking leave because this will mean lower income.

Another important issue reflected in the last statement in the definition presented by Dees (1998) highlights the danger of social entrepreneurs to their own well-being. He refers to ‘exhibiting a heightened sense of accountability to the constituencies served and for the outcomes created’. This implies that social entrepreneurs have a huge responsibility to ensure the well-being of citizens in the communities in which they serve. If government is failing to support its poor and sick citizens, one could argue that the amount of responsibility which is

now on social entrepreneurs is extremely heavy; and could be detrimental to their health if they go about their jobs being inadequately equipped and supported. All these issues add a more complex, multi-layered dimension when exploring the MOW within a non-profit context such as AIDS care. Thus this study will interrogate truths about non-profit work which are taken for granted.

## CHAPTER THREE

### Conceptual Framework

#### 3.1 Introduction

This section describes the conceptual framework that guides this research. It is a model of MOW by Westwood and Lok (2003). This model is adapted from the original MOW model by the MOWIRT (1987). The model is unique in its emphasis on broader conditions that have an influence on the central MOW variables that lead to certain individual and organisational outcomes. The structure of this chapter is as follows: I begin with a brief background to the Westwood & Lok (2003) model, thereafter elaborate on the core MOW variables individually for the purposes of emphasizing the distinct theoretical formations of each central variable. Thereafter, I continue to show how these variables are theoretically and empirically related to each other. This discussion falls into the section which then discusses the conditional variables which influence MOW patterns. These variables are also referred to as antecedents and, following on Westwood and Lok's (2003) conceptualization, include macro-societal and micro-personal conditions. The chapter concludes by focusing on consequential variables to show how MOW patterns have significant results both individual and organisational levels. It is important to note that the main focus will be on understanding the central variables. Consequential and conditional variables are briefly discussed in order to shed light on the context in which the central variables operate.

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## 3.2 Background to MOW Model

The conceptualisation presented here is informed by MOWIRT in 1980s. This is one of the first studies where the analysis of MOW as a concept is developed. It represents a collaborative research effort, which presents a descriptive study aimed at understanding the way people define working. The study assesses the significance of working, and the value attached to it, comparing eight countries (Belgium, Britain, Germany, Israel, Japan, the Netherlands, the USA and Yugoslavia) (MOWIRT, 1987). MOWIRT notes that there is a lack of a well-articulated theory of MOW. Nevertheless they provide a concrete conceptual framework for understanding MOW.

The present research will draw upon a modern MOW model by Westwood and Lok (2003). This model is used to guide research questions and illuminate the findings and discussions. I use it due to its unique emphasis on understanding the connection between the MOW and socio-economic context, which is a major focus of the current study. Westwood and Lok's (2003) model is based on the idea that MOW is determined by the choices and experiences of the individual and by the organisational and environmental context in which he or she works and lives (Harpaz, Honig & Coetsier, 2002). Rather than a single discrete variable, MOW is a multi-dimensional concept (Westwood & Lok, 2003) expressed in the form of different domains that capture an individual's beliefs and values about working (Lundberg & Peterson, 1994). Westwood and Lok's (2003) conceptualisation of MOW is consistent with research by the MOWIRT (1987), in that the central MOW domains are present: a) work centrality, b) societal norms about working, c) work outcomes and goals, and d) attachment to working. In

addition, the original study offers some insight on how conditional variables (personal and family situation; present job and career history; and the macro socio-economic environment) influence these central domains, which in turn have consequences on subjective expectations about future working situations and objective outcomes of work. In most cases, modern MOW research that bases its conceptualization on the MOWIRT model focuses on the organisational and individual outcomes of central MOW variables or domains, without sufficient emphasis on how the conditional and consequential variables (explained above) fit in (see Money, Hillenbrand & Camara, 2008; Cartwright & Holmes, 2006; Brown et al., 2000). This is with the exception of a few (see Ardichvili, 2009; Ardichvili & Kuchinke, 2009). The revised model by Westwood and Lok (2003) retains all original variables that have been found to have effects on MOW, including conditional and consequential variables which previously have been neglected. In the next section, I will start by elaborating on the central variables, thereafter look into the conditional and consequential variables and then emphasize the importance of finding relations between the variables.

## 3.3 Central MOW Variables

### 3.3.1 Work centrality

This refers to “the degree of general importance that working has in the life of an individual at any given point in time” (MOWIRT, 1987, p. 81). This domain is conceived by many authors as reflecting the essence of the MOW patterns/ central variables (as cited by Harpaz, Honig & Coetsier, 2002; MOWIRT, 1987). Work centrality consists of two major theoretical components: 1) the absolute importance of working as a life role and 2) the relative value of work. The former refers to the importance of the role of working in one’s life without any

comparison with other important life roles. The latter requires decision-making and is grounded on the idea that working is an important part of the person's life sphere. Thus, with the second theoretical component, the importance of work is weighed against other life spheres such as leisure, community, religion or family (Lundberg & Peterson, 1994).

Studies done by MOWIRT suggest that work is ranked as the most dominant life role in Japan (1987). This finding however has changed, as the importance of working as a life role has dropped second place to family (Kuchinke, Kang, Oh, 2008). Similarly, workers in Russia and other countries such as Korea believe that spending time with the family is the most important life role followed by work (Ardichvili, 2005, 2009; Kuchinke, Kang, Oh, 2008). Thus, work is generally seen to be more important than community, leisure and religion (MOWIRT, 1987; Harpaz & Fu, 2002). Snir and Harpaz (2002) suggest that leisure is viewed as the least important life sphere. The study indicates that there is leisure to work spill over which influences the relations between leisure and other MOW variables. For instance, employees who were leisure oriented showed low levels of work centrality, intrinsic work orientation, obligation norm and work commitment.

A study that explores MOW within a socio-economic context, reports high work centrality scores when a country undergoes turbulent times, such as economic crises, unemployment, poverty, and the HIV/AIDS pandemic (see Ardichvili, 2009). High work centrality has been found to be positively related to organisational variables such as job satisfaction, participation in decision-making (Kanungo, 1982) and long job tenure (Dubin et al., 1975). Individuals with high work centrality also derive purpose and contentment from their jobs (Brief & Nord,

1990).

For people working within NPOs, and more specifically AIDS care organisations, findings suggest that employees doing AIDS care work are generally emotional and socially attached to their work (Chikoko, 2010; Demmer, 2002). In many cases, employees recruited into these organisations are also living with HIV/AIDS, within poor communities in which they work (Akintola, 2011). This could mean that because AIDS care work provides a crucial service to the community, employees find their work role important to themselves as well, because they are empowering and servicing their communities.

Previous AIDS care research focuses on the positive and negative experiences of employees in AIDS care organisations, such as rewards and stressors (Chikoko, 2010; Demmer, 2002). There is also focus on what makes these employees value the work they do. Akintola work (2010b) provides insight into how understanding motives of workers in AIDS care could help in understanding why they value working, in order to recruit the right people for the organisation, and plan how to assist workers satisfy their motives. Together, these studies illuminate our understanding of how important work is to AIDS care employees. An interesting gap to explore in MOW research is the importance of working in AIDS care when compared to other important aspects of their lives, and how this has been affected by crisis due to changes in the organisation in which they work and consequently their own lives.

### 3.3.2 Societal norms about working

This domain represents an individual's evaluative standards about working. It is based on Triandis's (1972) work on subjective culture, which established norms about what individuals

should expect from working, and what they should expect to contribute through working (as cited by Harpaz, Honig & Coetsier, 2002). It has two constituents: 1) obligation norms. The issue about the individual's obligation to his/her organisation and to society through working has been a central concern of organisational, political and legal theories (Etzioni, 1961). This component of societal norms represents personal responsibility and institutional commitment (MOWIRT, 1987) which is in accordance with the Protestant work ethic about work being a calling and a responsibility to yourself as a believer, that has been discussed in more detail earlier (Snir & Hapaz, 2002; Harpaz, Honig & Coetsier, 2002).

In essence, this follows from Parsons and Shils' (1952, cited in MOWIRT, 1987) idea that a person *ought* to contribute to society through work, and the responsibility to save for one's future and the duty to value one's work, whatever its nature. 2) The entitlement norm represents the underlying rights of the individual and the work-related responsibility of the organisation to the employee. This norm includes the notions that all members of society are entitled to meaningful work and interesting work, proper training to obtain and continue such work, and the right to participate in work methods and decisions. This topic has received a lot of attention by writers in diverse fields such as organisational behaviourists (Locke & Schweiger, 1979) and institutional economic theorists of unions (Perlman, 1976). The central premise in all sources is around the psychological contract and property rights as applied to the work setting (Lundberg & Peterson, 1994; Snir & Hapaz, 2002; Harpaz, Honig & Coetsier, 2002). The premise here is that if a society has positive norms and attitudes towards work, then work is central and highly treasured. The literature in AIDS care work around this domain suggests that workers in this field see themselves as following a calling to a higher

duty (Akintola, 2011). This study requires insight on obligations and entitlements under its unique context, considering that much of AIDS care work is for the purposes of community empowerment and support.

### 3.3.3 Valued working outcomes/goals

The study of MOW would be incomplete if it did not include valued outcomes and goals. This domain is well known for its contribution to answering questions related to what people value the most about working (MOWIRT, 1987). Knowledge regarding outcomes and goals sheds light on why people work, explains why people are satisfied or dissatisfied with their jobs and provides alternatives on work designs which might encourage optimal functioning when working.

The term *value* in this case means important evaluations which are determined by what the person knows about each of the outcomes as well as their relative importance (MOWIRT, 1987). Thus the focus of this domain assumes that a person makes important evaluations about outcomes and goals so that he/she can link the outcomes to each other to create a certain coherent picture about valued outcomes and goals (Lundberg & Peterson, 1994; MOWIRT, 1987).

The domain of valued outcomes and goals also has two elements: 1) expressive or intrinsically orientated, this includes an opportunity to learn and upgrade, satisfaction, interpersonal relations, promotion, interesting work, status and prestige, time absorption, service to society, interesting contacts, and satisfaction. The outcomes and goals can also be 2) instrumental or economically orientated, e.g. job security, needed income, good working

conditions. Zdravomislov et al. (1967), Yanowitch (1985) and Konstantinovskii (2000) report personal satisfaction and interesting work as the most important outcome in Russia (as cited by Ardichvili, 2009). Mixed results are found in the mid and latter 2000's: While Khlopova and Ozernikova (2004) and Khakhulina (2008) report income as one of the leading work outcome in some countries, other authors still find interesting and satisfying work, contacts with interesting people and the opportunity to serve the community as the most valued outcome and goals in other countries such as Russia (as cited in Ardichvili, 2009). The study conducted in eight countries showed that the most dominant work outcomes and goals are interesting work and good pay (MOWIRT, 1987). The studies imply that valued outcomes and goals are highly dependent on context. Guaranteed work is a dimension of this MOW domain that has been less explored. This dimension relates the importance of job security to the way in which individuals value working. The study by Ardichvili (2009) emphasizes the importance of guaranteed work even more than income during turbulent times. The current study will seek to understand valued outcomes and goals in the context of restructuring and associated job insecurity among AIDS care employees.

### 3.3.4 Attachment to work

This domain emphasizes the willingness to work without income (MOWIRT, 1987). Studies consistently find that people are attached to their work, and that they would continue to work regardless of any sort of income derived from it (Ardichvili, 2009; MOWIRT, 1987). Lindz (2002) reports how employees in Russia responded that, despite economic hardship and social instability, people were still committed to work and even without pay (as cited in Ardichvili, 2009). Little is known about whether attachment to working is either a good or a

bad thing. The study hopes to explore the influence of the crisis on attachment to work among employees working in an AIDS care organisation. It further aims to delve into the reasons why employees are attached to working and what the implications of this attachment are.

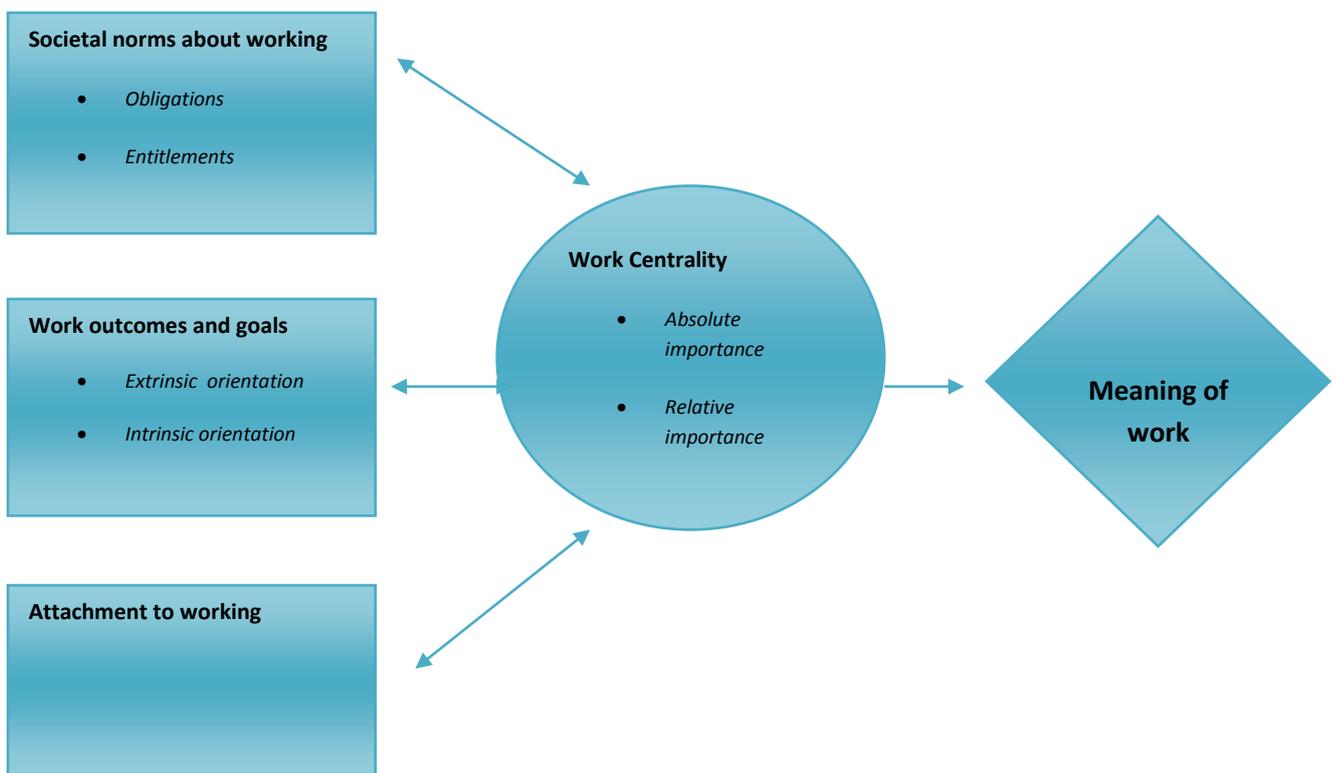
### 3.4 Relationship between MOW variables

The previous sections discuss the MOW central variables separately. The purpose of this section is to distinguish between how MOW concepts are formed, which is of crucial theoretical importance. In essence, these variables are related theoretically and empirically (MOWIRT, 1987; see Figure A below). For example, the previous discussion on how AIDS care workers may value working more because it provides assistance to their own communities may indicate that a strong adherence to the obligation norm of working may also be a statement of personal sense of obligation. To the extent that this reasoning is valid, one could argue that obligation norms would be positively related to work centrality beliefs. Further, a study by Dubin et al., (1976) found that workers who scored high in work centrality valued outcomes such as job responsibility, the chances of advancement and employment, and the confidence their supervisors had in them. In contrast, workers with low centrality scores valued spending time with their families over working, and tend to want to know work tasks in advance and to talk to others while working.

The reason for the relationship between MOW central variables may lie in the structure of labour markets and occupations (MOWIRT, 1987). For instance, high-status occupations tend to have better pay, more interesting work content, better working conditions, greater responsibility for the welfare of others, and greater autonomy (MOWIRT, 1987). Dubin et al.,

found that these occupations have employees who reflect high work centrality (1976). Moreover, as previously discussed, working is viewed differently. In some parts of the world, working is highly valued, and in other parts working is not prized. If work is not appreciated, for instance, it is highly unlikely that work outcomes will be highly valued (MOWIRT, 1987). These views also have bearings on the different views of hard work, and the significance of working in one's life (Weber, 1930). In summary, labour market characteristics, occupations, and cultural differences may be considered as major influences on the salience and functional relationships between MOW variables. From the literature reviewed, work centrality appears to be closely related with the other central MOW variables. Figure A depicts the links among MOW central variables (as expressed by MOWIRT, 1987). This however, does not mean that Work Centrality is a mediating variable as there is no evidence to suggest that.

**Figure A: The relationship between MOW central variables**



## 3.5 Conditional variables

The above discussion turns the attention from discussing MOW variables distinctly, to focus on what the MOWIRT (1987) refers to as the nomological network of the MOW domains. This implies that MOW variables are related to each other, they are fluid and susceptible to external influences. Conditional variables, which are also viewed as external antecedents, are an important consideration in understanding the relationship of MOW variables. The following section discussed the two main conditional variables: a) macro-societal conditions and b) micro-personal conditions, as adapted from the Westwood and Lok model of MOW (2003).

### 3.5.1 Macro-societal conditions

The macro-societal frame of reference is a major consideration with probable influence on the MOW. It places emphasis on the socio-cultural and politico-economic factors. Unemployment conditions for instance have widespread influences on the MOW variables (Ardichvili, 2009; MOWIRT, 1987). Moreover, there are macro-socio-economic trends that may affect the MOW differently for members from different groups and sectors (MOWIRT, 1987; Westwood & Lok, 2003; Archdivili, 2009).

As discussed earlier, South Africa, like other developing countries, has also been affected by the global economic downturn. The main consequence of the crisis for an organisation is the decrease in the pool of funders for the organisation. This has imposed several challenges for the organisations, especially those that lose funding entirely. It is important to note that what is presented here is how participants make sense if the challenges occasioned by the crisis in

their organisations. What will be interesting for the purpose of this study is to explore how the crisis has influenced the conception of the MOW at an individual level.

Using this framework, the study will seek to understand how the current state of AIDS care organisations within the context of the global financial crisis adds novel understanding of MOW among AIDS care employees (Please see Figure B for the present study's adaptation of the Westwood and Lok, 2003 model).

### 3.5.2 Micro-personal conditions

These conditions include family and personal characteristics. The family component consists of financial responsibility for the support of others. There are mixed results of the influence of financial responsibilities on MOW. MOWIRT argues that heavy financial responsibilities may require a person to substitute work over family as a major life sphere, and therefore the value of family correlates negatively with the value of work. Conversely, the authors argue that financial responsibilities may increase work identification and may therefore family could correlate positively with work value and obligation norms (1987). MOWIRT (1987) further state that financial responsibilities are likely to also be related to the valued work outcome of income.

The personal characteristics component includes demographics such as age, gender, and education; job and working conditions, career and unemployment. Differences in age have

been shown to affect work centrality and societal norms of Japanese employees (cited in MOWIRT, 1987). Gender cultural values of society, the value of family role perceptions, and the lack of confidence among women have been found to have crucial influences on MOW patterns. MOWIRT (1987) emphasizes that it is important that we view gender in conjunction with other factors such as country and age. MOWIRT further argues that educational attainment is particularly important because it provides people with the opportunity to examine their beliefs and values more thoroughly and systematically (1987). Furthermore, the process of learning enlightens one's cognitive development and experience for one to confront and interrogate values, beliefs and norms (MOWIRT, 1987). Thus, MOWIRT (1987) concludes that the development of self-directed beliefs during education changes valued working outcome preferences. Self-direction evoked by education may also influence work centrality, because this domain includes involvement, commitment and choice which is closely related to changes in work values, particularly to the growth in personal responsibility (Dubin, 1956). All these properties are consistent with educational processes such as self-direction. The individual experience of job and working conditions is also included in Westwood and Lok's model of the antecedents of MOW at a personal level (2003). This reasoning is adopted from Marx and Weber's theories that account for the influence of task characteristics and conditions on MOW. Despite their differences, Marx and Weber have a mutual understanding of how the way in which work is designed affects the meanings employees attach to working. Both authors advocate universal ethical values, justice and are against exploitation and imprisonment in the system, and the accumulation of income becoming an end in itself (see Wiley, 1987). At a personal level, it is important to also include career antecedents to MOW. MOWIRT argues that careers characterised by unemployment and turbulence can have several influences on the MOW. They argue that work centrality would seem to act as a mediator variable in the relationship between

unemployment or career turbulence and societal norms or valued outcomes (MOWIRT, 1987). The current study sheds light on micro-personal conditions/antecedents of MOW such as family financial responsibilities, job and working conditions and the role of education in the way in which AIDS care employees attach meaning to their work.

### 3.6 Consequential variables

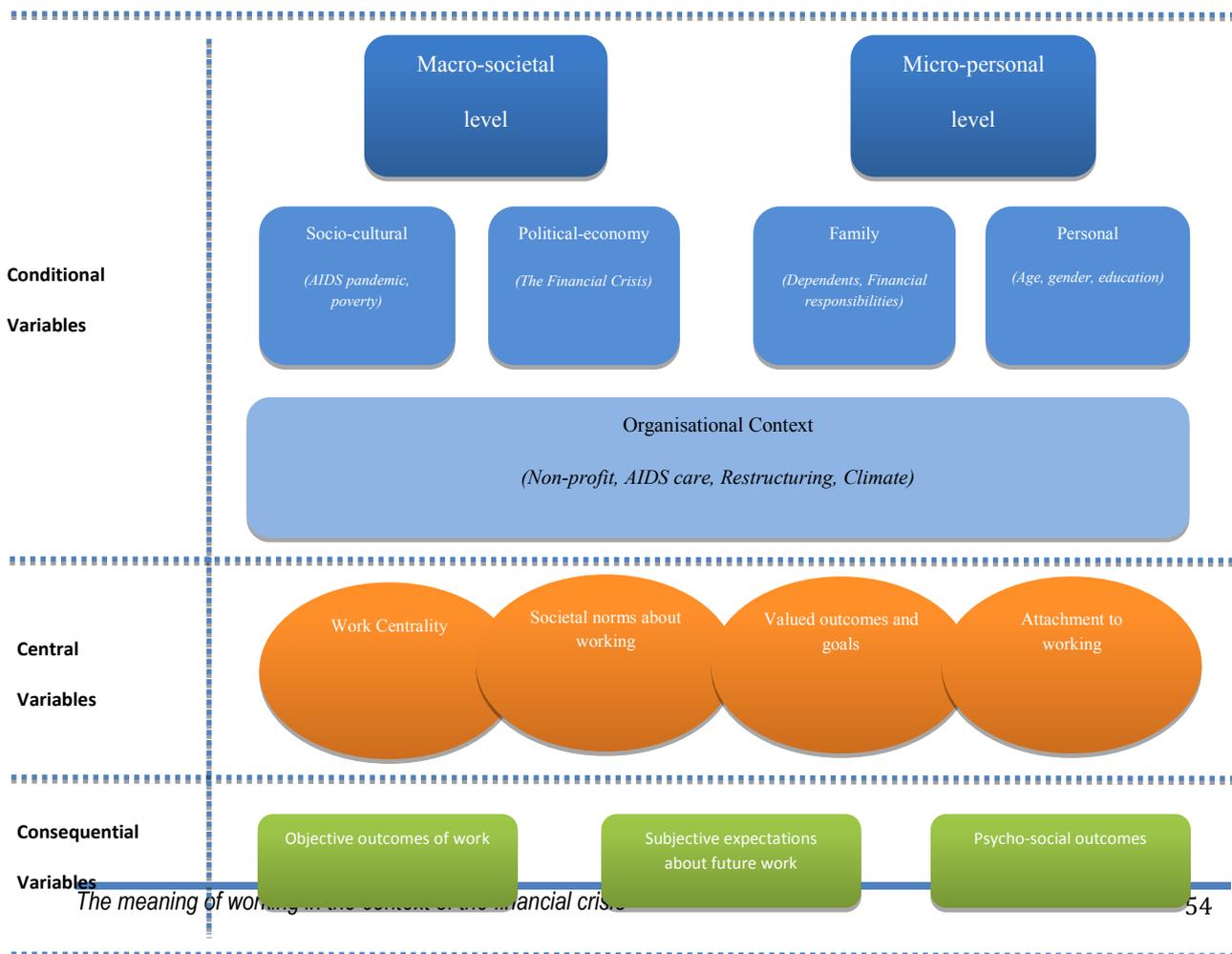
Central to the present study is the impact of context on the MOW. Westwood and Lok (2003) base their conceptualisation of MOW variables within a broader context. The MOW is perceived to be influenced by certain antecedent factors (micro-personal and macro-societal). Following on that logic, their main argument is that if MOW central domains are significant to the way people perceive, value and respond to work, they are likely to influence individual and organisational outcomes (such as job satisfaction and commitment) and to have a determining effect on such key variables as motivation, performance, turnover, and pro-social behaviour (Westwood & Lok, 2003). The original model by MOWIRT (1987) refers to these outcomes as consequential variables. They include;

- Psycho-social outcomes, including motivation, job satisfaction and organisational commitment
- Objective outcomes of work, and
- Subjective expectations and calculations about future work situations.

These outcomes are conceptualised as also being directly affected by personal and family situations (see MOWIRT, 1987) and by broader macro-societal factors. Under these broader

factors, the authors include socio-cultural and political-economic influence that may directly link to MOW domains or alternatively connect to these domains via the organisational context which represents the working environment (see Figure B below). Figure B adapts Westwood and Lok's (2003) model to explain how the current study is conceptualised. In this light, the current study focuses on the political-economic conditions of the global financial crisis, which is part of the macro-societal sphere. The crisis is theorised to have effects on organisations, resulting to organisational reforms and a working environment characterized by anxiety and job insecurity. Furthermore, the current study brings to light the context of non-profit AIDS care organisations which have their unique challenges (see Akintola, 2011). The influence of the global financial crisis, either directly or via the organisational level engenders certain MOW patterns through MOW variables at an individual level.

**Figure B: Adapted Westwood and Lok (2003) MOW model to represent the current study**



## CHAPTER FOUR

### Methodology

#### 4.1 Introduction

This chapter describes the methods used to collect data for the study. The outline of the chapter is as follows: a) design, b) a detailed description of participants used in this study, c) data collection procedure and d) how the data was analysed. A comprehensive table is included to describe the participant and organisational demographics significant to the study.

This is an explorative qualitative study which is conceived and analysed using an interpretative phenomenological approach. Using a topic guide, data collection and analysis is done concurrently, and themes used to consolidate findings are guided by MOW conceptual framework.

The sample (n=14) was recruited from eight AIDS care organisations which have been affected in some way by the financial crisis. Participants chosen to take part in this research are HBC facilitators, project managers and a retired nurse.

#### 4.2 Design

This study is explorative and descriptive by nature. It is seen through the lens of qualitative research. I employ an in-depth method of enquiry allowing one to delve into the participant's

world, and explore events within their cultural, social and political context. Qualitative research is unique in that it honours the participant's perspective while allowing for advocacy and flexibility as the researcher uses relative methods when exploring the phenomena under study (Ulin et al., 2002; Bryman, 2004; Creswell, 2009). Hence, qualitative data is rich in detail; it deals with meanings mediated through language and action which is very useful in a psychological and social context (Dey, 1993) when trying to make sense of the social world.

A qualitative design is appropriate for this study for three main reasons. Firstly, it permitted a holistic perspective on the subject matter by acknowledging its socio-cultural-political context (Bryman, 2004). This is crucial to the current study, as it explores meaning individuals attribute to working within a specific, unique context that of the financial crisis and within AIDS care organisations. Further, research on MOW is almost purely quantitative, but it is imperative that we gain perspective on MOW by using a different research design. Secondly, MOW research in literature is scarce (Ardichvili & Kuchinke, 2009), and this is particularly true for studies conducted in non-profit oriented organisations. Thus, the current study applies an exploratory approach to provide and extend knowledge on home-based AIDS care and the MOW literature within the parameters of the MOW framework. Finally, a qualitative design is underpinned with the understanding of meaning. Employees in AIDS care address pressing social issues, yet work under dire conditions. Understanding the meanings these employees attach to working in this context may be crucial to gaining insight into why people do non-profit AIDS care work, and open discussions around conceptualizing this type of work as opposed to what is seen as normal, for-profit work.

### 4.3 Participants

The sample was selected using a snowballing sampling technique. This type of sampling is mostly appropriate when a researcher has little experience in the field of intended study. It is used for locating informants by asking others to identify individuals with the special understanding and knowledge of the issues the researcher is interested in exploring (Ulin et al., 2002). Participants were purposively recruited from the eight AIDS care organisations (three NGOs and five CBOs) operating in rural, peri-urban and township communities in the Durban Metropolis. These organisations have been experiencing various effects occasioned by the financial crisis. The first few organisations were sampled from a pool of contacts of a previous study which explored the access to resources in AIDS care organisations (Ntetha, 2010). Prior to conducting research in an organisation, it was important that during my first meeting with the project manager, I try to discern whether the financial challenge experienced by the organisation is a matter of lack of funds, which is a long-standing and common problem amongst AIDS care organisation, or whether it is related to the financial crisis that started in late 2007. I then relied on these care organisations to refer other organisations with similar experiences (*see Table B below*).

Once organisations were recruited, the participants had to fulfil certain inclusive criteria: (1) they had to be paid employees due to the purpose of this study and the conceptual framework, where working refers to services rendered for the remuneration, and (2) hands-on experience is required of participants because they were likely to provide richer understanding of the meaning of their work in AIDS care. From the eight organisations chosen for this study, participants who met the criteria were: six AIDS care facilitators or coordinators, three area

coordinators, four project coordinators and one nurse (n = 14). Larger care organisations delegated AIDS care facilitators and area coordinators to oversee hands-on care of PLWHA during home visits, while in the case of smaller CBOs, this was done by the project coordinator. Nurses accompanied care-givers in cases where patients had serious chronic complications. Thus all participants are paid employees within these organisations and have hands-on experience of caring for PLWHA in their homes.

**Table B: Organisation and Participant Demographics**

ORGANISATION	LOCATION	EMPLOYEE POSITION	GENDER	AGE
<b>CBO- A</b>	Folweni, township	HBC facilitator	Female	46
<b>CBO- B</b>	KwaMashu, township	HBC facilitator	Female	51
<b>CBO- C</b>	KwaMashu, township	HBC Facilitator	Female	24
<b>NGO- A</b>	Marriannahill, missionary	2 HBC Facilitators	1 Female, 1 Male	35, 29
		1 retired Nurse	Female	70
<b>NGO- B</b>	Wyebank, Peri-urban	Project manager	Female	38
		HBC Facilitator	Female	42
<b>CBO- D</b>	KwaNgcolosi, Rural	Project manager	Female	65
		HBC Facilitator	Female	36
<b>NGO- C</b>	Wentworth, Peri-urban	Project coordinator/ manager	Female	52
<b>CBO- E</b>	KwaDabeka, township	Project manager	Male	56
		Area Coordinator	Male	67
		HBC Facilitator	Female	35

## 4.4 Data collection procedure

### *Ethical Considerations*

The research received ethical approval (see Appendix C) from the ethics committee of the University of KwaZulu-Natal after a proposal had been submitted and access granted in each organisation using a letter negotiating entry. Prior to in-depth interviews being conducted with individual participants, informed consent was sought through explaining the nature of the research, voluntary participation, the right to withdraw from the interview at any time and that no compensation would be provided for their participation in the research (see appendix B). Interviews were conducted in offices provided by local community counsellors, some organisations had space in community clinics or hospitals, some were storage containers, and in some cases it was in participants' homes. This was mostly according to logistics and making sure to prioritise the participant's preference in order to encourage participants to speak freely in the comfort of their chosen space. The interviews took from 20 to 100 minutes and were conducted in isiZulu, were transcribed in full, and then where necessary translated back to English.

### *Data Collection Method (In-depth Interviews)*

The main aim is to understand the meaning attached to working in the non-profit sector in AIDS care. This required that the researcher delve deeper into the participants' personal experiences and feelings. In-depth interviews are also referred to as intensive interviews (Hesse-Biber & Leavy, 2011) and are commonly used in qualitative research. When using in-

depth interviews, the researcher assumes that individuals have unique and important knowledge about the social world that can be understood and shared through communication (Hesse-Biber & Leavy, 2011). I came with an open-minded approach, ready to listen and learn through a phenomenological lens how individual participants express their experiences and thoughts about working. Interpretative phenomenology is the method by which this research is analysed, in which data collection and analysis almost happens concurrently and in which the researcher plays an active role. In-depth interviews should be conversational; they largely rely on a good partnership between the interviewer and the participant. They require more skills from the interviewer, such as active listening. Questioning is critical when exploring important issues under investigation while ensuring a natural and conversational interaction (Bauer & Gaskell, 2000; Hesse-Biber & Leavy, 2011). The aim is to gain issue-oriented and rich data from the perspective of selected individuals. This is not an easy task because it requires the right balance of flexibility during the interview process, in order for participants to feel free to express themselves, while also making sure you get the participant to speak of the relevant issues. Moreover, during the interview it was crucial that I got the participant's own point of view, rather than an objective view of issues discussed. I found that this was difficult for them because these participants were managers, and they would often slip into speaking on behalf of either other employees or the community.

### *Data Collection Instrument (Topic Guide)*

A broad topic guide was developed using the MOW conceptual framework. Some interview questions in the current study are adapted from previous quantitative studies on MOW. This topic guide was reworked as data was collected to ensure a balance between the explorative

nature of the study to encourage novel insight and the adequate use of the conceptual framework to guide the study. The literature on MOW is mainly centred on employees in for-profit organisations and government entities. In contrast, these interviews aimed to capture how individuals make sense of their work in AIDS care organisations which are NPOs, and the complexity of meanings those workers attach to working, and to explore how these meanings are affected by the crisis. The topic guide included questions around core MOW variables (the centrality of work, societal norms of working, work outcomes and goals, and attachment to work) which were probed by socioeconomic contextual questions, including the crisis (see appendix B). In other words, a deductive approach was used in order to develop the main questions using the conceptual framework as a guide, and an inductive approach was used to probe into new, yet relevant information which may arise within the context mapped for this study. This topic guide was constructed in English, and then translated into isiZulu by different isiZulu speaking research assistants. There was then a discussion among the research assistants and the researcher around all questions and a revised isiZulu topic guide was developed.

All of this is a vital part of the research process as it ensures that the interviewer is well-prepared. “A good topic guide will create an easy and comfortable framework for discussion, providing a logical and plausible progression through the issues in focus” (Bauer & Gaskell, 2000, p. 40). Nonetheless, when significant information emerged from the interview, I found myself pursuing those issues which provided a rich background to gaining more contextual understanding of the key issues. One of the aims of using an explorative style was to let participants tell their stories, with reference to actual events to provide rich data within a space of minimal restrictions. Thus the topic guide underwent constant iteration throughout

the data collection process, because as new information unfolded, it was important that I adjusted the topic guide accordingly.

## 4.6 Data Analysis

Informed by qualitative research, which honours an inductive style and a focus on individual meaning (Creswell, 2009), the study is conceived within the framework of interpretative phenomenological analysis (IPA). This is not a prescriptive approach; it has a set of flexible guidelines and involves:

A detailed examination of a participant's life world; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself (Smith & Osborn, 2007, p. 53).

Research in IPA is seen as a dynamic process with an active role for the participant. Smith and Eatough (2007) assert that there are two stages of interpretation within IPA. The first is the participants' description and understanding of the phenomenon and experiences, and secondly, the researcher tries to make sense of how the participant understands a particular phenomenon and the researcher relates this to his or her own experiences. The research relationship can be understood in terms of 'double hermeneutics'; first, the researcher is continuously using these participant account to build a rich description of the phenomenon, by interrogating or asking questions about the context of the participants' experience.

Meanwhile, the researcher also has a more distant alternative account which is critical of what is being said by the participant, and from which the researcher also critical of what is being said by the participant, and from which the researcher also considers the implicit intentions of the participant's responses (Lyon & Cole, 2007; Smith & Osborn, 2007).

IPA is a distinct psychological qualitative approach (Eatough & Smith, 2007) where the central concern is the subjective experiences of the individual, understanding and representing their motivations, thinking and actions. It was chosen to analyse this data because of its usefulness to grasp individual experience and meaning. Using IPA allowed greater insight into how the individual makes sense of working in the context of a specific working environment, a broader socioeconomic sphere, and the individual's own life and all that it entails. Analysis was also guided by MOW Literature (2003), which suggests that the meaning of work is affected by contextual realities. IPA makes a valuable contribution to further understanding how the world appears to the individual, and draws attention to how interpersonal, financial and social situations of the individual's life alter the experience of working, by engendering different consequences which affect organisational efficiency and individual well-being. Lyons and Cole (2007) further suggest how IPA is particularly well suited to exploring topics within health, social and clinical psychology, which is within the scope of this study.

The procedure of analysis adopted for this study was from Lyon and Cole (2007):

Firstly, the researcher immerses him/herself in the data; transcripts are read over several times, extracting key words of interest that were written in pencil on the margin. This *may* help in getting an overall theme of the interview.

*During this stage, the point is to make sense of the data sets holistically, finding similar issues raised by different participants, and flagging out the issues that differed from the rest. At this point, the general sense received from the data is that most participants attach emotional meaning to working which is strongly associated with the nature of their job. Nonetheless, there are different issues that emerge which seem to suggest that the attachment participants have to work comes with much repercussion. E.g. “My main priority is my organisation. At night I would be thinking and wake up to call a sponsor to tell them about a child who was here, that family which is very hungry” (Project Manager)*

The second stage involves re-reading the transcripts and identifying and labelling more specific themes. At this stage, I made use of MOW theoretical concepts to make sense of the data and develop the main themes. The four central variables of MOW conceptual framework were used as the initial themes. These are: work centrality, the societal norm of working, valued outcomes and goals, and attachment to working. The literature on the initial study of MOW (MOWIRT, 1987) also guided analysis by illuminating two additional major themes that emerged from the data. These are MOW concepts referred to as conditional variables and consequential variables. Although data emerged within the framework clusters, the knowledge produced within this context was unique.

*For example, while the subtheme: relative value of working usually consists of a ranking of work with other important life roles in literature, the current data, seem to suggest an interconnectedness of work and other life roles which, although different still represents how they made sense of work in a relative manner.*

Stage three involves linking themes and identifying thematic clusters. The key thing here is making connections amongst themes. During this process, some sub-themes were combined if found to be related, resulting to fewer superordinate themes. Another crucial process was to use an inductive approach to accommodate new sub-themes that emerged from the data.

*Many other themes emerged under the major themes. These include the meaning of working experienced before and after the effects of the financial crisis on the organisation and individuals. The themes are organized in this manner to map out MOW in the context of AIDS care solely, and how this has been affected by the crisis. Further, knowledge illuminated by the data was mapped into other MOW concepts. For instance, the interview transcripts commonly included the element of how the crisis has affected the participants' organisations, I saw this linking to the theme of Implications of the crisis, which I saw falling within the MOW conceptual cluster of Conditional Variables, which influence the core central MOW variable. I.e. Organisational reforms have had an effect on how participants make sense of their work (which manifests through the core MOW variables).*

Lastly, to end the analysis, a summary table was produced, of core themes, sub-themes and relevant quotations from the interview to make sense of the data (*attached in Findings Chapter 5*)

## CHAPTER FIVE

### Findings

#### 5.1 Introduction

This chapter aims to reveal the findings of data collected and analysed using the methods described in chapter 4. The case studies are presented as one data set and are presented in a highly structured way: data is presented according to themes related to MOW variables (the topic guide can be found in appendix A. Firstly, findings under conditional variables will be discussed; the themes here include a) the implications of the crisis for organisations, and b) the nature of working in AIDS care. I open this chapter in this manner in order to introduce the socio-economic context mapped for the current study, which may also be seen as an antecedent of MOW patterns. Further, it is important that I give the background in terms of the conditions and nature of AIDS work in relation to the type of AIDS care workers recruited for the study. These findings suggest that the responsibilities of working in AIDS care are dependent on the position they hold in, and the size of, the organisation. I thereafter describe MOW patterns that emerged among AIDS care employees using the central variables of MOW as themes. Embedded in each of the themes is a discussion on how the crisis has affected each variable, and how employees make sense of these changes in the context of the meaning they attach to working. In conclusion there is a section which reports on how MOW outcomes have also been affected by the crisis. The current study notes that the effects of the crisis has been on psychosocial outcomes in terms of stress and burnout, and subject calculations about future work situations in the light of heightened anxiety and job insecurity. The sample size was 14, with most participant being women (n = 11) and a few being men (n = 3). Their ages ranged from 25 years to 70 years.

**Table C: Summary Structure of Findings**

Major and Conceptual theme	Superior Theme	Subordinate theme	Effect of crisis on MOW variables
Implications of financial crisis	<ul style="list-style-type: none"> <li>Organisational reforms</li> </ul>	<ul style="list-style-type: none"> <li>Crucial organisation programmes cut</li> <li>Loss of employees due to lack of funds for employee compensation</li> <li>Decrease in employee benefits</li> </ul>	
Working in AIDS care	<ul style="list-style-type: none"> <li>Project manager</li> <li>HBC Facilitator &amp; Area Coordinator</li> <li>Nurse</li> </ul>		
Work Centrality	<ul style="list-style-type: none"> <li>Work-religion-community-family interconnectedness</li> </ul>	<ul style="list-style-type: none"> <li><b>Religion and work value:</b> A calling and source of strength</li> <li><b>Community and work value:</b> Work is community work</li> <li><b>Family and work value</b> Family background influences work</li> <li><b>Leisure and work value</b> Leisure spill over work</li> </ul>	<ul style="list-style-type: none"> <li>Failure to fulfil family financial responsibilities and feelings of helplessness</li> </ul>
Societal norms towards working	<ul style="list-style-type: none"> <li>Obligations</li> </ul>	<ul style="list-style-type: none"> <li>Good representation of organisation means showing compassion to community problems</li> <li>Burden of patients problem</li> <li>Compensating</li> </ul>	<ul style="list-style-type: none"> <li>Heightened anxiety and job insecurity</li> </ul>

	employees		
Work outcomes and goals	<ul style="list-style-type: none"> <li>Entitlements</li> </ul>	<ul style="list-style-type: none"> <li>Meaningful work – helping the helpless.</li> <li>Retraining and formal opportunities at work</li> <li>A voice in decision-making</li> </ul>	
	<ul style="list-style-type: none"> <li>Expressive oriented</li> </ul>	<ul style="list-style-type: none"> <li>Being a service to society</li> <li>Satisfaction and happiness from helping</li> <li>Rewarding interpersonal and interesting contacts at work</li> </ul>	<ul style="list-style-type: none"> <li>Job dissatisfaction</li> <li>Lack of income: feeling unappreciated</li> </ul>
	<ul style="list-style-type: none"> <li>Instrumental oriented</li> </ul>	<ul style="list-style-type: none"> <li>Breadwinners: Income is important</li> </ul>	
Attachment to working	<ul style="list-style-type: none"> <li>Love for the job and hope that things will get better</li> <li>Starting out volunteering builds resilience</li> <li>Emotional and sacrificial attachment to working</li> </ul>		
Implications on MOW outcomes	<ul style="list-style-type: none"> <li>Effects on psychosocial outcome</li> </ul>		<ul style="list-style-type: none"> <li>Stress and burnout</li> </ul>

## 5.2 Conditional variables

### 5.2.1 Implications of the financial crisis

#### 5.2.1.1 Organisational reforms

This study explores MOW within the context of the financial crisis. This section describes how organisations recruited for the study have been affected by the crisis. The question posed to illuminate these findings was:

*According to what you consider important at work, how do you think the global financial crisis has affected your organisation in the last 3-4 years?*

The main consequence of the crisis on an organisation is the decrease in the pool of funders for the organisation. This has imposed several challenges for the organisations, especially those that lose funding entirely. It is important to note that what is presented here is how participants make sense of the challenges occasioned by the crisis in their organisations.

#### 5.2.1.2 Crucial community programmes cut

Many crucial community programmes have been cut because organisations lack the funds to sustain them. As a result, organisations are forced to reduce the number of communities they serve. The most dominant concern is the cut of home-based care and feeding schemes programmes which are considered the most important for the community. The project managers state:

*We could no longer get tools and equipment for working. This work requires tools and do not have them. We found that the Department of Health [DoH] took volunteers*

*and hired them, and that is when the problem began, because from then DoH did not provide us with materials.*

*DoH does not give us supplies anymore. We can't even get them at the clinics and there is no money to get them for ourselves.*

*Since the volunteers are not paid anymore, we cook on Wednesdays and Fridays, soup kitchen. Actually we are supposed to be cooking for at least 5 days. The community is also living under difficult and harsh conditions.*

The cut in funding schemes has implications for the outreach to people living with HIV/AIDS because proper nutrition is essential for treatment.

*They end up not taking their medication since there is no food. It sometimes happens that one cannot fully recover since they are no longer taking treatment because they do not have food.*

### *5.2.1.3 Loss of employees due to lack of funds for employee compensation*

A loss of funding also results in organisations lacking the funds to compensate employees. Due to this, organisations have been forced to retrench employees or ration salaries, or employees settle for unpaid labour. Other employees leave for better work opportunities provided by the DoH.

*Some have left to work for DoH...people complain that they cannot work for no pay.*

*Some of our staff members had to leave the organisation which was quite sad because they wanted a limited number because financially they could not afford to keep them.*

#### 5.2.1.4 Decrease in employee benefits

Organisations have also been unable to provide other important benefits that keep their employees happy at work. Participants give accounts on what have affected them the most as a result of a decrease in financial resources for the organisation:

*The lack of financial resources really hurt us because there is no money for luxuries like going somewhere to de-stress.*

*They have told us that we will not be receiving any bonuses at the end of this year.*

*There has been no increase in our salary this year.*

#### 5.2.2 Working in AIDS care

To understand the nature of working in AIDS care, participants were asked to describe the kind of work that they do in their respective organisations. The findings suggest that there is substantial overlap with some work responsibilities; however, the participants' accounts of their responsibilities also differed according to the position they held, and the size of the organisation. Smaller organisations (CBOs) have fewer employees performing multiple roles. Larger organisations (NGOs) tend to have more employees and can distribute more responsibilities. The participants recruited for this study were project managers, HBC facilitators, area coordinators, and a retired nurse.

### 5.2.2.1 Project manager:

The position of project manager is the highest in the organisational hierarchical structure. Project managers were the overseers of all projects and employees, and basically making sure that the organisation is running smoothly. They attend workshops and training sessions to gain information and guidelines pertaining to the general functioning of non-profit organisations. A crucial responsibility of project managers is to source and maintain financial resources for the organisation. The level and amount of responsibilities of the project manager differs according to the size of the organisation they lead. In CBOs, project managers had more responsibilities, which ranged in importance from sourcing funds for paying their staff to cooking for food schemes.

*I basically oversee the projects of the organisation as a whole, ensuring that each and every project is successful and that I am working with facilitators and the challenges they encounter in the field, even admin. I do everything, even cooking, it's my responsibility what OVC eat. Even their pay, I must ensure that we get funding (CBO Project manager).*

*I coordinate and supervise. I also attend meetings and workshops to gain information and supply my staff with the necessary information (CBO Project manager).*

*Some nights caregivers will phone me about a patient that is too sick and needs to be taken to the hospital, I then have to make sure that I phone the ambulance to have them taken to the hospitals. I also do admin work and also look for funding (CBO*

*Project manager).*

*We have many services that the clinics provides [ARV, Food schemes, VCT, HBC, Prevention, Substance abuse programs, Legal advice, Youth development programs], I oversee those services (NGO Project manager).*

#### *5.2.2.2 HBC facilitator and Area coordinator:*

HBC facilitators and Area coordinators play similar roles in the organisation. They are responsible for coordinating community programmes including; HBC, OVC, food schemes, income generating projects (vegetable gardens, beadwork and the like). This typically involves supervising and training volunteer caregivers who provide these services to the communities. They visit homes with caregivers to make sure that work is done properly and make sure that working material is available for them to provide care to the ill. When volunteer caregivers confront critical cases, they consult facilitators and they are then responsible for assessing and referring cases to relevant places such as clinics and other government departments.

*I ensure that the material for caregivers is in stock, check where they are working so that that when someone comes in I have reports about where and what work people are doing, to know the challenges they come across, and things like that.*

*I supervise, and I also make sure that everything in the vegetable gardens is in order and running smoothly. I have to make sure that if it comes up that a family is really having difficulties with food that at least we have some vegetables that the caregiver can take to such a household...we also bake, but my main focus at the moment is the*

*gardens because we have a belief that what we plant is very nutritious.*

*I also provide assistance to the caregivers especially since the start of community project organisations...we deal mainly with OVCs, we try to educate them and assist them with getting grants if the breadwinners have passed away.*

*I also develop and conduct training sessions on child care; basically we train people on how to handle OVCs. We play with the children and teach them how to handle different situations, e.g. where a child was raped.*

#### 5.2.2.3 Nurse:

Only one out of the eight organisations visited had a nurse as an employee. This was a larger, more established NGO. The nurse's role in an AIDS care organisation is to accompany facilitators and caregivers when confronted with more serious illness cases. The nurse also tries to educate volunteers on picking up symptoms of illnesses at an early stage so they can advise a patient to go to the doctor. Inclusive of their roles is also checking up on whether patients are following their treatment properly. The nurse's account provides us with a rich description of her work:

*I go out with the home-based carers to the community to clinical assess our clients that have different type of complaints. These may be illnesses, maybe acute conditions or chronic conditions or incurable cases. The main thing that I do is more of an education; check on their treatment if they are taking their treatment properly. Get the history of their illness, how long they have been sick, have they been to the doctor*

*or to the clinic. I check their medication and cases of high blood pressure and advise them on medication, if I see that there is a possibility that they are not taking their medication properly or they have defaulted. What I usual do is that, when they are given medication they are given medication for a month, a month's supply... At the same time I go with the home-based carers with minimum education and training where medical issues are concerned. I teach them in such a way that without using the equipment like blood pressure machines, that from the history they get from the patients and the signs and the symptoms than they can quickly pick up that this is what is happening. Then they can advise a patient to the clinic to be seen by the doctor or referred to the hospital.*

### 5.3 Central variables

This next section is dedicated to report on the findings on MOW central variables. It will first describe the patterns of MOW evident amongst AIDS care employees, and thereafter describe how each domain has been affected by the crisis. It is crucial to note that other studies on MOW are predominantly quantitative in nature, thus produce statistical data. The data in these findings normally tests hypotheses using MOW instruments with various scales, including for example the Work Centrality index, which is a 1-7 Likert scale, and other scales measuring other MOW variables. The point here is that in comparison to other studies on MOW, which present their findings on MOW variables in terms of high and low levels, the current study is qualitative and therefore describes each variable in depth.

## 5.3.1 Work Centrality

### 5.3.1.1 Absolute value of working

AIDS care work is generally seen as important due to its nature of providing care to vulnerable and poverty-stricken communities. Participants' accounts indicate that employees in AIDS care have a high value for the work that they do. As a result, participants tend to be more involved and engaged in their work.

*Work is a great part of my life (Area Coordinator).*

However, for some, the importance attached to working may make AIDS care workers neglect their families. One project coordinator makes a profound statement as a testament to this.

*My children live as if they do not have a mother, because I am always busy with my work.*

The absolute value of working also leads to negative consequences for participants' health.

*What preoccupies me is my work, and in the situation I am in right now, I am weak and sensitive. I'm beaten up. (Project coordinator)*

*My main priority is my organisation. At night I would be thinking and wake up to call a sponsor to tell them about a child who was here, that family which is very hungry. (Project coordinator)*

*Work is important even when I am sick, because staying at home when I am sick does not help me. The phone does not stop ringing, when I think about switching it off, I*

*think there is a family that might benefit and by my phone being off, they are not going to be helped. (Project coordinator)*

### 5.3.1.2 Relative value of working

#### ***The interconnectedness of work, community, family and religion***

The study explores the importance of working, taking into account other life roles/spheres such as religion, community, family and leisure. This is referred to conceptually as the relative value of working. AIDS care workers' accounts suggest that working cannot be separated from religion, community and family. Employees have great value for working because of motivators from other life spheres. When asked about which role is more important, participants found it difficult to rank life spheres, which is what is normally done in quantitative studies that measure this component of work centrality. This difficulty was expressed by all AIDS care workers regardless of what they did in their organisations; below is an illustration:

*Researcher: "Ok, so I can see that work is very important to you. When compared to other things important to your life such as religion, family, community, and other things you do in your leisure, what comes first to you?"*

*Project manager: "It (religion, work, and community) all works hand in hand, because you'd come out of church and feel inspired to give your patient what he/she needs..."*

*HBC Facilitator: "I see it as the same thing. The community is the same as family. Religion is also important because if you are a believer, you must love your community, you must love your family. It must be like that across*

*everything you do”*

*Area coordinator: “I would say that my family comes first. They say you must first show love at home before you can show it anywhere else. But then again religion is also very important, even at home. This all goes hand in hand, because with the community then comes work because I work with the community”*

The next few themes stem from the aforementioned theme of the interconnectedness of work, community, family and religion. They describe the different associations work has with other life roles that make AIDS care work valuable to them. The following relationships are described: religion and work value, community and work value, and family and work value, and how the crisis has had an impact on this, and leisure and work value, respectively:

***A calling to AIDS care work and religious beliefs help to overcome challenges at work***

Religion plays a crucial role in choosing to work in AIDS care. Participants attribute working as a ministry and service to help God’s people. They thus see working in AIDS care as fulfilling a calling to a higher duty. In this light, working has value because of one’s religious background.

*I feel like I am a servant, and I am here to serve. So I am prepared to anything this position.*

*I felt the need to help because I grew up very religious.*

Participants suggest that religious beliefs are one of the reasons why AIDS care workers continue to work. In this light these beliefs serve as a pillar of strength in overcoming the unique challenges of working in AIDS care. These people see themselves as an extension of God, and their work is a way in which they can show God's love to His people.

*All [life spheres] is important, especially when you touch on church, that's where I get my strength, that I go out to the community knowing that a person is a living image of God.*

*Religion plays a big role because I believe it would be impossible to do this work if you do not have the love of God inside you.*

Prayer before AIDS care workers go out to the field is an essential part of their working experience. This is done with the belief that God guides them to the homes where their help is needed the most.

*When we go out into the community we have a general prayer, I always say Lord, please guide me to a home that really needs my presence at this particular moment. That's why I think God's guidance is very important.*

### ***AIDS care is community work***

Working in AIDS care *is* community work. There is a direct and inseparable link between working and one's community.

*My job is all about serving the community.*

AIDS care workers who work with the community reveal that they are passionate about helping people in the community and young people especially.

*I have passion for working for the community...I had always wanted to be able to work with the community and youth.*

The relationship between work and community is also due to AIDS care workers' motivation to lessen the consequence of the AIDS pandemic in their own communities and families. Thus, what they do is helpful and of value to them because they also have an opportunity to help their own communities.

*I am a girl of this community, and I am happy that we have this kind of clinic to help my community.*

*I want to help other families with this problem know that AIDS can be managed.*

### ***Various family experiences influence work value***

Participants give interesting accounts of how their family experiences have influenced them to value the kind of work that they do.

The following account is from a project manager who had started the organisation herself in a rural environment. She got attached to AIDS care when nursing her first born daughter who is a victim of HIV/AIDS. She provides background of how HIV/AIDS was associated with stigma in her community. Through the recovery of her daughter, she was educated about

HIV/AIDS, and has come to know that one can live a healthy life even after contracting the disease through nursing and care. She was then able to empower other mothers in her community to be able to care for and show love for PLWHAs. The establishment of her organisation stemmed from her family background, and was an empowerment for other mothers to move away from discriminating against PLWHAs, and to show love. The name of the organisation “Uthando lomama” meaning “Mother’s love” is testament to this.

*My family comes first. They say you must show love at home before you can show it anywhere else... My eldest daughter is HIV positive, and she has received a lot of help from me, she is living a healthy life. I then developed the love for helping the ill. We developed this organisation as mothers to show love to those who are ill and not discriminate against them because at the time there was still a lot of discrimination against those with this illness.*

The next account is also from a project manager. She had started as a volunteer in the organisation and had decided to rescue the organisation when it fell apart. She gives an account of the history of how her siblings have been infected by HIV/AIDS. She experienced how her own father discriminated against his children when they had HIV/AIDS. As a close sister to both of her siblings, she tells me how she also had been deeply affected by this experience in her family.

*Another other thing that made me feel for the community is where I come from, like when I lost my brother and sister from this disease. My sister who had stayed a long time clean and not infected. But she got infected and her infection was as if I was also infected. My father used to swear at my brother’s baby and say they have infected him*

*with the disease. In other days my father would say he will not live with someone who is HIV positive...that really affected me.*

The next account is from a young man who is one of the area co-ordinators in his organisation. He came to know about his organisation (a NGO) during his youth as the organisation visited schools around the neighbourhood trying to empower youth who came from various underprivileged families. He became part of the youth programme established by this organisation, and he gives me an account of the crucial life skills he learnt. He got attached to this line of work and decided to volunteer in this organisation until it offered to pay his tertiary fees after he matriculated. This participant sees himself as very fortunate to have the influence of this organisation and its employees in his life because he has seen his life progress through the years that he had been there. Currently he is pursuing his tertiary studies and has been promoted to area coordinator during his work at this organisation. He sees himself as part of a family, and with the opportunity to extend care and support to families who are underprivileged as he was when he was found by the organisation.

*I grew up in an underprivileged home myself. I became part of the family of this organisation; we were taught how to plan our lives accordingly to achieve our goals and aspiration. We also received funds that offered us an opportunity to study. It made me appreciate these people (the organisation) and I fell in love with trying to help the people...I was in awe that people that didn't even know me were so eager to help me. That's what makes me enjoy what I am doing, that I'm giving people that feeling that someone cares.*

### ***Failure to fulfil family financial responsibilities***

Drawing from the MOW model by Westwood and Lok (2003), at the micro-personal level, family and personal characteristics could directly affect work centrality (I am referring here to both the absolute and relative importance of working). The findings in the current study suggest a link between family characteristics and work centrality. The study finds that most participants are sole breadwinners and have dependents and commitments towards their families. As explained in chapter four, the aforementioned variables constitute the antecedents of MOW. Due to the lack of income, participants report that they are failing to adequately support their families. This is significant because it affects the family value in the relative value of working component. In other words, due to the crisis, AIDS care workers lack the necessary income to fulfil family financial responsibilities:

*I suffer; my family is suffering also because I cannot support them.*

*I am not able to stay forever without a salary because I am committed to my family with bringing in my share.*

### ***Work-to-leisure spill over***

For most, leisure was non-existent. Participants give accounts of how there is a blurred line between work and one's personal life. Most of them spend their leisure time doing and thinking about work, because work is a big and natural part of their life:

*I don't need leisure. Working for the community just come naturally, you find out what people are struggling with through sitting down and having random conversations about them. We help each other in that way.*

*You find that I end up working on Saturdays. Sometimes I go and meet up with Christian women and we worship, but what preoccupies my mind the most is my work.*

Other participants simply express the opinion that work must come first, and leisure should come last. Leisure is thus generally regarded as the least important life role and often work will spill over to leisure time and other life domains. Thus as much as participants failed to rank work, religion, family and community, they were able to rank leisure as the least important domain in their lives.

*Relaxing comes last, you relax when you've done everything, because you can't say, today I won't go to my patient because I was at church. I will go to church, it was at 1pm for instance I'll check on my patient and see if she's clean and fed.*

*Even when they call me late at night, needing my help, I will not say that no, this is my relaxing time.*

The relation between leisure and work appears to be also influenced by the absolute importance of working in one's life. Participants have revealed that the value of work is linked to their beliefs and experiences in their family, religion and community. It is this attachment that makes it difficult to spend time relaxing and to do things other than work.

*I think it is important to have time to rest, but the problem is...how can you rest when something [at work] has affected you?*

## 5.3.2 Societal norms about working

### 5.3.2.1 Obligations

#### ***Good representation of organisation means showing compassion to community problems***

AIDS care involves dealing with various community and social problems. Due to what AIDS care organisations represent, most participants feel that they are expected to show compassion for those who are helpless and poverty-stricken in the community which they serve. Thus participants also feel that they were expected to act as good ambassadors of their organisation by being available and responsive at all times to community needs.

*My work at the organisation is about how I treat the community at large. How do I carry myself in the community? Do I value the work that I do? You get that? I can't say I work for the community but when I meet a hungry child and ask; so what must I do? You get that? It wouldn't do justice to my job, because it's part of my job.*

*You find people who are suffering, especially those with HIV/AIDS. They don't know what to do. I must be able to find food so that they live. Others die because they do not have food.*

Another participant felt pressure from the community to respond to their needs. She expressed how the community also has the expectation to be served by these community AIDS care organisations.

*The community has their high expectations. The community needs help and we always tell them to try and be patient and bear with us, we will help them when we can.*

### ***Burden of patient's problems***

As a result this expectation from the community, participants also believe that it is their responsibility to carry the burden of their patient's problems. Participants, especially project managers, felt obliged to carry and solve all challenges that patients come with to their organisations.

*All I know is, when people come to me with a problem they expect me to have some suggestions on how to solve that problem. I should be able to give them hope and comfort because that is what keeps them going.*

Carrying patient's burdens was sometimes due to a person's deep need of taking away the pain of people who are suffering. One participant gives a profound statement to account for this:

*I do not like to see people sad. At times I wish I could take away their suffering and experience it for them.*

### ***Compensating employees***

Project managers are faced with the greater obligation of keeping their staff satisfied and happy in their job. A great part of this involves ensuring that compensation is available to acknowledge the caregiver's work and that they are able support their families.

*I must keep an eye on how everyone is doing and show them that I am looking for funding. I don't want volunteers to think that that the work they do is for nothing. I want them to know that we do get that little bit of funding and appreciate the work that they are doing.*

*I am expected to be a role model to people I work with and give them hope that they will get some money so that they can feed their family.*

### ***Helplessness due to failure to fulfil personal responsibility***

Due to the crisis, participants feel they can no longer provide their patients with the help that they need, due to the lack of resources to provide essential services and continue with needed programmes such as food schemes.

*There are a lot of things I cannot do. When I go to a needy home for instance, I would have some means to provide something for them. Now I cannot help them.*

*Another problem is that we used to give food parcels to our patients and we lost that ability.*

This theme is a significant part of the obligation norm related to work being a personal responsibility to give back to society. The lack of food scheme programmes becomes a problem to AIDS care workers because they are now faced with the responsibility of explaining why there is no food. This induces feelings of helplessness in AIDS workers because they cannot provide needed resources to their patients.

*I now have to explain why I can no longer help them. I cannot keep explaining myself that I do not get paid.*

*That really hurts us because we depend on it [food parcels] for our patients who depend on us.*

### 5.3.1.2 Entitlements

#### ***Meaningful work – helping the helpless***

All participants report that they value their work because they consider it as meaningful. This is because they have the opportunity to help the helpless and uplift their communities. Participants see this as an entitlement and an opportunity to do something which is close to their personal beliefs and values.

*This [work] is in my heart, God rewards me, but I rejoice in knowing that a family has been helped.*

Related to this is the need for support from management at work. Area coordinators and HBC facilitators say that in order to enjoy meaningful work and help poor communities, support in all life spheres and situations is considered one of the vital expectations employers need to fulfil.

*My only request would be for my superiors to be compassionate towards various problems that I might encounter in my life, like at home, with my patients, personally.*

*What I expect from the organisation is that they support me... support me like I said*

*I'm studying, I need study leaves...I expect that if I share my complaints they must be taken into consideration, it must show that I am part of the organisation family.*

*I am studying towards a social auxiliary degree; I expect I will get a study leave.*

### ***Retraining and formal qualification opportunities at work***

To improve their skills, AIDS care workers tend to undergo continuous training and education on HBC and health care. Participants see this as important in AIDS care because there is a need to learn more about the illnesses they are confronted with on a daily basis. They expected their needs for retraining to be attended to and supported in order for them to continue with their work effectively.

*We need workshops because things are changing and illnesses are constantly changing and we need to adjust to this change, that is why we need to constantly be studying and discovering new things and information.*

*I am expecting a lot of training because they help to clarify a lot of things.*

In addition, some participants take the entitlement to training further. They say informal training is insufficient in helping them progress in their career. These participants felt that they are entitled to better training and formal education towards a qualification that will put them in a position to obtain better employment. This was seen as instrumental in developing their personal career in line of health care work.

*I just want a formal skill that I can operate in the community. I want something I can*

*take to the community, work with the community directly.*

*Yes I do have skills, but the problem is that jobs need qualifications. That is what is important; I need to develop myself that way. People want to see certificates, not word of mouth, that you are able to do this and that. People need support for this, and what speaks is your qualification. From working here, I got the opportunity to register with UNISA into B.ED.*

### ***A voice in decision-making***

Further, some participants see having a voice in decision-making at work as important. Workers said that they have opinions about the work that they do, and have ideas to better their work. For example, one participant stated the following:

*With children, we support them from when they are young; the only problem is that once they finish matric, that's when it stops. I wish we could develop some kind of youth programme. Maybe it will be successful, maybe not. But it's something worth trying, and I wish those kinds of proposals would be listened to.*

AIDS care workers believe that they are entitled to have a say in decisions that might affect their work. They believe that they have everyday hands-on experience and thus they have better and more knowledge of community problems. Management in organisations must be willing to listen to their suggestions. A HBC facilitator expresses the following opinion:

*They must be able to sit down with us as our superiors and involve us in the decision-making process; get our input on situation because we understand the community*

*better than they do, because we work with them on a daily basis.*

### ***Anxiety and Job insecurity***

Westwood and Lok (2003) argue that MOW variables have a bearing on certain outcomes. These outcomes have been described extensively in chapter four, where I elaborate on the conceptual framework which guides this research. Current findings suggest a link between this particular variable (i.e. the societal norm about working) and the outcome of subjective expectations and calculations about future work situations. Drawing from MOW framework, one of the entitlement norms is the right to a job and being able to keep this job. In many participants' cases, there has been some possibility of job loss. They express the feeling of insecurity and anxiety about whether they will lose their jobs:

*I always worry about what might happen because with the lack of funds comes retrenchment.*

*The only time I start to worry about losing my job is when funders pull out so that the organisation cannot function.*

This anxiety and insecurity is aggravated when they witness some of their colleagues being retrenched. Participants say that this made them worry more about how long they would have their jobs. This in turn related to how individuals make calculations on future work situations, which is one of the outcomes of MOW.

*Some of our staff members had to leave the organisation which was quite sad because they wanted a limited number because financially they could not afford to keep them,*

*this made me very nervous about my own place in this organisation.*

### 5.3.3 Work outcome and goals

#### 5.3.3.1 Expressive orientation

##### ***Being a service to society***

One of the dominant outcomes participants report to be seeking to attain when working is being a service to society. Participants say that they derive satisfaction from knowing that they have helped someone in need.

“My goal is to see a positive outcome for the people that I visit or the areas I visit”.

One participant said that an important element of this service is linked to the alleviation of the AIDS pandemic and poverty amongst people of African descent. This presented an interesting account of this theme:

*What I value the most is to see our African people get educated about social problems, especially HIV/AIDS, to provide these services that uplift these communities.*

##### ***Satisfaction and happiness from helping***

Another valued outcome of working in AIDS care is deriving satisfaction and happiness when someone has been helped and shows appreciation.

*There is nothing that makes me happy like seeing someone happy.*

*Nothing beats seeing a child come crying but after my efforts, they leave smiling and happy, saying- thank you.*

### ***Gaining experience in the field (opportunity to learn)***

Participants also value the work experience they receive from working. They express that it raises awareness of social problems which influences the way in which they handle challenges and situation in their own lives. In other words, working is of value to them because it provides an opportunity to learn.

*It helped me understand the role I have to play as a father. Not only in the sense of being a breadwinner at home, but also having a fatherly relationship with my child, and doing things like playing and generally taking care of them and not waiting for the mother to do everything .*

*I get to know how to communicate with the community, how the community behaves towards you, what are the challenges the community is facing - youth, older peoples challenges.*

The outcome of working experience is of great value to AIDS care workers because they felt that it put them in a better position to know more about their work, opens better job opportunities and increases their chances of receiving better pay.

*So it helps to work in a community like this because I have faced some of the things that even someone in the profession has not faced. I've faced challenges that a social worker, a nurse has not faced. So it really helps to start in a community based because many things happen here...I have learnt a lot...a lot.*

*I gain experience, so that if I get a job they can pay me better.*

### ***Rewarding Interpersonal relations and interesting contacts at work***

Participants report having formed close relationships with their patients. They have become a part of each other's lives even away from work:

*We're all like a part of some family now. We invite each other when we have parties and ceremonies. We communicate; we have bonded (referring to patients).*

Other rewarding interpersonal relations are with colleagues. The retired nurse interviewed in this study expressed how she valued the relationship she has formed with the young people she is works with:

*I'm very satisfied because I have the company of young people I work with that keep me laughing at times...they take me as I am, at times asking a lot of questions. Sometimes you find that people of my age cannot even walk, their scope of company is limited.*

Working gives her something active to do after retirement, and she expressed that she valued working with other people:

*I might be home with my grandchildren getting bored. But here, the people around me are active. What I could say is that I get a lot of input from my team I work with and I am not bored most of the time.*

Through working, one participant expressed to have gained valuable contacts from other stakeholders of AIDS care work. This was a project manager in a clinic that is funded by an international foundation, which is internationally based.

*I now know people in the DoH, I have picked up really good contacts abroad.*

### 5.3.3.2 Instrumental orientation

#### ***Breadwinners: Income is important***

When asked about valued goals, participants were hesitant to include income. They started by listing expressive oriented value outcomes and goals. Participants express that they choose to do non-profit work without expecting to receive tangible outcomes from working because the main aim is to serve the community. For others, they see their work as a ministry, thus pay is supposedly least important. Nonetheless, participants' accounts interestingly revealed that income is indeed essential because most of them are breadwinners in their families, and they come from impoverished communities. An interview with a project manager gave an interesting account of this:

*Researcher: "So what do you aim to achieve with your work?"*

*Participant: "The most important thing that I want is education and bursary opportunities for the young ones because I'm too old to get one myself"*

*Researcher: "And what about the means to a living?"*

*Participant: "I didn't want to say it out loud, but that's very important. We need income to sustain ourselves".*

Other participants stated:

*I come here not expecting a lot...you know, of monetary value. I'm coming here to do a ministry and often you don't get a salary from a ministry, so I am grateful for that.*

*Income is important (she laughs shyly)... We are living, we have families, we need money...*

Further, the notion of non-profit work instils in them (i.e. participants) acceptance of whatever outcomes one receives from work.

*We are taught not to complain here, because we know where we come from, but we accept what we get, no matter how small because someday it will be better.*

### ***Lack of income contributes to feeling unappreciated by government***

Participants express that their work plays a vital role in society yet it is underpaid if paid at all. As a result, participants tend to feel unappreciated for the work that they do. The crisis has greatly affected income because most participants interviewed were no longer receiving pay, or were now receiving less pay.

*I go up and down looking for funding. It is very difficult because they don't pay a lot of attention to us here in the rural areas which is frustrating because it is where support from government is needed the most.*

*They talk about war on poverty, but they take away our stipends that were helping us make a better life for ourselves. The government is all talk and no action. They think*

*that just because we are close to the major cities we do not need any help.*

*I wish that someday government will see the work we do is very important.*

### ***Job dissatisfaction and discontentment***

Job satisfaction is one of the intrinsic oriented outcomes in the MOW structure. With financial challenges affecting organisations, AIDS care workers express feelings of discontentment and a general dissatisfaction with their job. One of the participants expresses worry that this stress might affect his family:

*I worry that I won't be the same happy person I am and that I might get stressed and take it out on my family.*

The findings suggest that project coordinators suffer the consequences of the crisis the most because they have to bear all complaints raised by workers.

*Caregivers didn't get paid...they would complain asking me how can I wake up without having eaten, and come to work to go help other people, when material is also unavailable.*

### **5.3.4 Attachment to working**

Organisations had confronted financial difficulties that had resulted, amongst other things, in unpaid labour. Regardless, most participants continue to work. Thus unlike in other MOW studies, the question of whether people *would* continue to work without pay was not hypothetical but rather a reality to these workers due to effects of the crisis. This section

reveals the reasons why AIDS care workers continue to work.

***Love for the job and hope that things will get better***

When asked why they continue to work under these conditions, most participants expressed that they had love for and dedication to the work that they do in the community.

*I have a lot of love for my community.*

The account of the retired nurse below reveals that for her, continuing to work in AIDS care in the non-profit sector was due to dedication towards solving social problems, and given her experience as a nurse for 40 years in her community hospital, she had seen that the community has a lot of social problems. AIDS care work thus gave her an opportunity to reach out to her community, rather than an opportunity to make money.

*I think it's because my main focus was not on financial benefit. It was just to do my work for the people. As I had said, it is to just give back for the time I spent in hospital working towards a salary. People came here with social problems rather than physical ailments. This is what kept me going; those ailments were still there even if I do not receive money. They do not sort of die off because there is no money (retired nurse).*

Other participants stated that they continue to work without pay because they have hopes that things will get better. Due to their attachment to working, they have their own dreams about the organisation they want to see come alive. An account of a HBC facilitator who is greatly

involved in garden projects to provide nutritious food for people living with HIV/AIDS gives a perfect illustration of this:

*“I have a dream that we can get bigger crops to sell and bring in money for the organisation and also have enough to bring home to our families. It is these dreams and hopes that keep me going”.*

### ***Starting out as volunteers builds resilience***

Almost all participants recruited in this study had first become volunteer caregivers prior to their current positions, thus working without any income was not something new to them. Participants then stayed without income because they were more resilient towards unpaid labour and therefore they were more accepting and tolerant of the situation. It is again significant to note that AIDS care workers see their work as a ministry, thus do not expect income.

*“Money came when I was working for free, so what’s going to be different now? Because the job I did when I was paid was the same job I did when I was not paid...I don’t see the need to stop because there was no money especially because money was never my aim”.*

A few AIDS care workers also choose to volunteer when they are unpaid because it gives them something to do. Thus working, in this light, contributes to time absorption (which is also partly an intrinsic component of valued outcomes and goals).

*“It is better to come and volunteer here because it gives me something to do, and opposed to staying at home and doing nothing”.*

### ***Emotional and sacrificial attachment to working***

One of the central themes running through the responses from most participants interviewed (11 out of 14) revealed that AIDS care workers had an internalized sacrificial and sometimes entrapped attitude towards working. Although the need for income was great because they needed to sustain a living, they did not see unpaid labour as an issue to spend time questioning and dwelling on.

*“We need money...but we are taught not to complain here, because we know where we come from, but we accept what we get, no matter how small because someday it will be better”*

*“Yes we need money to survive, but that is not what to base your work on”*

*“I don’t expect to be compensated; I came here to do a ministry”*

*“This is in me (the job), I cannot change it”*

## **5.4 Consequential variables**

### **5.4.1 Crisis effect on MOW outcomes**

#### *5.4.1.1 The crisis impact on psychosocial work outcomes:*

As previously discussed, MOW variables within broader contexts lead to certain outcomes such as: objective outcomes of working, subjective expectations and calculations about future

working situations, and psychosocial work outcomes. The effect of the crisis on the outcome of subjective expectations about future work situations has been discussed earlier due to its relationship with the societal norm variable. The findings also indicate that the crisis has had impacts on individual's psychosocial work outcomes, which have implications for important organisational outcomes.

### ***Stress and burnout***

Participants included in this study were in a relatively managerial position. They reported experiencing a lot of pressure from subordinate workers during the organisation's financial difficulties as employees were working without pay. As a result, the organisational environment and atmosphere was tense, and they reported being under constant pressure, when at times work would be at a standstill as some employees refused to work without pay.

*“People changed and started getting reckless, and sometimes I would feel the pressure especially when they would threaten to stop working, and some did slack or stop.”*

*“They are fighting with you because they do not receive stipends”, says the Project coordinator.*

Project coordinators, especially, carry the responsibility for the smooth running of the organisation, which includes sourcing funds to compensate workers (as discussed earlier). During this organisational turmoil most project coordinators reported experiencing feelings of aggravated stress. They were constantly under pressure to seek funds in order to compensate

employees and themselves.

*“Everything is my responsibility. Even their pay, I must ensure that we get funding so that they can earn although the little that we get does not amount to much. You know I end up taking my work stress home...”*

Sourcing funds is a tiresome and stressful process, and as a result many participants expressed that they were experiencing burnout.

*“The situation I am in right now, I am weak and beaten up”*

# CHAPTER SIX

## Discussion

### 6.1 Introduction

The study provides novel insights into the meaning of working in a non-profit AIDS care organisation, in the light of the global financial crisis. It extends knowledge on the four

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*The main argument presented here is that the meaning of working has positive implications for organizations and also to some extent for workers; however, it is crucial that one looks at it critically.*

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central MOW domains: work centrality, societal norms about working, valued work goals and outcomes, and attachment to working. Employees in non-profit AIDS care organisations

experience and value working similar to, and at the same time uniquely different from, employees in the real sector. The current study questions existing notions that non-profit work is done for purely selfless reasons, and is all about giving back to the society without any expectation from working. This chapter first draws attention to the argument that paid AIDS care workers come from a long history of precarious income, which is a serious challenge they deal with on a daily basis. It further discusses how the crisis has affected AIDS care organisations in order to highlight the current dire working environment of AIDS care workers. This also provides the backdrop for discussing the main concerns of this study through exploring the four central MOW patterns referred to by AIDS care workers. The main argument presented here is that meaning of working has positive implications for organisations and also to some extent for workers. However, it is crucial that one looks at it

critically. As employees see their work as extremely important, other negative outcomes may insidiously affect workers which they are reluctant to accept and express. In other words, in the context of a high value for working, other consequential sacrifices are important yet understated, such as work-life balance, income and the like. These have serious consequences for well-being of workers and should be explored and challenged.

## 6.2 The challenges of AIDS care work

The findings indicate that although AIDS care workers' responsibilities and job titles may somewhat differ, much of the work responsibility in AIDS care overlaps. In organisational terms, one could define the structure of AIDS care organisations as values-centric, flat, organic and non-bureaucratic (Chenhall, Hall, & Smith, 2010). For instance, most project coordinators in this study started these organisations themselves, in other words, they are at the middle to high level of the organisational structure. However, in most cases these managers find themselves burdened with a range of responsibilities, including lower level work such as cooking for feeding scheme projects among others, because they have insufficient human resources to delegate those duties. This becomes a problem because it results in inadequate attention being given to other important tasks (relevant to their position) related to sustaining the organisation such as sourcing funding.

Accessing financial resources is a challenge for AIDS care organisations (Homan et al., 2005; Pallangyo & Mayers, 2009; Ntetha, 2010), and this has become a greater challenge especially

during the global financial crisis (Akintola, 2010). The current findings suggest that the responsibility of sourcing funds becomes even more critical during the crisis. Moreover, the implications of not fully realising the importance of prioritising this responsibility (which may be due to work overload) are far-reaching; they affect not only the sustainability of AIDS care organisations, but also the outreach to the needy communities.

Previous studies highlight that organisations in AIDS care are short-staffed, and workers consequently suffer from work overload (Demmer, 2002, Chikoko, 2010, Gwelo, 2010). The current study sheds some light on how work overload has implications for well-being by exploring how issues of meaning of working may cause these workers to accept and sometimes encourage work overload; due to the meaning they attach to working, participants have an inherent need of wanting to do more work which sometimes is beyond their means. The concern for the well-being of AIDS care workers is a theme that permeates this chapter as will become more apparent later in the chapter. Together, the findings on paid AIDS care workers and the nature of their work illuminate the unique challenges facing AIDS care work in the non-profit sector, in comparison to workers in the for-profit sector. This forms the basis for advancing the argument that paid AIDS care workers in non-profit organisations have a profile which is fundamentally different from the profile of paid workers in for-profit organisations. Thus, findings on MOW amongst this group of workers contribute uniquely to knowledge in the field of MOW and of AIDS care.

### 6.3 Paid AIDS care workers and the question around income

Research on AIDS care workers has predominantly focused on volunteer caregivers, who do

not receive income. This is one of the few studies that focus on paid AIDS care workers in South Africa, and perhaps the first study to use a MOW conceptual framework to provide a qualitative account of the meanings AIDS care workers attach to working. It is crucial to note that although these AIDS care workers are paid, funding of AIDS care organisations is precarious, which in most cases results in these workers frequently going through prolonged periods where they have to work without income. The main argument is the dilemma which confronts paid AIDS care workers, when caught between giving back to their communities through their AIDS care services and the reality of needing an income from their work to sustain a living. The issue of irregular income amongst paid AIDS care workers raises critical concerns for MOW, and will be discussed in greater depth later in this chapter.

## 6.4 The effects of the global financial crisis on AIDS Care

MOW amongst AIDS care workers is explored within the context of the financial crisis. Thus, it is essential to discuss the changes AIDS care organisations confront due to the effects of the financial crisis, providing an organisational context in which MOW is explored.

The study found that AIDS care organisations have been forced to apply restructuring strategies. This supports the findings of a previous study done in South Africa which documents strategies AIDS care organisations implement to deal with decreased operating revenues because of the financial crisis (see Akintola, 2010). Rationing of critical community outreach services (which is one of the restructuring activities mentioned) such as home based

care and feeding schemes negatively impacts on the delivery of services to beneficiaries (Akintola, 2008; 2010; 2011; Jaffar et al., 2009). This in turn has negative implications for the health of people living with HIV/AIDS and the outreach to needy communities. Moreover, a decrease in employee benefits, rationed compensation, and retrenchment as a result of the crisis has negative impact on the morale of those workers and could lead to job dissatisfaction. Ultimately, retention becomes a greater challenge as workers become discouraged and are less effective, with some participants expressing an intention to leave to pursue better opportunities. An important issue highlighted in the study is that AIDS care organisations are at risk of losing staff to government health departments where participants see better opportunities when compared to non-profit AIDS care work. This highlights the critical need to examine government's efforts towards funding of non-profit AIDS care organisations.

## 6.5 How AIDS care workers make sense of their AIDS care working experiences in the era of the financial crisis

The study has brought to light the importance of looking into the effects of the crisis on the non-profit sector. Understanding these effects on AIDS care organisations is crucial because it creates a new context for understanding how and why participants value working the way they do despite the negative effects of the crisis which have been discussed earlier. The study also shows that these effects have health implications for AIDS care workers, which are the issues this section aims to discuss.

In the previous sections, I have provided a background, which represents conditional variables that influence central MOW variables. This section discusses important findings on four MOW central variables: a) work centrality, b) societal norms about working, c) valued outcomes and goals, and d) attachment to work. Work centrality is the first domain to be discussed, in terms of its absolute and relative value in AIDS care work. This variable is considered by most authors on MOW as the core variable in understanding MOW (MOWIRT, 1987; Harpaz & Fu, 2002). It is important to note that work centrality is interlinked with the other MOW variables, thus findings amongst all MOW variables is related and overlapping.

### 6.5.1 Work centrality in AIDS care work:

#### *6.5.1.1 Absolute value*

Working is generally seen as an important activity in an individual's life (MOWIRT, 1987). The findings of the current study are consistent with this argument. Participants report that they greatly value their work because AIDS care work entails providing care to vulnerable and poverty-stricken communities. Thus, one of the main reasons participants express why their work is very central to their lives is because of the contribution AIDS care work makes to the greater good. The findings on AIDS care workers further suggest that they are more engaged and committed to their work because working is very central to their lives. Participants assert that this is because they are engaging in highly fulfilling work which is meaningful to them and their communities. This finding can be viewed in a positive light as

far as organisational objectives are concerned because it has the benefits of increased productivity and profit (in for-profit organisations). In non-profit organizations however, the question of who benefits when participants see their work as highly central and the effects this has on AIDS care workers is warranted.

Having a high value for work may have negative consequences for AIDS care workers. A common theme discussed by participants is that they are entirely consumed by their work and this leads to them neglecting family time and responsibilities. This is ironic because as AIDS care workers spend more time caring for other families when working, they spend less time taking care of their own families and their own well-being. Other negative consequences expressed by participants were experiences of stress and burnout. These consequences have an impact on an individual's well-being, yet most participants are almost oblivious of them because they are affected in an insidious manner. What seem to occupy participants' daily consciousness are the pressing and important social issues they need to address in their communities and by working harder towards that, they believe that more families can be helped and empowered. For some participants, most of these consequences became salient as they were interviewed and probed more deeply about them. This is one of the advantages of a qualitative and explorative design. Greater awareness of such issues is limited because most MOW and critical organisational studies employ quantitative research designs and give primary attention to workers in for-profit organisations (see Snir & Harpaz, 2002; Ardichvili, 2009; Adichvili & Kuchinke, 2009, MOWIRT, 1987 for example). Moreover, findings reveal that participants who seem to be critically aware of these consequences feel helpless because their organisations encourage them to continue to serve their needy communities and hope that the situation will be better.

The current study supports the argument that working is a highly valued domain in an individual's life. It also contributes to knowledge in the fields of the study of MOW and AIDS care by highlighting the negative implications of having a high value for work among AIDS care workers. Perhaps this finding closely relates to those of Rose (1990), Beder (2000), Hoffman and Cowan (2008) which all highlight the results of work-life imbalance due to a strong work ethic among workers in for-profit organisations. This study suggests that the notion of a strong work ethic and its consequences for workers may also exist in non-profit organisations. These consequences are not as clear because they are disguised in the form of what AIDS care workers generally see as high value and the meaning of non-profit work. In other words, in for-profit organisations, a strong work ethic results in greater commitment to work and is motivated by career progression, higher pay and a luxurious life (Beder, 2000), whereas in the non-profit sector, a strong work ethic also results in greater commitment to work, but is motivated by the high value for their work and their contribution to the sick and poor communities. This assertion is consistent with Dempsey and Sanders' (2010) argument about the 'social-moral dilemma', discussed in greater detail later on in this chapter, which explains why it is difficult for non-profit workers to question any possible negative consequences of the seeing work as highly central in their lives.

#### *6.5.1.2 Relative value*

In terms of its relative value, the MOWIRT (1987) found that work is ranked amongst the most important and dominant life roles. Many follow-up studies support this (Ardichvili,

2005, 2009; Harpaz & Fu, 2002; Kuchinke, Kang & Oh, 2008), suggesting that working is generally seen as more important than community, leisure and religion (MOWIRT, 1987; Harpaz & Fu, 2002). The findings on the relative value component of work centrality in the current study supports the argument to a certain extent; participants suggest that working is amongst one of the most dominant life roles. In addition, the current study extends knowledge in this area. The study found that for AIDS care workers across different levels, the value they attach to work, family, community and religion in their lives is interconnected, which provides a different perspective from existing literature on this topic. Participants express the belief that as much as working is highly central to an employee's life in terms of its absolute value, the relative value of working is complementary to other dominant life roles, with the exception of leisure. This is novel finding that contributes to knowledge in the area of MOW in diverse ways. Firstly, it suggests that the working environment has a huge influence on MOW. Secondly, it contributes conceptually by suggesting that an individual's dominant life roles (MOWIRT, 1987) perhaps may not be ranked, participants viewed these roles as interlinked rather than in a hierarchal sense. This study suggests that this may be the way in which AIDS care workers make sense of their work. AIDS care work is seen as community work, thus work and community value cannot be viewed as separate from each other. Participants' reasons for pursuing careers in AIDS care stem from two dominant life roles: religion and family; 1) working in AIDS care is seen as a religious calling and ministry; and 2) growing up in family hardships and having a family member who is living with HIV/AIDS is also reported as a dominant feature that makes working in AIDS care important to participants' lives. Previous MOW studies do not shed light on the various reasons the relative importance of one life domain compared to another (e.g. Harpaz & Fu, 2002; Kuchinke, Kang & Oh, 2008, MOWIRT, 1987). Perhaps this gap could be attributed to their quantitative design. The current study contributes to the literature on MOW by providing

deep knowledge that helps us understand these issues at various levels.

The value of leisure, on the other hand, is viewed by participants as being the least important life role, especially when compared to work. This is consistent with several studies on MOW (MOWIRT, 1987; Ardichvili, 2005, 2009; Kuchinke, Kang & Oh, 2008). AIDS care workers either a) view leisure as unnecessary or b) see and understand its importance, but with the absolute value of working take precedence over leisure in their lives. The study also expands knowledge in this area by highlighting that in many cases, work often spills into leisure. This finding supports the conclusions made by Snir and Harpaz (2002) about work-to-leisure spill over. The study further emphasizes the importance of understanding the effects of the relationship between work and leisure life roles on employees' well-being and characterises the work-life imbalances that AIDS care workers may experience. A study done by Galinsky and Stein (1990) found that many non-profit organisations are still unaware of work and family/personal life conflict. Failure to acknowledge this conflict has implications for keeping workers happy and productive in their work. The current study offers an interesting perspective that interrogates work-life issues in non-profit work. Firstly, it suggests that the absence of leisure may lead to unfavourable psychosocial outcomes such as job dissatisfaction, stress and burnout. Secondly, the study found that workers struggle to support their families due to the reduction in income because of the restructuring in AIDS care organisations. The findings of this study bring to light that while working amongst AIDS care workers is extremely important to them, the current lack of income exacerbated by the financial crisis suggests that AIDS care workers cannot fulfil crucial family financial responsibilities. The study finds that despite not being able to fulfil family responsibilities,

AIDS care workers not only still regard their work as very important, but leisure is regarded as unnecessary and secondary to working. This is a major concern because in most cases participants are the sole breadwinners in their families, yet dedicate all their time, including sacrificing leisure, to working without income. Therefore if this continues, it is most likely that AIDS care workers will experience greater work-life imbalance, without receiving even the essential and basic benefits from work, such as regular income. This suggests elements of exploitation in AIDS care that need to be challenged.

## 6.5.2 Societal norms about working in AIDS care:

### *6.5.2.1 Questioning the 'entitlement' of meaningful work during the crisis*

One of the societal norms of working is having the opportunity to do meaningful work (Harpaz & Fu, 2002). Findings suggest that one of the most common entitlements participants expect from working in AIDS care is meaningful work. This is widely known in AIDS care literature as the most common intangible reward and motivation of working in AIDS care as reported for both paid (Chikoko, 2010) and unpaid AIDS care workers (Akintola, 2011; Demmer, 2002). AIDS care workers see their work as meaningful because it is close to their personal and religious beliefs. Their work is also meaningful to them because it is dedicated to addressing pressing social problems. AIDS care work addresses the gap of caring for people living with HIV/AIDS that has been created by government's lack of capacity to care for people in public hospitals and clinics (Shisana et al., 2002).

The current study argues that due to the lack of funds, AIDS care organisations are under

pressure to employ social entrepreneurial strategies to increase operating revenues. One strategy described by a project manager in this study is to establish income generating projects. This is a common strategy that is employed by many NPOs to deal with the shortage of funds, and build community responsibility in sustaining non-profit organisations (Ntetha, 2010). Income generating projects mean that some goods and services in non-profit organisations are sold to these poor communities for the exchange of money. My argument here is similar to issues raised by Dempsey and Sanders (2010), Dees (1998) and Son (2006) about social entrepreneurial strategies. These strategies aimed at raising funds in the non-profit sector challenge the notion of these organisations fulfilling a social mission. Thus, when AIDS care organisations are forced to employ entrepreneurial strategies during financial crisis (such as making profits from their goods and services), an aspect of meaning in non-profit AIDS care work is called into question. As previously defined in chapter two, meaningful work refers to an inclusive state of being, and the way in which we express meaning and purpose of our lives through working (Chalofsky, 2003). Participants explain that the privilege to engage in meaningful AIDS care work is taken away from them when the main focus and the majority of the time is spent on building capital (such as selling some services and goods to the communities) as opposed to engaging in the outreach to poor and needy communities by providing these services free of charge.

The main argument here is, in as much as meaningful work is fulfilling and inspiring, it can also be oppressive when workers accept adverse working conditions. This is especially true in the context of restructuring when AIDS care workers are forced to accept lower income (or no income at all) and take on heavier workloads, yet they may not be able to refuse because

they find meaning in their work. In this situation, participants find it difficult to say what they are entitled to, and when they express it, they cannot demand it due to a ‘social-moral dilemma’ (Dempsey & Sanders, 2010) discussed earlier. Another consequence is that workers leave NPOs for the for-profit sector, which is a concern because shortage of staff is already an issue in AIDS care, and this has grave consequences for the sustainability of AIDS care programmes and health service delivery in the country.

### 6.5.3 Valued outcomes and goals in AIDS care

#### *6.5.3.1 Amongst valued intangible outcomes, income is also important*

When asked about valued outcomes and goals, participants mentioned intangible outcomes and goals as the most valued. One of the most common valued goals reported by participants is primarily being a service to society. This is followed by getting satisfaction from helping, having an opportunity to learn, and the outcome of developing rewarding relations at work. These intangible outcomes and goals are similar to what Akintola (2010b) refers to as intrinsic rewards expressed by volunteer caregivers in AIDS care organisations. But this has previously not been documented among paid AIDS care workers.

Good pay, which is tangible outcome, is generally also included amongst the most valued outcomes of working in the for-profit sector (MOWIRT, 1987; Harpaz & Fu, 2002). In a similar way, participants in the current study stress the importance of income/pay, as a valued goal of working. Income is reported to be important for the basic reason of providing for the families as most participants (13 out of 14) are breadwinners and mostly come from

impoverished backgrounds. This strongly suggests that these participants are highly dependent on the income they receive at work. At this point, I would like to highlight the importance of drawing a distinction between income and good pay as a valued outcome of working. Good pay implies competitive income (MOWIRT, 1987). In the case of non-profit AIDS care worker, the outcome of working which is referred to here is simply income, as opposed to good pay which is something these organisations cannot provide at all. Firstly, this is due to common knowledge that salaries and wages are not market-related in the non-profit sector (Chikoko, 2010; Leete, 2006), thus good pay within NPOs is not the same as good pay in for-profit organisations. People in the non-profit sector trade off earning a competitive salary for the pursuit of meaningful work (Dempsey & Sanders, 2010). Secondly, as discussed earlier, given the challenges brought about by the financial crisis, participants are forced to accept minimal or no income at all. I am therefore bringing to question the value of basic income here to participants and not competitive income. The findings suggest that the lack of or low income is accepted by participants due to the meaning they attach to working. It is important to interrogate this concept of meaning, especially when it seems to neutralise the negative working conditions and outcomes experienced by participants. It allows for the acceptance of basic human needs and facilitates consequences which are threatening to workers' well-being.

It is unquestionable that most participants value more intrinsic outcomes from working. However, it is a common mistake by policy makers and participants' themselves to let these intrinsic outcomes and goals overshadow the importance of other tangible and essential outcomes from working such as income. This highlights the need for health care policy

makers to take into serious consideration the need to make basic income for AIDS care workers a crucial element of the AIDS care work. It could be that intrinsic outcomes and goals from work such as being a service to society induce tolerance of the lack of extrinsic outcomes and goals such as income. A study on volunteer caregivers argues that intrinsic rewards may serve as coping resources for challenges experienced when working (Akintola, 2011). This often means that AIDS care workers work long hours and sometimes use their own financial resources to respond to these needs. This is particularly true during times of crisis when financial resources are further reduced. These are contextual realities and challenges of AIDS care work. It is thus concerning that government and policy makers appear to fail to consistently provide key tangibles outcomes which participants not only value but need to sustain a living.

#### 6.5.4 Attachment to work amongst AIDS care workers

As previously mentioned, MOW studies measure attachment to working by asking a hypothetical question: “Would you continue to work if you won the lottery?” Responses to this closed ended question offers minimal insight into the reasons why people would work without income, and whether attachment to working is either a positive or negative concept. MOW studies consistently report that people are attached to their work, and that they would continue to work without income (Ardichvili, 2009; MOWIRT, 1987; Snir & Harpaz, 2002). Lindz (2002) in Ardichvilli (2009) reports how employees in Russia expressed the opinion that, despite economic hardship and social instability, they are still committed to work and even without pay. This is also true for participants in the current study. This MOW dimension has the potential to elucidate reasons why a person continues to work without the expectation of income, yet this has not been sufficiently explored in the MOW literature that I have

reviewed. This is because past quantitative studies on MOW ask whether or not workers will continue to work without pay, but do not explore why, whereas the current study asks the important question of why people would continue to work without income.

It has previously been discussed that income is an important and valued outcome of working for AIDS care workers. The current study finds that participants continue to work without income because they fail to adequately stress the need for income. This is because of two main reasons which I have mentioned previously, and will now discuss in greater depth. Firstly, the reason why participants struggle to stress the need of income is because they are socially and emotionally attached to their work. Chikoko (2010) and Demmer (2002) found that AIDS care workers' attachment to working motivates caregivers to continue working in AIDS care. In a similar way, current findings suggest that AIDS care workers see their work as a ministry for God's people. This is reflected in the findings that indicate that work is intertwined with religion and other important life roles mentioned earlier. The relationship between work and religion is also echoed by Akintola (2010b) who found that AIDS care work is viewed as a religious calling. This study has stressed the importance of working in the daily lives of AIDS care workers and captures the daily experiences of working that highlight the value they attach to their work. Secondly, we now fully discuss the social-moral dilemma. Most participants experience their work as a higher calling, which transforms the way in which they view work to have social and moral meaning. The previous discussion on work centrality argues how social and moral meaning of work could be one of the reasons why participants see leisure as being the least important domain in their lives, leading to negative implications for well-being. As much as income may be a crucial element of

working amongst AIDS care workers, the social-moral dilemma encourages participants to accept notion of self-sacrifice, because they see their work as serving a higher purpose. This makes their needs of income less important when compared to the honour of contributing to the greater good. This is similar to what Dempsey and Sanders (2010) finds amongst social entrepreneurs who have chosen to start non-profit organisations to serve needy communities. A crucial difference in the current study's participants is that they are also needy and are part of the disadvantaged group, as opposed to participants in Dempsey and Sander's (2010) study that have left better income in the corporate world, in search of work that is more meaningful.

These findings raise questions about the inequalities that are likely to continue if government continues to rely on disadvantaged and poor groups as drivers of interventions in needy communities without sufficient support or income for their labour. This is especially true for women in this study, who are the majority of AIDS care workers in non-profit organisations (n = 11). This finding supports the arguments by Seguino (2009), Antonopoulos and Hirway (2010) that of the an increase in gendered unpaid labour and poverty amongst workers in non-profit organisations during the financial crisis. Akintola (2010a) provides one of the first of similar findings specifically for non-profit AIDS care workers. This presents a challenge also for health care policy to take these contextual realities into account. Through an explorative understanding of MOW in AIDS care, the current study has offered novel insights into why AIDS care workers continue to work without income. It further raises concerns about working without or with irregular income and suggests that this may contribute to aggravating inequalities in society that will continue to plague our country if not addressed by inclusive policy and active intervention from government.

As explained earlier, all participants started out as volunteers in AIDS care, with the aim to fulfil either religious obligations or a personal value of serving the community. Volunteer work implies unpaid labour, thus working without income is not particularly new for these participants. When asked why they continue to work without income, one participant responded by asking: “Why should it be a big deal that I don’t not get paid now if I came here and did the same work for free?” Although some participants give voice to consequences of working without income, such as neglecting family time and responsibilities, stress and burnout; the sacrifice of committing to a cause greater than the self seems, to them, more worthy. Participants have internalised this trade-off, and most project managers, especially, would rather barely make ends meet working in AIDS care than pursue a paying job elsewhere. Through several accounts of self and family sacrifice, experiences of stress and burnout, work overload, emotional exhaustion, sleep deprivation and minimising the importance of income, these findings present us with a negative picture of “attachment to working”. The main argument therefore is that MOW is not always positive; participants raise important concerns around work-life balance and well-being. This may be something which could be explored for other workers in the non-profit sector as it may have far-reaching implications.

In as much as positive psychology in organisations emphasises how people optimally experience the positive feelings and emotions at work (such as happiness, meaning and engagement) that are part of healthy living, it is important to interrogate how these emotions

could possibly affect people's well-being negatively. The findings refine our understanding of how paid AIDS care workers make sense of their work within a multi-layered socio-economic context. Thus, using the MOW approach to guide this enquiry necessitates new ways of thinking about the meaning of working amongst these participants. This study adds theoretical, empirical and applied research contributions to field of positive psychology and the broader human resource development field. Finally, in light of the importance of this topic in AIDS care, health care policy makers also have lessons to learn about structuring home based care programmes, strategies of retaining workers in the health care non-profit sector which has greater influences on the outreach and care to needy communities.

## Conclusion

From the perspectives of AIDS care workers in non-profit organisations, the meaning they attach to working fundamentally relies on the ability to contribute to the community by providing services, resources and care to people living with HIV/AIDS and the needy communities. This study contributes to the field of positive psychology and offers perspectives on MOW and non-profit AIDS care work by suggesting the need to question the notion of MOW and its implications. Research in this area generally emphasizes the positive implication of MOW, as it is associated with greater life and job satisfaction, and contributes to the field of positive psychology. The current study is situated within non-profit work during the era of the financial crisis where workers draw on the notion of meaning and accept underpaid and unpaid labour, withstanding appalling working conditions. On one level the study has brought to light how MOW jeopardises family relationship and the health and well-

being of its participants. On another level, this has revealed how organisations are affected due to some participants not working as effectively due to low morale and job dissatisfaction, and some workers choosing to leave the non-profit sector for better opportunities. This is a concern for non-profit organisations because they are in desperate need of human resources, and a shortage could ultimately affect outreach to impoverished communities. The effects of the global financial crisis offer an interesting perspective to explore MOW in non-profit AIDS care work. In particular, the resultant restructuring in these organisations forces downsizing and rationing of incentives, which poses further challenges in retaining human resources in AIDS care. Ironically however, most workers choose to continue to work under these unfavourable conditions and often without income. This choice could be attributed to many reasons, but the current study associates this fundamentally to MOW. The challenge of getting resources to provide income could also be attributed to government's lack of support of these organisations. However, these workers choose to minimize the importance of income when compared to intrinsic outcomes and goals they value more from working. What is most troubling is that a nuanced understanding of MOW in this context highlights that circumstances (such formalized recruitment of poor and vulnerable citizens to volunteer work, systematic non-payment, lack of regulatory organisational support from the government especially during the financial crisis, and scarcity of resources etc.) could have a negative implication for the well-being of workers. This understanding further enlightens us to the things that are important to workers in the AIDS care organisations and helps the government and other funders address the worker's concern. Minimising the importance of these concerns serves a short term retention outcome. However, in the long-term , health and wellbeing is affected, long-term attrition looms and outreach programmes collapse. This, in

turn has grave implications for service delivery to the wider society greatly in need. My overall argument is simple; there is need for critical attention around the concept of MOW and its consequences, in order to influence policies that help safeguard the health and welfare of AIDS care workers and force government to play a more active and appropriate role in this regard.

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## APPENDIX A: TOPIC GUIDE

MOW TOPIC GUIDE			
THEME	QUESTION	FOLLOW-UP	PROBE
Background	Tell me a little about your job		
Work centrality	How important is your work that you do here?	<ul style="list-style-type: none"> <li>• What are the things that make working here important to you?</li> <li>• What makes you value work the way that you do?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Personal</i>: career?</li> <li>• <i>Family</i>: Dependencies, woman responsibility</li> <li>• <i>Cultural values</i>: how is working here viewed in your community?</li> <li>• <i>Labour market</i>: how easy is it to get another job?</li> <li>• <i>Crisis</i>: from your view, how have these financial problems affected the way you value work?</li> </ul>
	How important is your work when compared to other important things in your life?		Rank work amongst <ul style="list-style-type: none"> <li>• Leisure</li> <li>• Religion</li> <li>• Community</li> <li>• Family?</li> </ul>
Societal Norms	What do you think are your obligations when working?	<ul style="list-style-type: none"> <li>• What do you think that you should do?</li> </ul>	
	What do you feel you are entitled to when working?	<ul style="list-style-type: none"> <li>• What does the community expect from you from working here?</li> </ul>	
Work outcomes and goals	Describe the things you value the most about working?	<ul style="list-style-type: none"> <li>• What are the things you get from working?</li> <li>• What do you aim to get from working?</li> </ul>	<ul style="list-style-type: none"> <li>• [e.g. Income, interesting contacts, satisfaction, status and prestige, promotion]</li> <li>• How has the crisis affected your outcomes and goals?</li> </ul>

Attachment to work	If some working benefits were rationed/decreased, what would make you continue working?	<ul style="list-style-type: none"> <li>Is working more important during financial difficulties? Why?</li> </ul>
	If all financial benefits of working would be taken away, what would make you continue working?	
Conclusions	How important is working to you in general?	<ul style="list-style-type: none"> <li><i>Personal</i>: career?</li> <li><i>Family</i>: Dependencies, woman responsibility</li> <li><i>Cultural values</i>: how is working here viewed in your community?</li> <li><i>Labour market</i>: how easy is it to get another job?</li> <li><i>Crisis</i>: from your view, how have these financial problems affected the way you value working?</li> </ul>
	In what ways has the financial challenges affected you and your family?	<ul style="list-style-type: none"> <li>How have you been coping?</li> </ul>
	In your own view how do you think the crisis has affected your organization?	<ul style="list-style-type: none"> <li>What has been happening due to financial challenges?</li> </ul> <p><i>Incentives rationed/ended, restructuring of workers, decreasing services of the organization</i></p>

## APPENDIX B: INFORMED CONSENT FORM

Good Morning, /afternoon/evening, my name is Ms Siphokazi Joy Ntetha. I am a Masters student in the School of Psychology, University of KwaZulu-Natal, 4041, Durban, South Africa. I am conducting research on the Meaning of working in the context of the financial crisis. I would speak to you only if you agree to speak with me.

This discussion will take about 40 minutes-1 hour. I will ask you to talk about the ways in which the financial crisis has impacted on your organisation and consequently the ways in which you value your work. Furthermore, I will like to gain insight on the meanings you attribute to working generally and particularly working in AIDS care. I will need your permission to use an audio-tape recorder to capture our discussion.

All information that you give will be kept confidential. The information collected will be stored in my supervisor's office and only research assistants working with me on this project will have access to it. Information will be used for research purposes alone and raw data will be destroyed as soon as the study is completely over. Also, we will not use your actual name or designation in reporting the findings of the study but will use disguised name to make sure that no one links the information you have given us to you.

You will not be given any monetary payments for participating in the study but your

department/ organizations/ community/ the government will benefit from this study immensely. The results will help us to understand the challenges encountered by your organisation in carrying out effective home-based care- the problems that your organization has in accessing funding for home-based care and raise awareness of funding guidelines provided by the government.

Your participation in this study is voluntary and you have the right not talk to us if you do not want to. If you agree to take part in the study, we will ask you to sign a form as an indication that we did not force you to participate in the study. Please note that you will not be at any disadvantage if you choose not to participate in the study. You may also refuse to answer particular questions if you don't feel comfortable answering them. You may also end the discussion at any time if you feel uncomfortable with the interview. In case you want to withdraw information given after the interview, you can call me on 072 243 5504 (Ms S. J. Ntetha) or my research supervisor (Dr. O. Akintola) on (031) 260 7426.

## Declaration

I \_\_\_\_\_ have read the information about this study and understand the explanations of it given to me verbally. I have had my questions concerning the study answered and understand what will be required of me if I take part in this study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*IsiZulu Version*

### Incwadi Yemvume

Mina, \_\_\_\_\_ Sengfundile mayelana nokuqukethwe inhlobo. Ngiyaqonda izincazelo zenhlobo njengoba ngazisiwe futhi ngachazelwa ngazo ngomlomo. Isiphenduliwe imibuzo yami ngalenhlobo, ngakho ngiyaqonda ukuthi yini ebhekeke kimina uma ngiba yingxenywe yalenhlobo.

Signature \_\_\_\_\_ Usuku: \_\_\_\_\_

# APPENDIX C: ETHICAL CLEARANCE

## LETTER



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21 July 2011

**Ms S Ntetha (207504676)**  
School of Psychology  
Faculty of Humanities, Development and  
Social Sciences  
Howard Collge Campus

Dear Ms Ntetha

**PROTOCOL REFERENCE NUMBER: HSS/0590/011M**

**PROJECT TITLE: The meaning of working in the context of the global financial crisis: The case of paid workers within AIDS-care organisations in the Durban Metropolls**

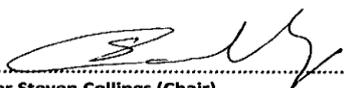
In response to your application dated 15 July 2011, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

  
.....  
**Professor Steven Collings (Chair)**  
**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE**

cc. Supervisor: Dr O Akintokla  
cc. Mrs S van der Westhuizen, Post-Graduate Office