

ORIGINAL RESEARCH

Factors Influencing the Well-being of Nurses in Selected Oncology Departments of Tertiary Hospitals in Kerala, India: A Qualitative Study

Factores que influyen en el bienestar del personal de enfermería de departamentos de oncología de hospitales terciarios seleccionados en Kerala, India: un estudio cualitativo

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Abstract

Introduction. The well-being of nurses in the field of oncology is paramount, both for the individuals themselves, also for the healthcare system. The purpose of this study was to comprehend and investigate nurses' experiences in the field of oncology, to understand the factors influencing their well-being. **Methods.** Between January 1, 2023, and April 5, 2023, a descriptive qualitative design was employed to gather data from individual in-depth interviews with eleven nurses working in the oncology department of a tertiary care hospital in Central Kerala, South India. Participants were selected and recruited based on inclusion criteria and purposive sampling techniques. A semi-structured in-depth face-to-face interview was conducted to obtain the data. Codes were identified, patterns analyzed, and themes were recorded using the Colaizzi approach, 7 steps of thematic analysis. **Results.** The mean experience of the participants in the oncology department was 6.2 years and all were females. Two main themes that emerged from the analysis were Roadblocks to well-being and Concerns with satisfaction. Additionally, four sub-themes under the first theme and six under the second were identified, providing a nuanced understanding of the challenges faced by these nurses. **Conclusion.** The study's nurses battled occupational stress as well as physical and psychological issues, which can even reduce their quality of life. The results of this investigation provide valuable primary data for developing bio-psycho-social skill interventions for health professionals' well-being in the oncology department.

Keywords: Kerala, Oncology Nurse, Qualitative, Stress, Well-Being

Resumen

Introducción. El bienestar de las enfermeras en el campo de la oncología es primordial, no sólo para las propias personas, sino también para el buen funcionamiento del sistema sanitario. El propósito de este estudio fue comprender e investigar las experiencias de las enfermeras en el campo de la oncología, específicamente para entender los factores que influyen en su bienestar. **Métodos.** Entre el 1 de enero de 2023 y el 5 de abril de 2023, se empleó un diseño cualitativo descriptivo para recopilar datos desde entrevistas individuales en profundidad con once enfermeras que trabajaban en el departamento de oncología de un hospital de atención terciaria de Kerala Central, en el sur de la India. **Resultados.** Su experiencia media en el servicio era de 6.2 años, todas eran mujeres. Del análisis surgieron dos temas principales: los obstáculos para el bienestar y la preocupación por la satisfacción. Conclusión. Las enfermeras se enfrentan al estrés laboral y problemas físicos y psicológicos que pueden llegar a afectar su calidad de vida, estos datos primarios son valiosos para el desarrollo de intervenciones de habilidades biopsicosociales para promover su bienestar.

Palabras clave: Kerala, enfermera oncológica, cualitativo, estrés, bienestar



Introduction

As cancer has become the leading cause of death worldwide, oncology nursing has an important role in coping with this non-curable disease.¹ Globally this disaster causes nearly 10 million deaths according to WHO statistics from 2020, which indicate a greater number of cancer diagnoses occurring each year in an uncontrolled manner.² Meanwhile, the incidences of cancer in males and females in India are 94.1 and 103.6 per 100,00, respectively, and these high numbers set off an alarm for the future of both populations and healthcare.³ This data shows how oncology nursing must be involved to make an effective change in the health sector, in order to have an impact globally.^{1,4}

The demanding and emotionally charged environment of oncology departments poses unique challenges to healthcare professionals, particularly nurses, who have a pivotal role in providing comprehensive care to cancer patients.⁵ The well-being of nurses in this specialized field is paramount, not only for the individuals themselves but also for the proper functioning of the healthcare system.^{6,7} True, various studies on nurses have been undertaken around the world, but very few have focused on oncology nurses in Kerala, India.

This descriptive qualitative study explores the multifaceted factors that influence the well-being of nurses working in the Oncology Departments of Tertiary Hospitals in Kerala. By adopting this approach, the research aims to capture the essence of the factors shaping their experiences, providing a qualitative depth that can inform targeted interventions and contribute to the broader discourse on healthcare workforce well-being.

Research Methodology

Study design, samples, and setting

Descriptive qualitative design served as the foundation for this study's philosophical framework and research design.⁸ To reveal the true

essence of the situation, it is necessary to avoid the preconceived ideas that investigators may have about the phenomenon (bracketing). To gain a thorough understanding of the essence of oncology nurses' well-being, this study used Colaizzi's phenomenological research method, which is inductive.⁹ The study also complied with the Consolidated Criteria for Reporting Qualitative Research guidelines for qualitative research.¹⁰ The question of this study is, "What are the influencing factors which can affect the overall well-being of nurses in oncology departments?"

Participants were the Eleven nurses in the oncology department of a tertiary care hospital in Central Kerala, South India (Table 1 & 2). Registered Nurses, both males and females, directly involved in the care of patients for at least 6 months in the oncology department, were considered for the study, after consent was obtained and the purpose of the study was shared. Those who were planning for maternity leave, sick leave, and sabbatical leave, or diagnosed with medical/psychiatric illness, working as a trainee, confirmed leaving the job at the time of recruitment to the study, and undergoing any alternative therapies were excluded.

Data collection and analysis

Data was gathered using purposive sampling (n = 11) through in-depth interviews conducted between January 1, 2023, and April 5, 2023. Depending on the nurse's convenience, the investigator performed in-person interviews. The interview guidelines were piloted before the main study. Prior to interview, the investigator introduced himself and provided a relaxed environment. Interviews commenced with an open-ended inquiry: "How can you express your well-being as an oncology nurse?" to allow participants impromptu responses, encouraging them to thoroughly express their experiences. The interviews took between thirty and forty-five minutes, and are audio recorded, and field notes were written at the same time. Data saturation was

used to establish the sample size.¹¹ Following the eleventh in-depth interviews, the primary investigator determined data saturation.

Table 1. Demographic variables of subjects

Demographic variables		Number (n)	Percentage (%)
Gender	Female	11	100
	Male	0	0
Age in years	35 and less	9	81.8
	More than 35	2	18.2
Marital status	Married	10	90.9
	Single	1	9.1
Type of family	Nuclear	10	90.9
	Joint	1	9.1
Number of family members	4 and less	9	81.8
	More than 4	2	18.2
Number of children	2 and less	10	90.9
	More than 2	1	9.1

Source: all tables use our primary data.

The Colaizzi's seven-step descriptive phenomenological technique (transcribing description, extracting statements, creating meaning, building themes, developing description, identifying phenomenon and returning for validation) served as the basis for data analysis.⁹The researcher transcribed the interview information verbatim within a day of each interview. The memorandum and the transcripts from each participant's interview were utilized for the data analysis. Two qualitatively qualified nursing researchers separately analyzed the data. The study was validated by getting input from two participants. Being mindful of Husserl's "bracketing," the researcher attempted to remain detached from their opinions, sentiments, and point of view regarding the phenomena and the data's substance during the entire data analysis process.¹²The work was evaluated for trustworthiness using the four criteria proposed by Lincoln and Guba.¹³

Table 2. Occupational variables of participants

Occupational variables	Number (n)	Percentage (%)	
Education	GNM	3	27.3
	PBBSc	5	45.4
	BSc	3	27.3
Experience in the oncology department	4- 6 years	7	63.6
	More than 6 years	4	36.4
Annual income	Less than 3 lakhs	11	100
Work shift (same schedule for all staff)	2 weeks day duty / month		
	1 week noon duty / month		
	1 week night duty / month		
Work-related injuries	Nil	11	100
Department – oncology	Medical oncology	7	63.6
	Radiation oncology	2	18.2
	Chemotherapy unit	2	18.2
Type of employment	Permanent	4	36.4
	Contract basis	7	63.6
Participation in skill development program	Nil	11	100

Results

Two main themes were identified after data analysis, and they are Roadblocks to well-being and Concerns with satisfaction. Sub-themes were also identified in these main themes. Contributing factors from their experiences were extracted from their descriptions and are also included in the findings.

Roadblocks to well-being

The general well-being of nurses affects their physical and mental health, sense of purpose and fulfillment in their work, professional satisfaction, and level of involvement with their work. The in-depth interview effectively captures the challenges and stressors they face, such as the emotional toll of witnessing patients suffering, high job stress due to workload and staffing issues, and coping strategies which are not practiced or are less effective.

Job stress

The job stress, akin to an invisible chain, creates a pervasive sense of pressure, encapsulating the participants in a challenging yet fulfilling journey. They describe the difficulty of navigating their roles without a guaranteed sense of safety. The challenge lies not only in the physical aspects of their duties but also in the psychological strain of constantly being on edge.

I can explain that I am facing a lot of tension sometimes due to the extra demand from my job. There were events where I was shouted at in front of everyone. I even thought of quitting my job, but this institution is very near to my home. So, I decided to stay... (Participant 2)

Emotional toll

The poignant recollections shared by the samples provide a glimpse into the emotional challenges faced by healthcare professionals as they navigate the complexities of patient care. They reflect on the profound impact of losing a young patient to cancer, a battle that stretched over a significant period. The inability to save the patient despite exhaustive efforts left a lasting emotional scar, and the participants described the experience as emotionally draining and deeply affecting.

One that comes to me is the time we lost a young patient who had been fighting cancer for a while. Despite all our efforts, we couldn't save him, and it hit me hard emotionally. It made me emotionally drained and affected me deeply. (Participant 1)

Workload and Staffing Issues

Participants articulate the ongoing struggle to carve out time for breaks and self-care amidst the demanding nature of the job. They mention their compromised ability to handle situations effectively, and the plea for adequate rest emphasizes the toll that a lack of reprieve can take. Despite these challenges, a hopeful perspective is maintained regarding the overall working environment, exemplified by a pleasant outlook.

It is challenging to find time for breaks and self-care. Otherwise, can handle the situation. But if I am not getting adequate rest, I get tired.

Otherwise, the working environment is fine, I hope. (Participant 11)

Coping strategies

One person recognizes the brief nature of stress and seeks support and relief through open communication with a supportive spouse. This open sharing of problems provides momentary respite, and the humor in acknowledging that everything will turn upside down on the next duty day lends a lighter perspective to the challenges encountered.

Stress will come and go. My husband is very helpful. I am so talkative, so I talk about all the situations with him. So eventually I tell him about my tension. That helps, but the next day on duty everything is upside down again. Is there any remedy, Sir? Besides that, I never do any [stress management] techniques (Participant 8)

Concerns with satisfaction

The participants expressed a shared sense of fulfillment derived from helping cancer patients and being part of their recovery journey, although concerns emerged that impacted overall mild to moderate satisfaction. Resilience is evident as nurses continue to provide care despite the challenges. The nurses' collective voice emphasizes the necessity of addressing these concerns to ensure satisfaction and enhance the well-being of oncology nurses.

Sense of Fulfillment

The introspective journey of the participants unveils a personal struggle and a deliberate effort to find self-satisfaction in a chosen path. Acknowledging personal issues and the difficulty of getting along, the individual expresses a commitment to persist despite the challenges of a busy schedule. The phrase "I know how difficult it is to get along" hints at a profound self-awareness, suggesting that the chosen path might be intricately connected to personal growth and overcoming obstacles.

I tried to be self-satisfied, because I had a different view. I had personal issues with myself related to this area. So, I know how difficult it is to get along.

So, I chose this. Even though I struggle with my busy schedule still I go on... (Participant 5)

Camaraderie and Support

While expressing gratitude for having a good friend group, the participant candidly notes a gap in the expected level of support. The certainty in their statement underscores the observation that, despite the presence of friendships, the support network among colleagues falls short of ideal expectations. Everyone grappling with their pressures resonates with the common challenges, creating a complex web of experiences.

I have a good friend group here. But the support that I received from them wasn't as strong as I expected. I know it's because we all are dealing with our pressures, and there are times when it feels like we are competing rather than collaborating. (Participant 2)

Resilience

With evident emotion, participants describe the unwavering commitment to providing 100% emotional support and strength to patients. This emotional resonance suggests a profound sense of empathy and connection, underscoring the emotional resilience needed to consistently offer support despite the lingering impact of patients' stories.

I used to give 100 percent emotional support and strength to them. But when we know more about them... Some days, it feels like their pain lingers long after I've left the hospital. (Participant 3)

Health Concerns

The impact of long hours of standing and the physical exertion of lifting patients is high sometimes. The matter-of-fact tone suggests a stoic acceptance of the challenges posed to physical health in the pursuit of providing patient care. The absence of expressions perhaps mirrors the resilience required to navigate these physical strains without overtly expressing the associated difficulties.

Yes... occasional back pain and muscle strains. Long hours of standing and lifting patients have

put more strain on my physical health. (Participant 4)

Sleep Difficulties

The participant acknowledges the impact of work-related stress and worries on their ability to sleep, indicating a mind that often races with thoughts. The second revelation adds a degree of vulnerability as the participant discloses occasionally resorting to sleep medications for a more restful sleep.

Yes, I have experienced sleeping difficulties with my work. The stress and worries often keep my mind racing. She again reported, *"Honestly speaking, sometimes I used to take sleep medications, and my husband knows this.* (Participant 11)

Family Conflicts

The confusion expressed about the unpredictability of colleagues' schedules adds a layer of complexity to plan family time. The feeling of unpleasantness, when important family events coincide with work commitments, reflects the emotional toll of such conflicts, while some participants paint a more positive picture about family.

My working hours sometimes cause conflicts with my partner, as it becomes challenging to plan family time. Other staff may take emergency leave, sick leave, quit jobs, etc. these all things. All issues start when a function comes. It's tough to miss important family events or gatherings due to work commitments. (Participant 3)

Discussion

This study highlighted two themes and 10 sub themes from nurses' experiences. (Figure 1) The first theme captures the challenges and stressors the staff nurses face during their working hours, and after. A related study's findings suggest that nurses who work in oncology department face difficulties in handling the psychological fallout from death of patients. While providing end-of-life care, these nurses experience death, which has an emotional impact on them and has an impact on their work as caregivers both favorably and adversely.¹⁴

The ongoing pressure of work-related stress serves as an invisible anchor, engulfing people in a taxing yet fulfilling experience. Workload and providing care for the terminally ill are the leading causes of stress.¹⁵ Healthcare workers discuss the difficulties they have in carrying out their responsibilities when there is no assurance of security. The challenge goes beyond the exertions of their jobs; it also includes the psychological cost of always feeling nervous.¹⁶

Despite exhaustive efforts, the inability to save the patient leaves a lasting emotional scar; the experience is described as deeply affecting.¹⁴ Another significant aspect revealed in participants' narratives is the unique bond formed with a patient who not only exhibited friendliness but also shared personal dreams and aspirations.¹⁷

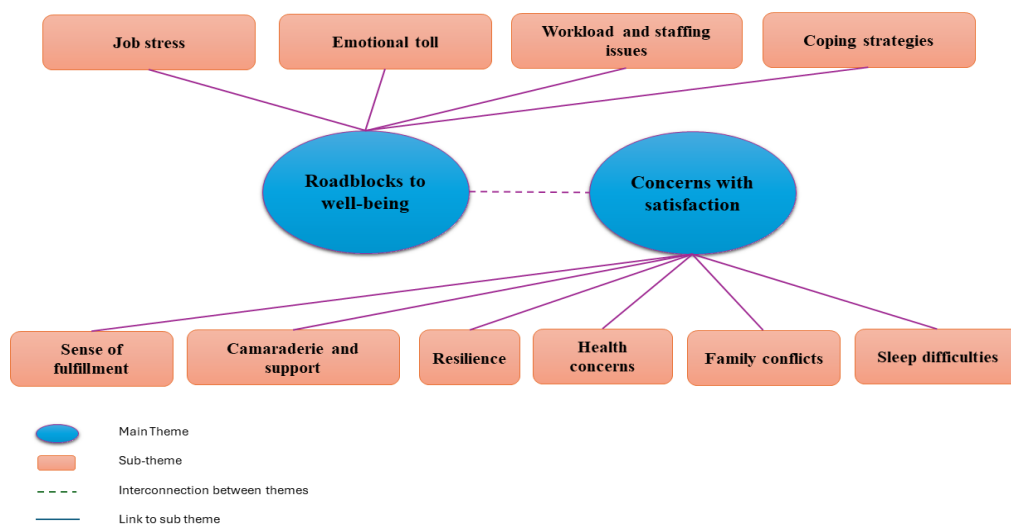
Participants outlined the struggle to take time for breaks and time for themselves because of the demanding nature of the job. Regrettably, obstacles to building a strong oncology nursing workforce involve shortages in nursing staff, hurdles in recruitment, and the prevalence of burnout.¹⁸ Instances of external challenges encompass a shortage of faculty in oncology nursing, media portrayals of nurses that lack respect, misunderstandings within the community

regarding the curability of cancer, and the risks associated with cancer nursing.¹⁹

Nurses used a variety of coping mechanisms to deal with the psychological fallout from patient losses, such as reflecting on the meaning of life and death, repressing their feelings of sadness, and growing more empathetic toward others.¹⁴ A similar study found that nurses delivering palliative and end-of-life care to such patients face challenges due to their professional experience. Additionally, they undergo diverse learning experiences, relying on team cohesion and training as essential coping skills.²⁰

The second theme, Concerns with Satisfaction, showed a shared sense of fulfillment derived from helping cancer patients and being part of their recovery journey. Participants on an introspective journey face personal struggles and a deliberate pursuit of self-satisfaction in their chosen path. Although they struggle with personal issues and the difficulty of getting along, there's a resilient commitment to persist amidst a busy schedule, reflecting profound self-awareness and a connection between the chosen path and personal growth. Oncology nurses frequently suffer compassion fatigue, burnout, satisfaction and fulfillment as psycho-social implications of their work environment.²¹

Figure1. Themes and Subthemes



Primary gaps were identified as disparities between the perceived responsibility and actual practices of oncology nurses in delivering survivorship care. Key hindrances reported by oncology nurses included a shortage of time, knowledge, and skills, significantly impeding the provision of survivorship care.²² The well-being of new nurses can be adversely affected by the effects of the impostor phenomenon and burnout.²³

Their desire to strengthen their inner fortitude and better themselves via introspection is evident in the four themes of "self-development based on one's inner self, "fostering a positive attitude towards life, developing personal strategies for overcoming adversity," and "building professionalism to become a better nurse."²⁴ This emotional resonance highlights the emotional fortitude required to continuously provide support despite the enduring effects of patients' tales. It also demonstrates a deep sense of empathy and connection.²⁵ The idea of fighting uphill battles all the time captures the difficult nature of their situations. This image emphasizes the ability to endure and persevere in the face of ongoing hardships, underscoring the fortitude needed to manage emotionally taxing situations.²⁶

Health concerns, like strain on the back and shoulders, headache, and fatigue are the complaints commonly caused by stress. Periodic fatigue and headaches attributed to work-related stress emphasize the interconnectedness of physical and mental well-being in the healthcare profession.⁶ The health of healthcare professionals is frequently jeopardized by issues such as job discontent, burnout and high rates of depression.²⁷

Sleep challenges in healthcare work, attributing difficulties to work-related stress and racing thoughts are common findings. The night shift workload has emerged as a concern for occupational health, leading to chronic diseases, metabolic risk factors, and adverse effects on sleep health.²⁸ Similar findings from a study synthesized into three parts include: i) The "Other" Shift: the uniqueness of night nursing; ii) Balancing sleep and life aspects during night work; iii) Navigating the Twilight Zone: nurses combat the impact of sleep deprivation to ensure safety for patients, themselves, and others.²⁹

Participants experienced difficulties brought on by erratic work schedules, which can cause arguments with their spouses. In a supportive study, evidence reveals that dealing with challenging family dynamics is a common cause of stress for oncology nurses, but they are often given little information on how to form an effective relationship with families in these situations.³⁰

Limitations

In this study, a descriptive qualitative approach was used to investigate the wellbeing of oncology nurses. On one side, there aren't enough male employees in the oncology department and on the other side, we were obliged to omit several participants due to exclusion restrictions. Notwithstanding these drawbacks, it is remarkable that this research contributed to a better understanding of nurses' well-being when caring for cancer patients in oncology units.

Conclusions

This study is noteworthy since it used a descriptive qualitative research approach to examine and categorize the well-being of cancer nurses. The results of this study provide valuable primary data for creating interventions that are appropriate for the well-being of health professionals. The initial themes and subthemes brought attention to the significant need for more attention on these matters. This study highlights the need for cancer nurses because there isn't much of a specific interest in them, specifically in Kerala. It is also advised that future researchers develop and implement mental health recovery programs, especially for the nurses in this study, since they faced both physical and mental health issues.

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