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Nursing Care in Patient with Advanced Cancer: The Experience of the Adult Oncology Unit of Lomé

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Abstract

Background: Cancer patients suffer physical, psychological, spiritual, and social pains, especially in the advanced stage. Nurses spend more time with patients than any other healthcare team member. This study aimed to assess nurses' behavior and care experiences in patients with advanced cancer and explore patients' perceptions of nursing care. Methods: A cross-sectional study was conducted with eight nurses and thirty patients with advanced cancer hospitalized in the oncology unit at Sylvanus Olympio Teaching Hospital of Lomé from July to August 2020. Results: The mean age of nurses was 34.3 years ranging from 23 to 48 years. There were five men (62.5%) and three women (37.5%). The mean duration of working in oncology nursing of all was less than two years. Only one nurse has training in palliative care. Stress (100%), sadness (100%), and fear (50%) were the most frequently expressed feeling of nurses. The frequently expressed difficulties were the lack of training in palliative care (87.5%), insufficiency of nursing staff (75%), and helplessness in front of the patient's distress (75%). Among the thirty patients, were 22 women (72.7%) and 8 men (27.3%). The needs expressed by the patients were psychological support (n = 11; 36.7%), pain relief (n = 10; 33.3%), and moral support (n = 9; 30%). Most of the patients (73.3%) affirmed that nurses did not inform them well about their disease. Three (10%) were very satisfied with the care provided, 23 patients (76.7%) were satisfied and 4 (13.3%) were unsatisfied. Conclusion: This study revealed that nursing care in Togolese patients with cancer faces many difficulties and there is a need for providing specialized oncology nursing.

Keywords

Nursing Care, Cancer Patient, Oncology, Togo

1. Introduction

Cancer is an important public health problem worldwide with 19.3 million new cases and 10 million deaths in 2020. The burden of the disease is increased especially in low- and middle-income countries [1].

In Togo, more than 5000 cancer news cases were diagnosed in 2020 [2]. Like in other sub-Saharan African countries, most of the Togolese patients presented with advanced-stage disease [3]. More than 3500 cancer-related deaths were in the country in 2020 [2].

Cancer patients suffer physical, psychological, spiritual, and social pains [4]. Patients with advanced diseases cannot be cured. The objective of the management of these patients is to improve their survival and quality of life through symptom control.

Nurses spend more time with patients than any other healthcare team member. They play a critical active and very important part in controlling cancer patients' pain and alleviating suffering [4].

Although oncology nursing is a well establish specialty for nurses in the developed world, the same does not apply to Africa [5]. Since nurses are the most important part of the caring process, evaluating their experiences in different communities can provide a more comprehensive understanding of the concept of care [6]. Thus, previous studies have reported nurses' lived experiences in many parts of the world [6] [7] [8]. In a study, Nwozichi *et al.* described the challenges of providing holistic oncology nursing care in Nigeria [9]; and Mapoto *et al.* reported the psychological experience of the nursing staff in Cameroon [10]. Another study focused on the importance of the role of nursing in cancer treatment in Africa [11]. In Togo, nurses form the majority of the health-care workforce. However, no study has assessed the care experience of nurses in oncology.

The aim of this study conducted in the first adult oncology unit in the country was to assess nurses' behavior and care experiences in patients with advanced cancer and to explore patients' perceptions of nursing care.

2. Methods

2.1. Setting

This is a cross-sectional study conducted in the oncology unit at Sylvanus Olympio Teaching Hospital of Lomé from July to August 2020. This hospital constitutes a national reference center of the country. The adult oncology unit has a ten-bed capacity and was created in January 2019.

2.2. Participants

This study was conducted with all the nurses (male and female) working in the oncology unit during the study period who voluntarily agreed to participate in the research.

The inclusion criteria for patients were: 1) patients with advanced cancer who were aged \geq 18 years, 2) informed about their cancer diagnosis, 3) admitted to the unit for treatment, 4) assessed by the medical staff to be mentally and physically able to participate in the study. All the patients provided informed consent to participate.

2.3. Data Collecting

The purposive sampling technique was employed to select participants who met the inclusion criteria. Data were collected over four weeks between July and August 2020. The survey instrument was developed from various resources from the literature review. The questionnaire created for this study to obtain socio-demographic and clinical information, perception of nursing care, and the nurse's behavior were applied to the patients.

Another survey containing socio-demographic information, number of years of working in nursing, duration in oncology nursing, training in palliative care, care provided to patients, emotions, and encountered difficulties at work was applied to the nurses.

2.4. Ethics

The ethical aspects were respected, and the study was approved by the ethics committees of the hospital. Participation in the study was voluntary and anonymous. Oral and informed consent was given by all the participants.

2.5. Statistics

Statistical analysis and data processing were performed with the software SPSS version 20. This study performed a descriptive statistical analysis. Descriptive data were presented as frequency and percentage and mean where appropriate.

3. Results

This study was conducted with eight nurses working at the unit of oncology and 30 patients with advanced cancer hospitalized during the study period.

3.1. Nurse

3.1.1. Nurses' Characteristics

The mean age of nurses was 34.3 years [range 23 - 48 years] and half of them (50%) were aged between 20 - 30 years. There were five men (62.5%) and three women (37.5%). The mean duration of working in nursing was 8 years [range 1 - 15 years] and the majority of nurses (62.5%) have a professional experience between 5 and 10 years. The mean duration of working in oncology nursing of all was less than two years. Only one nurse (12.5%) has training in palliative care. **Table 1** shows the demographic characteristics of nurses.

3.1.2. Nursing Care, Nurses Behavior, and Difficulties

According to all the nurses, caring consisted of the administration of the treat-

ment prescribed for the patient and hygiene care. Only half of the nurses (50%) have integrated the evaluation of pain and psychological support of patients in their nursing practice.

The most frequently expressed feeling of nurses in first contact with patients with advanced cancer was anxiety/stress (100%), sadness (100%), and fear (50%).

The frequently expressed difficulties were the lack of training in palliative care (87.5%), insufficiency of nursing staff (75%), helplessness in front of the patient's distress (75%), misunderstanding with the patient (62.5%), and lack of material resources (37.5%) (**Table 2**).

Table 1. Demographics characteristics of nurses (N = 8).

n (%)
5 (62.5)
3 (37.5)
34.3
4 (50)
3 (37.5)
1 (12.5)
8
1 (12.5)
5 (62.5)
2 (25)
1 (12.5)
7 (87.5)

Table 2. Difficulties expressed by the nurses N = 8.

Variable	n (%)
Lack of training in palliative care	7 (87.5)
Lack of nursing staff	6 (75)
Helplessness in front of the patient's distress	6 (75)
Misunderstanding with the patient	5 (62.5)
Lack of material resources	3 (37.5)

3.2. Patients

3.2.1. Patients Characteristics

The mean age of patients was 50.6 years, ranging from 21 to 75 years. Most of them (33.3%) were in the age group of [60 - 70 years[. Among the thirty patients, were 22 women (72.7%) and 8 men (27.3%). Almost half of the patients (45.7%) were married and the majority (53.3%) had secondary-level education. Among the thirty patients, ten (33.4%) were admitted due to a diagnosis of gynecologic cancer. The other frequent cancers were breast cancer (n = 9; 30%), prostate cancer (n = 4; 13.3%), and digestive cancer (n = 4; 13.3%). All the patients were in the advanced stage of their disease and all were on treatment by chemotherapy. None was at the end of life.

3.2.2. Patients' Feelings, Needs, and Perception of Nurse Caring

The patient's feelings about the cancer disease were despair (n = 13, 43.3%), the feeling of abandonment (n = 7; 23.3%), and fatigue (n = 5; 16.7%). Five patients (n = 5; 16.7%) were confident in their healing.

The needs expressed by the patients were psychological support (n = 11; 36.7%), pain relief (n = 10; 33.3%), and moral support (n = 9; 30%).

The patient's perception of nursing care was explored by three items: the information about the disease by the nurse, the availability of the nurse when needed, and the satisfaction with the nursing care.

Most of the patients (73.3%) affirmed that nurses did not inform them well about their disease. Half of the patients (50%) said nurses were often available when needed. Among the thirty patients, three (10%) were very satisfied with the care provided, 23 patients (76.7%) were satisfied and 4 (13.3%) were unsatisfied. Patients' feelings, needs, and perceptions of nurse caring are summarized in **Table 3**.

4. Discussion

Nursing is an integral part of the health care system and encompasses the promotion of health, prevention of illness, and care of the physically and mentally ill as well as the disabled across all age groups [9]. Caring for patients with cancer demands knowledge and skills beyond basic nursing education [12] [13] [14].

This study aimed to assess Togolese nurses' behavior and care experience in patients with advanced cancer and to explore the patients' perception of nursing care in our adult oncology unit.

The mean age of participants in this study was 34.3 years with half of them aged between 20 - 30 years. This is similar to the mean age reported in the Malaysian nurses [15] but different from the finding from Ghana where half of the oncology nurses have an age range between 36 - 45 years [16]. Most of the nurses (62.5%) in our study were men contrary to Malaysia where nursing is dominated by women [15].

In a study reporting a mean experience of 4.93 years in oncology nursing in Malaysian nurses, Maskor *et al.* [15] showed that nurse experience had a significant

Table 3. Patients' feelings, needs, and perceptions (N = 30).

Variable	n (%)
Patients feelings	
Despair	13 (43.3)
Feeling of abandonment	7 (23.3)
Fatigue	5 (16.7)
Confident	5 (16.7)
Patients need	
Psychological support	11 (36.7)
Pain relief	10 (33.3)
Moral support	9 (30)
Patients' perceptions of nurse caring	
Information about the disease	
Yes	22 (73.3)
No	8 (26.7)
Availability of nurses when needed	
Always available	4 (13.3)
Often available	15 (50)
Sometimes available	7 (23.4)
Not available	4 (13.3)
Satisfaction with the nursing care	
Unsatisfied	4 (13.3)
Satisfied	23 (76.7)
Very satisfied	3 (10)

relationship with competency. Indeed, cancer care nurses with more work experience are more confident with their tasks, and an experienced cancer care nurse makes patients more comfortable. In the current study, all nurses worked in the oncology ward for less than two years. This few years of experience can be explained by the fact that the country's adult oncology unit was recently created.

Successful cancer care requires a team approach and knowledgeable oncology nurses play a crucial role in a functioning team [17]. In a study from Norway, Kvale *et al.* [18] reported that patients regarded knowledge about cancer and its treatment as basic in nursing and took for granted that nurses had this competency. However, the nurse's knowledge of cancer and cancer risk factors signs, and symptoms in many LMICs is low [19] [20] [21] [22]. In this study, the majority of patients (76.7%) were not well informed by nurses about their disease.

The complexity of the need of individuals diagnosed with cancer and their family explain the need for specially trained and educated nurses. Currently, nurses in cancer care in Togo do not have specialized education and training in

cancer care. There are many accredited schools of nursing in Togo, but none offers specialized oncology nursing. Thus, our nurses are inadequately prepared for oncology nursing.

Cancer is a chronic disease that influences all aspects of a person's life. Indeed, patients with cancer experience physical, emotional, psychological, informational, spiritual, and practical needs throughout their cancer experience [5].

The most frequent needs expressed by the patients in the current study were psychological support (36.7%), pain relief (33.3%), and moral support (30%) but only half of the nurses have integrated the evaluation of pain and psychological support of the patient in the daily activities. Most of the time, as reported in a previous study [8], psychological care which is essential for oncology patients is missed out and ignored because nurses tend to stay away from it as they do not know it.

Although nurses of the oncology ward must be familiar with palliative care, only one of the nurses has training in palliative care. There is an urgent need to develop a training program because cancer is a major health problem worldwide and the number of cancer patients is expected to increase in our country over the next years.

The thought and feelings of nurses about patients affect the quality of their care [8]. Caring the patients is stressful: it needed patience, understanding, and sensitivity in rendering service [7]. Among the nurses in different settings of healthcare, oncology nurses suffer from the highest job-related stress as compared to other branches [23]. All the nurse participants in this study complained of stress at work. In a study from Turkey, the majority of the nurses declared that working in oncology increases exhaustion and work stress and it is too hard to give psychological care to these patients [8]. Stress was also expressed by the majority of the nursing staff in Cameroon. This stress had several causes including the high number of deaths, the heavy workload, and the suffering of patients [10].

Other feelings expressed by nurses were fear and sadness. Helplessness against cancer and the poor prognostic of the patient in an advanced stage can explain the feeling of sadness and fear in the nurses. The feeling of helplessness against the disease and its process was also common in Iranian nurses [6].

In a study reported by Nukpedzah [16], the majority of Ghanaian oncology nurses experienced administrative challenges such as time-consuming care, lack of teamwork, inadequate logistics, and a reduced labor force. The same difficult working conditions were expressed by our nurses.

Patient education is important to cancer patients. One of cancer care nurse competencies is to provide relevant information to them [15]. Unfortunately, most of the patients in this study were not well informed by nurses about their disease. However, the nurses were often available when needed.

Patient satisfaction is considered an important aspect of measuring the patient's quality of care [24]. High-quality nursing care is associated with better

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treatment outcomes [25] [26]. In this study, the majority of the patients expressed their satisfaction with the nurse and care. However, other studies or research on the quality of nursing care using scales such as the oncology patients' perception of the quality of nursing care scale (OPPQNCS) and the quality of the oncology nursing care scale (QONCS) must be performed.

5. Limitations of the Study

This study demonstrated interesting observations about oncology nursing care in Togo. However, some limitations should be mentioned such as the small size of the patient's sample and the court duration of the study period. The perception of the quality of care should be further studied to improve patient care.

6. Conclusion

This study revealed that nursing care in Togolese patients with cancer faces many difficulties and there is a need for providing specialized oncology nursing. According to the results of this study, nurses themselves need education and psychological support. The findings from this study can help to plan training and educational programs and to improve the working conditions of nurses in the oncology unit. The findings also show the necessity to provide holistic oncology nursing care to improve the quality of life and satisfaction of patients.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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