

The Psychological Experience of the Nursing Staff of the Medical Oncology Department in Cameroon: Case of the Yaoundé General Hospital

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Abstract

Background: The world of cancer care is an emotional place, given the severity of the disease being treated, the heavy workload, the suffering of patients, and the high number of deaths. The nursing staff who work there may be exposed to constant stress from these factors. This study aimed to explore the psychological experience of the nursing staff of the Medical Oncology Department of the Yaoundé General Hospital. **Methods:** We carried out a cross-sectional study, in June 2017, involving the nursing staff of the Medical Oncology Department of the Yaoundé General Hospital. **Results:** Sixteen out of 18 nurses were interviewed. All had worked in at least one other department prior to Oncology. The number of years of experience in Oncology ranged from less than one year to 13 years. The choice of the Oncology department was involuntary for 100% of the staff; of these, 62% had intentions of changing departments. Twenty-five percent had applied for a change of department, which was unsuccessful. Stress was expressed by 94% of the staff; 93% thought that there was a solution to the stress experienced on a daily basis in the Oncology department. The main solutions proposed to manage this stress were: support for the staff, provision of work materials, and staff training. **Conclusion:** The nursing staff of the Medical Oncology Department of the Yaoundé General Hospital experiences a high level of stress and are in need of solutions.

Keywords

Psychological Experience, Nursing Staff, Medical Oncology Department, Yaoundé General Hospital

1. Introduction

Cancer is a real public health problem and its incidence is continuous and constant rise. With a global incidence of 19.3 million new cases in 2020, cancer was the second leading cause of death in the world with a mortality of about 10 million deaths in 2020 [1]. Cameroon is not left out of this reality with 20,745 new cancer cases and 13,199 cancer-related deaths in 2020 [1]. Cancer refers to any one of a large number of diseases characterized by the development of abnormal cells that divide uncontrollably and have the ability to infiltrate, to destroy normal body tissue and to spread throughout the body [2] [3] [4]. This disease is caused by changes (mutations) to the DNA within cells. The DNA inside a cell is packaged into a large number of individual genes, each of which contains a set of instructions telling the cell what functions to perform, as well as how to grow and divide. Errors in the instructions can cause the cell to stop its normal function and may allow a cell to become cancerous [3]. Faced with the devastating diagnosis of cancer, the patient seeks hope, assistance, and answers from their healthcare providers. The healthcare providers, in turn, need resources to meet the needs of the patients while remaining consistent and balanced in their care and in managing the increasing and suffocating demands that this can cause [5]. In order to cope with this situation, the healthcare provider must filter and set up a good mechanism to manage the negative information they are constantly exposed to, and the demands of the patients [5]. Of note, a poor mental health status in healthcare providers could have a significant negative impact [6]. Delivering bad news, communicating with patients about a life-changing treatment decision, and managing very demanding tasks are some of the challenges that can predispose healthcare providers to burnout [7]. According to Jaffré and de Sardan in 2003, there is a great deal of discomfort experienced by healthcare providers in general and cancer patients in particular [8]. The care provided to patients sometimes leads to forms of attachment. An emotional bond is created, a close relationship between the healthcare provider and the patient, which remains unstable because of the disease, and whose death creates a void that negatively affects the healthcare provider [8]. Moreover, the manner in which patients die and the “management” of this ever-renewed mourning of patients are also major sources of suffering for the nursing staff [9]. Two recent meta-analyses that involved about 9000 oncologists showed that they had high levels of burnout (emotional exhaustion 32% and depersonalization 24%), 27% had psychiatric morbidity (depression, insomnia, and anxiety), 69% felt stressed at work, and 30% had high alcohol consumption [10] [11]. The Medical Oncology Department of the Yaoundé General Hospital is a center of excellence in cancer

care in Cameroon, and offers care services to patients suffering from cancer. The staff there therefore faced with patients at different stages of the disease. They are exposed to the patients' experiences, their suffering, their difficulties, and their daily reality. In Cameroon, a few studies have been conducted on the experience of cancer patients, but there has been no study on the psychological experience of nursing staff in oncology departments [12] [13] [14] [15]. To this end, we sought to conduct a study to describe the psychological experience of the nursing staff in the Medical Oncology Department of the Yaoundé General Hospital.

2. Methods

This was a hospital-based, descriptive study conducted from June 1st, to June 30th, 2017 in the medical oncology department of the Yaoundé General Hospital. We included the nursing staff working in the Medical Oncology Department of the Yaoundé General Hospital during the study period. We excluded nurses who wished to withdraw their participation during the interview. We used a non-probability sampling technique based on consecutive recruitment of healthcare providers who met the inclusion criteria. Data were collected during a semi-structured interview in a consultation room of the Oncology Department. The data were recorded in a standardized, pre-tested interview guide. The data sought were related to the professional characteristics of the nursing staff, the desire to work in the Oncology Department, the existence of stress among the staff as well as the probable causes described, and the proposed strategies for coping with stress. Regarding the professional characteristics of the nursing staff, the professional level, the number of departments previously covered and the number of years of experience in oncology were described. As for the desire to work in the oncology department, the intention to choose the oncology department, the intention to change departments, the reasons for the desire to change departments, and the effectiveness of the request to change departments were sought. The existence of stress and the likely causes described and coping strategies were listed by the nursing staff. Research authorizations and an ethical clearance were obtained from the Institutional Human Health Research Ethics Committee No. 2017/0622/CEIRSH/ESS/MSP. Informed consent was obtained from all interviewees and confidentiality of all information was ensured. Data analysis was done using SPSS version 20 and Microsoft Office Excel 2010.

3. Results

3.1. Professional Characteristics of the Nursing Staff

We interviewed 16 out of 18 nurses, 50% of whom were state registered nurses. There were 3 males and 13 females. The ages ranged from 40 to 53 years. All the staff had worked in at least one other department before the Oncology Department, 43.8% were in their second department. The number of years of experience in oncology varied from less than one year to 13 years, 50% of the nurses had 2 - 3 years of experience (**Table 1**).

Table 1. Professional characteristics of the nursing staff.

Variables	n (%)	
Professional level	State registered nurse	8 (50)
	Licensed nurse	5 (31.3)
	Nursing aide (auxiliary)	3 (18.7)
Number of departments previously covered	2	7 (43.7)
	3	4 (25)
	4	3 (18.7)
	5	1 (6.3)
	6	1 (6.3)
Number of years of experience in oncology	13	1 (6.3)
	7	1 (6.3)
	4	3 (18.7)
	3	4 (25)
	2	4 (25)
	1	2 (12.4)
<1	1 (6.3)	

3.2. Desire to Practice in the Oncology Department

The choice of the Oncology Department was involuntary for 100% of the nursing staff. The criteria for assignment to different departments in the hospital did not take into account the desire of the staff, but was solely by the decision of the managers. Of the staff, 62% had the intention to change departments. Of those who desired a change of department, 43.75% reported stress in the department as the main reason for the desire. Convinced that their request will be denied, 37% of the staff with intentions to change departments did not apply for this. Of the staff, 25% had applied for a change of department and none of these applications were successful (Table 2).

3.3. Existence of Stress among the Nursing Staff and Causes Described

The existence of stress was expressed by 94% of the nursing staff. The stress had several causes, mainly the high number of deaths followed by the heavy workload (Table 3).

3.4. Stress Coping Strategies

Most (93%) of the nursing staff believed that there were a solution to the stress experienced on a daily basis in the Oncology Department. The solutions proposed here were the psychological support for the nursing staff (62.5%), provision of work materials (31.5%), the continuous training of the staff (25%) and increase in staff number (18.75%) (Table 4).

Table 2. Reasons for desiring to change departments.

Reasons of the desire to change departments	n	%
Stress	7	43.75
Working conditions	6	37.5
High number of deaths	4	25
Heavy workload	2	12.5
Suffering of the patients	2	12.5
Lack of training	1	6.25
Desire for other experience	1	6.25
Cleanliness	1	6.25

Table 3. Causes of stress in the nursing staff.

Causes of stress	n	%
High number of deaths	8	50
Heavy workload	7	43.75
Suffering of the patients	6	37.5
Working conditions	4	25
Lack of equipment	3	18.75
Lack of training	2	12.5
Patient and family pressure	2	12.5
Cleanliness	2	12.5

Table 4. Proposed solutions to the stress found in the oncology department.

Methods of resolution	n	%
Psychological support of the nursing staff	10	62.5
Supply of working materials	5	31.25
Staff training	4	25
Increase in number of personnel	3	18.75
Better patient care	3	18.75
Hygiene and unsanitary conditions	2	12.5
Systematic inter-service rotation	2	12.5

4. Discussion

Our work concerned the study of the psychological experience of the nursing staff in the Medical Oncology Department of the Yaoundé General Hospital. The existence of stress was expressed by the majority of the staff and it was the main reason for the desire to change departments in 43.75% of the staff. The stress had several causes, the main ones being the high number of deaths, heavy workload,

and suffering of patients. Most (93%) of the staff believed that there was a solution to the stress experienced on a daily basis in the Oncology Department. The solutions proposed here were support for staff, provision of working materials, staff training, and increasing in staff numbers. Almost all (94%) of the personnel interviewed stated that stress existed in their working milieu. This percentage is higher than the one found by Nwanya *et al.*, Benamsili *et al.*, and Whippen *et al.* who found 3%, 65%, and 56%, respectively, of burnout in the nursing staff [16] [17] [18]. This difference could be explained by the heavy workload in our context, the very often advanced stage presentation of cancer patients in our context, and the scarcity of psychologists within our health structures [19]. The stress was caused by several interrelated factors. The high number of deaths, presented by 50% of the participants as an important stress factor in the Oncology Department, differs from the 17% found in the literature by Aj *et al.* [20]. This high number of deaths could be explained by the delay in diagnostic and management of patients in our context [19]. The heavy workload found in 43% of nurses was also described as a cause of stress in this study. These results corroborate data from the literature where workload is recognized as a major factor in stress and burnout in various studies conducted in oncology departments [20] [21]. The Yaoundé General Hospital, being a pole of excellence in cancer care in Cameroon, has a huge active patient flow [19]. Furthermore, according to Murali *et al.*, six cohort studies that focused on the impact of mandatory work time restrictions in the United States beginning in July 2003 showed a significant overall reduction in burnout from 62% to 50% among medical residents [22]. To reduce burnout and psychiatric morbidity among clinical oncologists, work overload must be addressed. Work overload and its disruptive effects on family life are considered the most stressful aspect of work for oncology staff [20] [23]. Patient suffering was reported by 37.5% of nurses as a stress factor. This result is similar to that of Whippen *et al.* and Aj *et al.*, who found patient suffering to be a stressor for 36% and 53% of the health providers, respectively [18] [20]. In addition, in Cameroon as in other countries, the oncology department staff deal daily with patients on palliative care patients and those at the end of life [18] [20]. Other factors, although not mentioned in our work, are found in the literature, including insufficient personal time or vacation time, unrealistic expectations, feelings of failure, anger, frustration and feelings of inadequacy, and stress related to other responsibilities in other areas such as administration [20]. The main solutions proposed to alleviate stress in the oncology department were staff support (62.5%), provision of work materials (31.25%), and staff training (25%). These solutions differ slightly from some found in the literature, namely rest, holidays, sport activities, and recreational activities [18] [20] [23] [24]. However, they are also related to others, such as the request for psychosocial support and the realization of a break from the work context [18] [20] [23] [24]. We observed that the solutions proposed in our context are related to the administration, organization and proper functioning of an oncology department. These data are

similar to the solutions proposed by Murali *et al.* [22]. However, individual-based solutions that would improve the mental health of the staff in an oncology department are also important [22]. Psychological support for health care staff which is not yet popularized in our context, could explain the absence of solutions related to mental health in our work and calls for the implementation of a policy of protection of the nursing staff by a psychological support of the nursing staff, by the systematization of the continuous training, and reduction of the workload by the increase of the personnel [19]. Age and gender were not cited by the nursing staff as a source of stress. Indeed, all nurses were of a fairly mature age. In addition, some nurses seemed to see gender as an advantage. For women, femininity was associated with more compassion and for men with more strength in their work.

5. Limitations of the Present Study

Our study was carried out in a single oncology unit in Cameroon, which although being a center of excellence, cannot imply the generalization of our results. Moreover, the extension of this study to the entire medical staff of the oncology department could give us a better insight into the experience of all the healthcare staff of the oncology department.

6. Conclusion

From our research work, which aimed to describe the psychological experience of the nursing staff of the Medical Oncology Department of the Yaoundé General Hospital, it emerged that within our population, the existence of stress was expressed by the majority of the staff. This stress had several causes including the high number of deaths, the heavy workload, and the suffering of patients. Proposed solutions from the interviewed staff to address the stress experienced on a daily basis in the Oncology Department included support for the staff, provision of working materials, training of staff and an increase in staff in view of the heavy workload.

Conflicts of Interest

The authors have no conflicts of interest to declare.

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