DEATH AND DYING: STRESS EMERGE AMONG ONCOLOGY NURSES IN NON-PROFIT ORGANIZATIONS (NPOS)

NOR INTAN SHAMIMI BT ABDUL AZIZ
Universiti Teknologi MARA, Kampus Puncak Alam Selangor, Malaysia
E-mail: intanaziz72@gmail.com

Abstract

Introduction: The nursing career is listed as one of the most stressful jobs. Nurses are faced with stressful times when dealing with the deaths of cancer patients. Since nurses are always exposed to patient deaths, this often leaves them in feelings of grief and pain.

Objective: This paper aims to investigate oncology nurses working in one of Malaysia’s non-profit organizations (NPOs), and identifying a relationship between stress and caring for critically ill patients and deaths in the oncology ward.

Methodology: The correlational method is conducted by researcher to analyze the relationship between variables. Thus, by using the convenience sampling method, several sets of self-administered questionnaires have been distributed to sixty (60) oncology nurses in the ward. In return, eighty-five (85) percent of the total response rate has been effectively marked.

Results: The obtained results gave a remarkable interpretation in the context of this selected NPO. It has contradicted from the normal healthcare environment, which always seems to be highly stressful, challenging and demanding. Obtaining an insignificant end result could be something positive, which can in turn change people’s perception toward the nursing career.

Conclusion: In summary, even though nurses have been identified with high levels of occupational stress, perhaps there is a small number of studies that were conducted in covering the NPO scope of tasks and activities, where, surprisingly, the results are relatively encouraging. Researcher has recognized some additional guidelines for local oncology nurses for their future enhancement.

Keywords- Death And Dying, Stress, Oncology Nurses, NPO, Malaysia.

I. INTRODUCTION

Nurses occupy a particularly interesting position in the provision of health care, where they are the sole intermediary between the doctor and the patient, and are on the front line of health services (Beh and Loo, 2012). In the discovery of nursing responsibilities, there are numerous tasks that might elevate occupational stress among nurses. There may possibly be many personal answers given by the staff based on the experiences they have gone through as permanent nurses in their work environment. In agreement with Milutinovic et al. (2012), occupational stress occurs when the demands of the work environment overpower the capacities of workers to cope with them. Thus, healthcare workers working in hospital settings are exposed to high physical and mental demands, which may affect their fatigue and stress levels, hence, potential repercussions on patient care (Jones et al., 2014).

The oncology ward is among the examples that presents high levels of stress due to critical care for cancer patients. This is supported by Dougherty (2015), who mentioned that oncology healthcare personnel work in an environment that can be both challenging and rewarding. Contact with patients and families can provide professional satisfaction, although the challenges of increasing patient volumes, complex treatment protocols, resource shortages and frequent patient deaths may contribute to occupational stress and burnout. Flynn et al. (2015) also claimed by providing nursing care for cancer patients that it can be emotionally demanding. In addition, they are also expected to serve a pivotal role in providing palliative care to dying patients, as well as their bereaved relatives. Thus, providing care to terminal patients often serves as a source of occupational stress among nurses (Sadeer et al., 2013).

Patient deaths are said to be among the challenges in care for cancer patients. This kind of profession enforces nurses to be prepared mentally and physically, since it involves emotional labor. Nurses will have much impact towards these emotions, because people are sick and in constant need treatment and care. This means that they have been through difficult scenarios with cancer patients, at their worst and at their best; from diagnosis and treatment, cure and palliative, and finally, to end of life care. It is a long journey shared between patients and their health care practitioners (Legg, n.d).

II. LITERATURE REVIEW

Bloomer et al. (2013) identify that nurses’ perspectives for dying patients, alongside the acutely ill, is challenging. Care of a dying patient has a lesser priority, and is under-resourced in terms of staffing and facilities, particularly when dying patients compete for attention with the acutely ill. Prior to the turn of the century, research has shown that many nurses and nursing students face difficulty in dealing with dying patients (Sadeer et al., 2013). Other than that, research has also indicated that caring for terminal patients can result in feelings of distress and burnout by healthcare professionals when
patients die. More recently, Granek and colleagues examined oncologists’ experiences of patient death, and found that both pediatric and adult oncologists experienced grief when patients died, which has impacted them personally and professionally (Granek et al., 2015). Table 2.1 presents a summary of recent researches that have been conducted to investigate the relationship between stress in managing terminally ill cancer patients in ward. All these studies were found to be on the same thought on nurses being stressed out in dealing with deaths of cancer patients, as well as on concern for the patients’ families.

Table 2.1: Summary of stress among nurses in caring for cancer patients and families

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<th>NO</th>
<th>AUTHOR(S)</th>
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<td>2</td>
<td>Sasahara, T., Miyashita, M., Kawai, M., and Kazuma, K. (2013)</td>
<td>Difficulties Encountered by Nurses in the Care of Terminally Ill Cancer Patients in General Hospitals in Japan</td>
<td>The result showed that nurses working at general hospitals have experienced a high degree of difficulty overall while caring for the dying, particularly with communication with patients and families.</td>
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<td>3</td>
<td>Moody, K., Kramer, D., Santizo, R. O., Magro, L., Wyslogrod, D., Ambrosio, J., Castillo, C., Lieberman, R., and Stein, J. (2013)</td>
<td>Helping the Helpers: Mindfulness Training for Burnout in Pediatric Oncology – A Pilot Program</td>
<td>Nearly 100% of the subjects exhibited signs of burnout at baseline and MBC (mindfulness based-course) did not result in any significant improvement in scores in burnout, perceived stress or depression scales.</td>
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Theory of Death Awareness: How Patient Face ‘Discontinuity’ of Life

When patients are diagnosed with stage four of cancer, the transition from a normal life to the unwanted anticipation of a premature death is very difficult. It can lead to feelings of uncertainty, hope and denial. Prompted by personal experiences, the pioneering work by Glaser, B. and Strauss, A. in 1965 in the area of death awareness is important for understanding the foundation of uncertainty and hope (Borneman et al., 2014). In Figure 2.1, both researchers proposed the four levels of death awareness, namely Closed Awareness, Suspicion Awareness, Mutual-pretense Awareness and Open Awareness. Even though there is some additional information made by other authors on this theory, some of them still used this basic concept in identifying levels of death awareness.
III. METHODOLOGY

The researcher has conducted this research among oncology nurses working in the National Cancer Council (MAKNA), with informed permission from the oncology ward management. In brief, MAKNA is a non-profit organization (NPO) that mainly helps poor cancer patients in Malaysia through ninety-two (92) government hospitals. This study aims to analyse the relationship between stress in oncology nurses towards death and dying of cancer patients. As stated by one of the managers, the non-profit foundation has roughly 120 employees. This number was divided based on headquarters, oncology ward and half-way house. There are sixty oncology nurses working in this setting. In order to obtain a good sample size, Krejcie and Morgan’s (1970) table was used purposely for this study; fifty-two are required to respond to the questionnaire. The researcher has developed a self-administered questionnaire that was distributed to all respondents by using the convenience sampling method. As a result, 51 questionnaires have been successfully returned by the nurses, giving an eighty-five (85) percent total response rate.

IV. RESULTS

The researcher conducted the analysis by using the correlation coefficient, and the results are shown in Table 4.1 below. The results demonstrated a linear relationship between stress, and death and dying, of cancer patients among oncology nurses at this NPO. Even though it produced a large figure of standard deviation (SD) and mean for both variables [stress = .50210/2.77; death and dying = .48553/2.92], the outcome seems constructive. Moreover, by referring to the table, the relationship between stress, and death and dying, among oncology nurses at this NPO is not significant, as the data set highlighted a positive correlation r (.219) and a p value of more than 0.05 (.175). The detailed questionnaire comprises four issues, namely: touched on nurse skill in listening to patient impending death story; feel the closeness with the dying patient; to what extent can they accept the patient’s death; and avoidance in caring for dying patients. On average, all of these items were reported with a mean score of 2.93, as illustrated in Table 4.1.

<table>
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<th>VARIABLE</th>
<th>r</th>
<th>P value</th>
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<tr>
<td>Occupational Stress</td>
<td>.219</td>
<td>.175</td>
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*Pearson correlation test, significant at p ≤ 0.05

There are several reasons the statistical data is not associated with the relationship of these variables. Other than a small sample size, the researcher has investigated a quick interview with one of the employees prior to the insignificant results. There are privileges for working in the NPO field. Firstly, they have benefited from an extrinsic good rewards system, e.g., employees’ recognition, salary increment, birthday treats, bonus and company trips. This kind of motivation would definitely boost their level of loyalty and job performance. According to Stumpf et al. (2013), extrinsic rewards are typically administered by the organization, and are not under the direct control of the employee, ranging from pay and benefits, to work location, working conditions and advancement. Other than these rewards, the nurses also have to become involved in the corporation’s social responsibility. Examples of staff engagement are Home Visits, where they have to visit...
poor cancer survivors and patients at home to check patient’s conditions; Home Stay, where they are required to stay in a patient’s house for at least three (3) consecutive days to feel the life of a poor cancer patient; and Health Awareness Campaigns, specifically in cancer cases and to help in Fundraising activities by joining the team to collect as much donations as they can for the continuity to save more lives. This is going back to the basic of CSR where it is considered to be acting in a socially accountable manner (Kapoor and Sandhu, 2010) as the CSR investment is the right thing to do (Smith and Langford, 2011). Last but not least, this NPO has its own professional management, and thus, it does not stretch out any complicated problems, since it does not have to mutually engage in either public or private healthcare institutions. All the factors mentioned above are real-life experiences on why these groups of nurses maintain their work efforts towards cancer patients, rather than move out to join the larger group of nurses working in other healthcare settings in Malaysia.

CONCLUSIONS

In conclusion, despite indicating the high level of stress among oncology nurses in hospitals or medical centres, there are some NPOs that manage to control the stress level of employees by providing them with benefits. In order to help nurses to cope effectively in this situation, the researcher has provided two additional ideas on how to be more efficiently caring for cancer patients. According to Peters et al. (2013), death education is really a need for emotional work, especially for the nurses caring for critical units in hospitals. This is when they need to have the required skills in dealing with both patients and grieving families, since this demands emotional maturity from nurses. Besides, they are also required to learn to avoid discussing emotional issues, thus, maintaining emotional distance. The second idea is to develop a communication training program that will be of benefit, not only to the nurses, but also to their patients (Peterson et al., 2010).

REFERENCES


