



CHALLENGES OF COUNSELLING FOR ONCOLOGY NURSES

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ABSTRACT:

In recent years the case of cancer reported is more than the past. In this situation the nurse staff working in the Oncology department are facing many challenges and problems. Many studies reported that the nurses working in the Oncology department is doing a stressful job. And also it has found that many of the nurses are having anxiety, burnout, and work load and communication challenges. The present study has investigated the level of counselling needs for the wellbeing of the Oncology nurse staff working in the hospitals in the Malabar region. The study aims to understand the socio demographic factors, to know the coping capacity of the respondents to tackle the problems in the Oncology department, to know the possibility of the occurrence of somatoform disorder among the respondents and also to understand the need of any kind of supportive services to the respondents. This study uses descriptive research design. The study uses simple sampling method for selecting samples. The target population is the Oncology nurse staff working in the hospitals in the Malabar region. A questionnaire is used to collect data from the nurses. Data analysed using SPSS. The study shows that there is need for counselling service among the Oncology nurses as they are working in a stressful situation. Sometimes they feel their work is an overload for them. They also facing some emotional challenges during the take care of the patients. The study also reveals that many of the nurses need support to increase their coping capacity. Many of the nurse staff showing somatic symptoms. The Oncology nurses are expecting some supportive services from the hospital management. As the job in the Oncology department is tough there is a significant need of giving counselling to the Oncology nurse staff.



KEYWORDS: *Counselling service. Emotional Stability. Somatoform disorders. Occupational problems.*

INTRODUCTION

Of course nowadays cancer becomes a dangerous and an increasing serious illness which affect both the patient and their loved ones in physical, emotional and economical aspects. While sometimes it becomes a crucial matter or an emotional challenge for the doctors and nurses who treat the patient. Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. In a significant number of cases, the diagnosis of cancer is either preceded by a period of gradual, nonspecific symptoms or discovered by routine screening, and individuals are then thrust into a whirlwind of diagnostic testing, invasive procedures, and complicated treatments with very little warning or opportunity to assimilate their circumstances. Frequently, a multidisciplinary approach to treatment is necessary, requiring patients to engage with numerous medical teams comprising several different specialties, often in different locations. An oncology nurse plays a vital role

in the cancer care treatment. Cancer nurse specialists are registered nurses with an advanced knowledge of oncology and post registration experience in the area of oncology. They usually specialise in a specific tumour area making them clinical experts in evidence based nursing practice within a speciality area. The cancer nurse specialist is a core member of the multidisciplinary team (MDT) and they play a key role in the delivery of the care and treatment that is required for each patient. They provide physical, psychological and emotional support to cancer patients and their relatives (National Cancer Action Team 2010).

REVIEW OF LITERATURE

Literature review refers to all the previous research and scholarship on a particular topic, no matter what discipline is being studied the review is your explanation of what the literature says. A literature review is the synthesis of the available literature regarding the research topic. The synthesis merges the conclusions of many different sources to explain the overall understanding of the topic, thus laying a foundation for both the research question and primary research. Although a literature review will cite sources and should discuss the credibility of the sources included, it is more than an annotated bibliography.

Granek, L, et.al, 2019 study on Mental Health Distress: Oncology Nurses' Strategies and Barriers in Identifying Distress in Patients With Cancer says that, Oncology nurses have an important role in identifying mental health distress; however, the research to date indicates that oncology nurses often do not accurately detect this distress.

The major findings in the study says that, nurses relied on a number of emotional and behavioural indicators to assess distress. Nurses reported that indicators of mental health distress often were expressed by patients or their caregivers. Strategies to identify distress were limited, with nurses reporting that their only method was directly asking the patient. Barriers to identifying distress included patients concealing distress, nurses' lack of training, and time constraints.

Arimon-Pagès, E., Torres-Puig-Gros, J., Fernández-Ortega, P., & Canela Soler, J. (2019). Emotional impact and compassion fatigue in oncology nurses: Results of a multicentre study: The study aimed to assess the prevalence of Compassion Satisfaction, Compassion Fatigue (Burnout and Secondary Traumatic Stress) and anxiety in oncology nurses and the association with demographics, training, work-related conditions, and psychological factors.

The study can summarise that, Continuous demands on oncology nurses' empathy can lead them to experience compassion fatigue, anxiety and a desire to leave the profession. The first study carried out with Spanish oncology nurses shows Compassion Fatigue is highly prevalent. This is related to nurses' desire to change units, leave their profession and has negative implications on staff satisfaction and quality of care. This problem justifies institutions support strategies for these professionals. Compassion Fatigue is linked to oncology nurses' desire to leave their units and profession. Organizational prevention and supportive policies must be a priority to give nurses the skills to cope Compassion Fatigue. Chan, E. A., et.al, 2019, "Nurses' perspectives on their communication with patients in busy oncology wards: A qualitative study". Nurses involved in cancer care are facing ever greater demands and must deliver care more quickly for economic reasons and because of a worldwide shortage of nurses. Currently, many nurses are educated under a biomedical model, with the result that the care that they provide often focuses only on the physical aspect of a patient's needs.

Pehrson, Banerjee asserted that cancer patients have a great need for information and emotional support. However, as these patients do not always disclose their concerns directly to nurses, nurses need to be able to recognize their verbal and non-verbal cues. In addition, there are complex contextual factors that affect the sensitivity of patients and carers to staff attitudes, behaviour, and communication. The failure of health professionals to meet the norms of communication expected by patients during their encounters with them will lead to complaints from patients and significant negative effects on the patients' feelings and subsequent healthcare experiences. Hence, the importance of adequate and effective nurse-patient communication cannot be overemphasized.

Despite the focus on improving 'communication skills' and on determining the optimal timing for nurse-patient communication to occur as part of holistic care, relatively little is known about how nurses articulate their experiences of communicating with cancer patients in a busy environment, especially with regard to psychosocial issues. However, several studies have shown that nurses tend to focus more on the physical than on the psychosocial needs of cancer patients, and that the latter is often not considered part of the routine practice of nursing. We are currently aware of only one study on nurses' perceptions and their strategies for providing oncology care in a time-strapped context. Not only was the quality of care significantly compromised in such an environment, but the nurses also felt an extra emotional burden as they struggled to provide quality care to the patients.

Acknowledging the perspectives of nurses regarding their perceptions of how they communicate with cancer patients and respond to patients' psychosocial needs in a time-strapped environment will shed light on how to improve the quality of oncology care. Despite an increase in emphasis on psychosocial care in cancer nursing, time constraints and nurses' lack of knowledge in skilled communication continue to be challenges.

Leadership and support are needed to deal with the nurses' perception that their communication training has been ineffective and their ability to manage strong emotions deficient. Communication skills, honed by making continuous opportunities to communicate available, as well as an understanding of emotional labour, need to be integrated with mindfulness in the nurses' care of themselves and their patients. Notwithstanding the importance of experience in oncology care for junior nurses, it is necessary for both junior and senior nurses to learn about and reflect upon the different forms of emotional labour if valuebased care is to be provided. In addition, it is essential for junior nurses to receive continuous coaching and mentoring, and to engage in reflective learning from each clinical encounter with oncology patients.

Stanulewicz, N. et.al, 2019 Article on "Effectiveness of Lifestyle Health Promotion Interventions for Nurses: A Systematic Review from International Journal of Environmental Research and Public Health: This study aims to provide an overview and synthesis of the effectiveness of interventions conducted with the goal of improving health, wellbeing and the jobrelated outcomes of nurses. It summarises interventions targeting diet, body composition, PA, or stress are most likely to have positive outcomes for nurses' health and/or wellbeing. The methodologically strongest evidence (RCTs) is available for body composition and stress. Interventions relying solely on educational approaches are least likely to be effective. Organisational outcomes appear to be more challenging to change with lifestyle intervention, likely requiring more complex solutions including changes to the work environment. There is a need for more high-quality evidence since many studies had moderate or high risk of bias and low reporting quality.

Neelam Sharma et.al, 2018, According to the study on Occupational Stress in the Indian Army Oncology Nursing Workforce: A Cross-sectional Study; The results of the study is risk for professional stress was found more among unmarried young respondents of 20–30 years age group. No statistically significant association was found between department of posting and level of stress. Nurses reported that they had no time for rest, of whom 62.96% were suffering from moderate range of stress for a busy professional while only one admitted to have severe stress requiring remedial action. While 82.7% felt that they are able to achieve major objectives in life, 71.6% of them reported that they feel inadequately valued for their commitment at work.

This study concludes that the main nurses' occupational stressors were criticism, feeling of not being appreciated for hard work, and having time for self. This type of assessment should be carried out in all hospitals so that working conditions for this important component of health care can be improved.

Amin, T., et.al 2018, the study on "Effects of Unit Rotation and Role

Stress on Organizational Commitment Among Nurses" says that, Unit rotation effects nurses professionally because frequent rotation increase the issues regarding role stress, burnout and fatigue that occurs because of different work for short period of time therefore, it decreases nurses' commitment level. The purpose of the study was to determine the effects of unit rotation and role stress on organizational commitment among nurses. The findings of this study reveal that nurses take rotation

as challenge and find it a healthy practice for the vast field experience which is a good gesture for the organization. The ultimate goal should be to increase nurses' job satisfaction and encourage them to stay in their career. This would avoid the vicious circle of high turnover, which is

RESEARCH METHODOLOGY

TOPIC: "A study on the need of counselling services for the well - being of nurses working in Oncology department with special reference to Malabar Region."

STATEMENT OF THE PROBLEM

The oncology nurse may work with a variety of patients, from children to elderly, from out patients through to the palliative care. It is very complex task to work in a Oncology department as a nurse staff. Because they have to see the death and dying of the cancer patient. Anxiety, coping or stress management, fatigue, metastatic disease, comfort, pain control and management, quality of life recurrence of primary, and nurse burn out are the other main problems facing by the oncology nurse. Cancer and also the workload is sometimes becoming a big challenge to them. And sometimes they feel difficulty to cope effectively with their stressful situation. An oncology nurse should have emotional strength. So from the above statement it is clear that the oncology nurses are going through a challenging situations. There for they deserve some interventions to solve their problems. So in this study researcher selected Malabar region as the geographical area for this study, because Malabar has reported many cancer cases and it also has a well - developed health care system with quality treatment.

SIGNIFICANCE OF THE STUDY

As the population ages, the number of people with or at risk for cancer will also grow, placing increased demands for oncology nursing care. Thus, recruitment and retention of nurses with specialized knowledge and skill in the care of cancer patients and their families will continue to be a major health human resource issue over the next decades. To achieve quality cancer care, healthcare administrators need to better understand the contextual attributes and forces that can be modified to both improve the context of oncology nursing and effectively meet the care needs of cancer patients and their families. From the above perceptions it can conclude that the oncology nurses are really in need of the counselling services.

The counselling can decrease the problems of the nurses to a greater extend. So this study can give an insight towards the need for counselling as a tool to overcome their occupational problems. Based on this study there may be a visible change in providing counselling for the nurses who are working in oncology.

OBJECTIVES

General objective

To study the need of counselling services for the well - being of the nurses working in oncology department.

Specific Objectives

- To study the socio-Demographic profile of the respondents.
- To know the coping capacity of the respondents to tackle the problems in the oncology department.
- To know the possibility of occurrence of somatoform disorders among the respondents.
- To know the need of any kind of supportive services to the respondents.

VARIABLES

Independent variable

- Occupation
- Age
- Gender
- Experience

Dependent variable

- Counselling services
- Emotional stability
- Somatoform disorders
- Occupational problems

CONCEPTUAL DEFINITION

Oncology nurse: An Oncology nurse is a professional who specialise in caring for cancer patients undergoing or recovering from cancer treatments as well as people at risk of the diseases.

Counselling: according to Ohlson the counselling is an accepting trusting and safe relationship in which the client learns to discuss often what worries upset them, to define precise behaviour goals to acquire the essential social skill and develop the courage to implement new behaviour.

Occupational problem: According to the National Institute for Occupational Safety and Health, "Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker".

Coping strategy: according to Marc Arthur coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. An additional distinction that is often made in the coping literature is between active and avoidant coping strategies.

Somatoform disorder: according to Eve G Spratt, the somatoform disorders are a group of psychological disorders in which a patient experiences physical symptoms that are inconsistent with or cannot be fully explained by any underlying general medical or neurologic condition.

OPERATIONAL DEFINITION

Oncology nurse: Oncology nurses are the nursing staffs who are working in a complex situation with the cancer patients with special skills and knowledge .they may have to face the situation of the death and dying of the cancer patients.

Counselling: counselling is the job or process of a trained person to listening to someone and giving that person advice about the emotional, personal and social problems. Counselling intervention among Oncology nurses is an essential process due to the problem of stress management of the Oncology nurse in their profession. It can make them able to cope with their emotional and occupational problems.

Occupational problem: the occupational problems are the difficulties those occur during the work time at the work place such as workload, job dissatisfaction, lack of experiences and so on.

Coping strategy: the coping strategies are the means which is used by an individual to cope up with his or her personal and social problems.

Somatoform disorder: it is a state in which a person experiences bodily symptom due to certain circumstances and which cannot be explained under any medical condition.

PILOT STUDY

The researcher conducted the pilot study of the proposed title by discussing various aspects of the title with nurses, professors, doctors, and research scholars. The researcher also red some articles, journals, websites and books related to the need of counselling among the Oncology nurses to know about the feasibility of the study proposed.

RESEARCH DESIGN

Descriptive research design is used for conducting this study. There is some studies related to this topic. So the descriptive research design has been used to add more information to this topic. The research studies are designed to obtain information concerning the current status of a given phenomenon. They are concerned with existing conditions or relationships point of views or attitudes, process that are going on and their effects and the developing trends. The aim of descriptive research is to describe "what exists" with respect to variables or conditions in a situation.

UNIVERSE The universe of the study is all the Oncology nurse staff in Malabar region.

GEOGRAPHICAL AREA OF STUDY

The Malabar region is the Northern part of Kerala, modern day Malabar covers the geographical area north of river Barathapuzha. It includes part of Thrissur district, the districts of Palakkad, Malappuram, Kozhikode, Wayanad, Kannur and Kasaragod.

INCLUSION AND EXCLUSION CRITERIA

INCLUSION: The Oncology staff working in hospitals in Malabar region.

EXCLUSION: the Oncology nurse staff working in other departments in the medical field.

SAMPLING DESIGN

Sampling design selected by the Researcher was simple random selection from cancer care hospitals in Malabar region. A simple random sample takes a small, random portion of the entire population to represent the entire data set, where each member has an equal probability of being chosen. Researchers can create a simple random sample using methods like lotteries or random draws. The researcher went to the hospitals belongs to the above mentioned districts and submitted the questionnaire to nurses working in the Oncology department.

SAMPLE UNIT

The unit of the study is a nurse working in the Oncology department in the hospitals in Malabar region.

SAMPLE SIZE

The sample size of the study was 60 Oncology nurses from Malabar region.

METHOD OF DATA COLLECTION

The researcher used primary method of data collection as a questionnaire. The secondary methods was books, journals, articles and websites.

Tool of data collection

The researcher used a questionnaire as a tool for data collection. The researcher the Somatic Symptom Scale – 8 (SSS-8) as a tool for data collection.

PRE TEST

The pre - test conducted among 5 respondents in cancer care hospitals.

SUGGESTIONS

- The staff working in oncology setting always going through a stressful situation, so the enough care and support from their family members can motivate them and it will be a relief for them.
- Not all the staff working in the oncology department is satisfied with their working condition so they wish to get some supportive service from the hospital management.so it is better to take some actions to encourage them.
- The hospital management has a role in arranging a peaceful atmosphere to the employees.
- Communication of nurses with patients is an important element of the caring process. The hospital should provide training to improve their communication skill.
- Health-care staff working in oncology setting experience excessive stress. Staff support groups have been found beneficial.
- The hospital should ensure the safety of the nurses especially the staff working in the radiology section.
- The hospital should form a supportive group to make oncology nurses more strong and it enable them to respond to all the challenging situations.

- The hospital should provide counselling service to the oncology nurses because through the counselling they become able to find out the solution their personal and professional problems.
- The hospital should provide educational programmes and training in professional skills which will increase the efficiency of the nurses as well as their confidants to sustain in their profession.
- The hospital has to ensure that there is no disharmony between the junior staff and the senior staff and among the nurse staff.
- The hospital should promote the unit rotation effects nurses professionally because frequent rotation increase the issues regarding role stress and many other problems.
- Implications for social work practice.
- Today the social worker in the medical setting has a greater role than ever before to help the health professionals as well as the patients to identify and reach their need.
- The social worker can give awareness to the hospital about the importance of the wellbeing of the medical staff especially for nurse staff who always work in a stressful situation.
- The social worker has to ensure whether the staff in the hospital are satisfied or not with their job and if not find out the real problem behind that.
- The social worker can be a mediator between the hospital management and the oncology nurse for a smooth running of the healthcare delivery.
- The social worker serve as a counsellor who can help the oncology nurses to identify their problems and find solution to that problems.
- The social worker should encourage the hospital to develop a supportive group which can give an emotional support to the oncology nurses.
- The social worker can conduct research related to the welfare of the staff and patients and also about the health care delivery system. □ The social worker can help the nurses to give counselling to the patient and their family members when the nurses are not able to do that.
- The social worker has to ensure the safety measures for the nurses especially who are working in the radiology department.
- The social worker has to ensure the unit rotation in all the departments to reduce the work stress.

CONCLUSION

Nowadays the cancer becoming an increasing as well as threatening disease which can be affect from new born baby to the elder people. The severity of the cancer will affect not only the patient and his or her relatives but also it affects the oncology nurse staff who take care of the patient. The cancer is chronic and also very painful disease and sometimes it leads to death. So the uncontrollable pain and also the death and dying of the patience are witnessed by the oncology nurses. It may affect the emotional stability of the nurses. The oncology nurses have great role and responsibility in the treatment process. But they are facing a number of problems related to their profession. The main problems are work stress, anxiety and burnout, work overload and also communication challenges.

The basic purpose behind conducting this study was to understand is there any need of counselling service for the wellbeing of the oncology nurses. The findings from the conducted study has find out that majority of the nurses working in the oncology department are facing different kind of problems and challenges. There is a need to increase their coping capacity to deal with the problems in their work place. Some of the respondents are showing some somatic symptoms in different levels. Most of them are expect to get some intervention from the hospital management. A considerable number of the respondents desire to get counselling service in order to manage their stress and solve their problems. The staff working in the oncology department deserve emotional support from others because they are always doing a stressful and emotionally challenging job. Apart from the salary there are some aspects like emotional support which can encourage and motivate the nurse staff to work sincerely. None of them are wish to work in a highly stressful atmosphere. Such stressful environment force them to leave their profession. So always make a peaceful atmosphere and give support for the oncology nurses to work fruitfully.

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