UNIVERSITY OF CAPE COAST

THE EXPERIENCES OF NURSES PROVIDING CANCER CARE AT THE ONCOLOGY DEPARTMENT OF THE KOMFO ANOKYE TEACHING HOSPITAL

MARY KYEREMATENG ENNIN

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BY

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Thesis submitted to the School of Nursing and Midwifery of the College of Health and Allied Sciences, University of Cape Coast, in partial fulfilment of the requirement for the award of Master of Nursing

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature:  Date ……

Name: …….

Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Supervisor's Signature ……. Date …….

Name: ……

ABSTRACT

Cancer is the second leading cause of death globally, accounting for nearly 10 million deaths in 2020. Nurses caring for cancer patients do spend the lengthiest of time with them in the course of their treatment. These nurses by their profession and frequent contacts do bear the terminal weights of the conditions of these patients which has a resultant effect on their emotional and psychological health. This study aimed to explore the impact of adult cancer care on nurses caring for cancer patients. A descriptive qualitative design was used. The population comprised all nurses working at the Oncology Department of the Komfo Anokye Teaching Hospital. Participants were purposively selected for the study. A semi-structured interview was used to collect relevant data for the study. The results showed that caring for cancer patients exposes nurses to considerable psychological pressures such as seeing patients suffer, providing care at the end of life, and controlling their own emotional reactions to illness. The study emphasizes how important it is for healthcare institutions to prioritize nurses' psychological well-being and mental health in cancer treatment facilities. Interventions like routine debriefing sessions, counselling services, and peer support programs can be implemented to lessen the psychological impacts.

DEDICATION

I dedicate this work to my husband, Mr. Reynell Kusi Ampofo, and my entire family.

ACKNOWLEDGEMENT

My incredible special gratitude goes to the Almighty God for the grace granted unto me to complete this work and to my supervisor, Prof. Nancy Innocentia Ebu Enyan for her time and guidance during the period of this research work. Appreciation is also due to all lecturers and administrative staff of the School of Nursing and Midwifery. I also acknowledge the efforts and support of the staff at the Oncology Department of the Komfo Anokye Teaching Hospital. To family, friends, and all well-wishers whose support has brought me this far, I am grateful. May the Lord bless you and make His face shine upon you.

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CHAPTER ONE

INTRODUCTION

With an estimated 9.6 million fatalities, one in six deaths in 2018, and over 10 million deaths in 2020, cancer is the second greatest cause of mortality worldwide (WHO, 2021). It is a group of diseases that may affect almost any organ or tissue of the body as a result of abnormal and uncontrollable cell growth (WHO, 2021). Metastasis, the process by which cancerous cells spread to adjoining tissues and organs is the major cause of death from cancer. It is commonly known that the number of cancer cases worldwide is constantly rising, placing a great deal of financial, emotional, and physical pressure on people, families, communities, and health systems (Prager et al., 2018). On the other side, it was predicted in 2011 that there will be 15 million incidences of cancer worldwide, with 70 percent of those cases occurring in developing nations, by 2020 (Ministry of Health, 2011) with a lot of these cancer patients not having access to timely, quality diagnosis and treatment (WHO, 2021).

Background to the Study

The provision of cancer care represents a complex and demanding facet of nursing practice. Nurses assume a pivotal role within the multidisciplinary approach to cancer treatment, contributing not only clinical expertise but also emotional support to patients and their families. The experiences of nurses engaged in cancer care, emphasizing the challenges and rewards they encounter is crucial, as it can inform training programs, enhance patient care, and improve the overall working environment for healthcare professionals. By examining the unique perspectives of nurses in this context, this research seeks to provide valuable

insights into the dynamics of cancer care delivery and the essential role that nurses play in the healthcare system.

Survival rates of cancer patients in countries with strong health systems and structures are constantly improving with advancements in technology, facilitating accessibility, early detection, quality treatment and survivorship care (WHO, 2021) as compared to countries on the other side of the continuum.

In contrast, that is not the fate of cancer patients in Low-and-Middle-Income Countries (LMIC) across the globe. These countries are typically characterized by inadequate health resources and weak health systems and structures which are determinants of the poor outcomes of cancer treatment. Many health systems in these countries are least prepared to manage the burdens of cancer patients. Cancer death rates in Africa have surpassed the cumulative death rates for AIDS, tuberculosis, and malaria and it has coexisted with more recently discovered diseases such as Malaria, Ebola, AIDS and COVID-19 (Hamdi et al., 2021).

Sub-Saharan Africa (SSA) has a diverse cancer profile with an estimated 752,000 new cases of cancer, which constitutes 4% of the cases recorded globally in 2018, accompanied with 506,000 cancer deaths in the same year (The Cancer Atlas, 2021). According to Bollyky (2020), cancer mortality is increasing in SSA, where the necessary health care infrastructure is still lacking. Population growth and aging are fueling an increase in cancers and noncommunicable diseases in SSA, often in places unprepared to deal with them, with many of these countries unable to keep up with the pace and scale of health changes in their populations (Bollyky, 2020).

Furthermore, it is estimated that 16,600 cases of cancer occur in Ghana each year, yielding an age-standardized rate of 109.5 cases per 100,000 people. Cancer is also a major cause of morbidity in young people (Ministry of Health, 2011). Ghana had 24,009 new cancer cases and 15,802 cancer deaths in 2020, according to the Global Cancer Observation (International Agency for Research on Cancer, 2021).

In addition, early detection, and prompt diagnosis of cancers, with emphasis on the prevention and detection of asymptomatic and symptomatic patients as early as possible has been a core in cancer treatments, as they boost positive treatment outcomes. According to Nwozichi et al. (2020), cancer treatment is complex and as such, the treatments are tailored with respect to the individual patient's physical and psychological health states. Undesirably, Africa as a continent is noted for its prevalent late-stage diagnoses of most cancers (Nwozichi et al., 2020) as a result of inadequate screening centers which is associated with poor prognosis.

Nurses spend more time with patients than any professional in the healthcare setting (Butler et al., 2018). Nurses caring for cancer patients equally do spend the lengthiest of time with them in the course of their treatment. These nurses by their profession and frequent contacts do bear the terminal weights of the conditions of these patients (Nwozichi et al., 2020) which has a resultant effect on their emotional and psychological health. When not controlled, it can equally progress into job dissatisfaction and demotivation. One of the professional values upheld in the nursing fraternity is empathy, thus, nurses cannot be faulted for the

emotional consequences that come with their empathetic care but rather, they should be assisted to manage them through relevant systems and structures.

Working in the field of oncology imposes a considerable emotional and psychological burden on nurses. Oncology nurses assume a significant portion of the emotional burden associated with delivering distressing news to patients and their families, assisting them in comprehending intricate medical information and treatment plans, and providing compassionate care throughout demanding treatment protocols and challenging clinical outcomes (Muñoz, 2018). They bear witness to patients grappling with potentially life-threatening illnesses, frequently enduring severe physical and emotional distress. Nurses offer continuous support by managing complex treatments and their associated side effects, while also assisting patients and their families in coping with the adversities brought about by cancer. This emotionally taxing environment can give rise to compassion fatigue, burnout, and secondary traumatic stress among oncology nurses (Muñoz, 2018), thereby emphasizing the crucial need for adequate support systems to be in place for these committed healthcare professionals.

The impact of cancer care on nurses is profound and multifaceted, affecting both their professional and personal lives. Providing care for cancer patients often involves navigating emotionally charged situations, including the realities of suffering, loss, and the complexities of treatment regimens. This emotional labor can lead to significant stress and burnout (Seo & Yeom, 2022), as nurses frequently confront the challenges of managing their own emotions while delivering compassionate care. Furthermore, the demands of staying abreast of rapidly

evolving treatment protocols and technologies can contribute to a heightened sense of professional strain (Cloconi et al., 2023). Despite these challenges, many nurses find fulfillment in their roles, experiencing a deep sense of purpose through their ability to effect meaningful change in the lives of patients and their families (Jarrad & Hammad, 2020). Understanding this dual impact—encompassing both burdens and rewards—is essential for developing supportive interventions that promote resilience and enhance the well-being of nurses in cancer care settings.

Current knowledge regarding nursing care for cancer patients underscores the necessity of a holistic approach that addresses not only the physical but also the psychosocial and emotional needs of patients. Research highlights the significance of effective communication, symptom management (Zamanzadeh et al., 2014), and patient education (Kwame & Petrucka, 2021) as critical components of care. However, substantial gaps persist in the international literature concerning the specific experiences of nurses across diverse cultural and healthcare contexts. Much of the existing research predominantly focuses on quantitative outcomes or patient perspectives, often neglecting the nuanced experiences and challenges encountered by nurses themselves. Moreover, there is a deficiency of studies that investigate the impact of institutional factors, such as staffing levels and organizational support, on nursing practices in oncology (Kwame & Petrucka, 2021; Zamanzadeh et al., 2014). This lack of comprehensive understanding constrains the development of targeted strategies to support nurses, ultimately influencing the quality of care delivered to cancer patients. Addressing these gaps is imperative for enhancing both nurse well-being and patient outcomes in cancer care.

This study is essential for advancing the comprehension of the experiences of nurses engaged in cancer care. By investigating the intricate dynamics of their roles, the study aimed to elucidate the distinctive challenges and rewards encountered by these healthcare professionals. This research not only addresses existing gaps in the international literature but also offers valuable insights that can inform policy, training, and support systems for nurses on a global scale. As the demand for effective cancer care continues to escalate, understanding the perspectives of those on the front lines is imperative for enhancing care delivery and improving the overall well-being of both nurses and patients.

Problem Statement

Working in the Oncology Department at Komfo Anokye Teaching Hospital exposes nurses to considerable psychoemotional challenges. Working in this department with patients diagnosed with cancer and undergoing treatments can generate emotional exhaustion in nurses that work in such places. Consequently, compassion fatigue, anxiety, work burnout (Appiah et al., 2023), professional demotivation and other psychoemotional challenges arise from it (Oware et al., 2024). The resultant of these is that they can gradually lead to job dissatisfaction and/or possible turnover intentions among such nurses. However, these difficulties of nurses have so far received minimal research attention. Furthermore, this has also received an equally minimal political and health administrative attention, which is a resultant of the unavailability of adequate data on these psychoemotional impacts that cancer care has on nurses. Compounding these challenges, oncology nurses at KATH face acute staffing shortages and unsafe workloads. So far, most

studies done in this area have focused on patients, their family and the work environment challenges (Given et al., 2012), neglecting the emotional needs of the nurses that take care of them. This lack of research has hindered our understanding of the factors contributing to these challenges, making it difficult to develop effective interventions to support the mental health and job satisfaction of oncology nurses. Therefore, there is an urgent need for research to investigate the specific impact of adult cancer care on nurses' emotional well-being, and explore strategies to alleviate these challenges.

Significance of the Study

The psychological and emotional stressors of nurses caring for patients with cancer are known to have resultant consequences on professional satisfaction, quality of care, and patient outcomes. As most cancer cases are terminal, nurses working in such departments have little or no feelings of self-accomplishment in addition to constantly having high levels of emotional exhaustion. As it has been observed in literature, these effects are typically characterized by work burnout, dissatisfaction with work environment, perceived futile care and high turnover intentions. These can have an impact on the quality of care patients receive, the incidence of medical errors and negligence, and, as a result, the quality of treatment outcomes. Nurses experiencing such psychoemotional imbalances may compromise their responsibilities in order to create a safe space to protect their psychological and emotional health, and as a result, they may be unable to provide the empathetic and holistic care that they are trained to provide.

This study therefore will bring into perspective the psychoemotional experiences and impacts of adult cancer care on nurses working in cancer units. Data and findings from it will be relevant to hospital management and health policy managers to drive policy directions and interventions for nurses who are susceptible. Furthermore, nurse managers and other relevant stakeholders will find the study's findings useful in understanding the level of psychological pressure cancer care imposes on nurses, as well as the importance of improving nurses' mental health in cancer care to ensure continuous and sustainable quality of care to the patients under their care.

Purpose of the Study

The purpose of this study was to investigate the effects of cancer care on nurses caring for cancer patients at the Komfo Anokye Teaching Hospital.

Specific Objectives

Specifically, the study;

a. Explore the challenges nurses encounter in caring for adult patients with cancer at the Komfo Anokye Teaching Hospital.
b. Assess the coping strategies nurses adopt to effectively manage adult patients with cancer at the Komfo Anokye Teaching Hospital.

Research Questions

a. What challenges do nurses encounter in caring for adult patients with cancer at the Komfo Anokye Teaching Hospital?
b. What coping strategies do nurses adopt to effectively manage adult patients with cancer at the Komfo Anokye Teaching Hospital?

Delimitations

Rather than including multiple healthcare facilities from different regions, this study focused on the experiences of oncology nurses at a single facility, the Komfo Anokye Teaching Hospital. Through qualitative interviews, only the perspectives of nurses providing direct care to adult cancer patients in the oncology department were sought, while other health professionals were excluded. This study did not examine the secondary effects on nurses' well-being outside the workplace; rather, it concentrated on the immediate challenges and experiences they face while delivering cancer care in the hospital environment. As a qualitative study with a small sample of nurses, the findings provide an initial understanding of the impacts but are not meant to be generalized.

Limitations

The nurses from a single healthcare facility made up the study's sample, which was rather a small number. The generalizability of the results to a larger population of nurses working in various cancer care settings is diminished by the small sample size. The study also used self-report metrics, which are susceptible to biases like social desirability or recall bias. The accuracy and dependability of the information gathered may have been impacted by participants' under- or overreporting of their psychological experiences. A cross-sectional design was also

used in the study to collect data at a specific point in time. This design constraint limits the ability to establish causal links or track changes in nurses' psychological well-being over time. Future research should take into account larger and more varied sample sizes, multiple data collection techniques, longitudinal designs, and take into account contextual factors that could affect nurses' psychological experiences in cancer care settings in order to gain a more thorough understanding.

Definition of Terms

Empathy: The ability to understand and share another person's feelings.

Compassion: Sympathetic concern for the plights or misfortunes of others.

Stress: A state of mental or emotional strain caused by difficult or demanding circumstances.

Anxiety: A psychological state marked by stress, anxious thoughts, and physical symptoms including high blood pressure.

Sadness: Feelings of disappointment, loss, or insufficient satisfaction or rewards characterize this emotion.

Grief: A multifaceted reaction to loss, particularly the loss of someone or something to whom a bond or affection was formed.

Resilience: The ability to recover quickly from difficulties; toughness.

Satisfaction: The satisfaction derived from the fulfillment of one's wishes, expectations, or needs.

Burnout: A condition of extended exposure to emotionally draining conditions that results in a state of physical, emotional, and mental weariness.

Compassion fatigue: Emotional and physical exhaustion suffered by caregivers who empathize with patients experiencing traumatic stress and pain.

Palliative care: A practice that lessens suffering in order to enhance the quality of life for individuals and their families facing a serious disease.

Organization of the Study

The first chapter of this study provides an introduction and background information. It also specifies the research problem and objectives. The second chapter is a review of the literature that synthesizes previous research on cancer care and known outcomes, as well as identifies gaps specific to the local context. The methodology used in chapter three is described in the methods section, which includes the study setting and population, data collection instrument and procedure. It also describes how themes in the results will be identified using thematic analysis. In chapter four, these findings are presented along with a discussion of how they relate to previous studies. Finally, in chapter five, the identified impacts, summary, and conclusion are highlighted

CHAPTER TWO

LITERATURE REVIEW

Introduction

With a shift toward greater out-patient care for oncology patients, the landscape of cancer treatment continues to change. Patients can still receive in-patient cancer care for surgical procedures, diagnostics, chemotherapy, symptom management, and palliative care. The purpose of this study is to look into the effects of caring for adult cancer patients on the nurses who provide that care. This chapter provides a thorough analysis of earlier and related investigations. The following keywords were used in databases like PubMed and Google Scholar: "nurses and cancer care," "emotional impacts and cancer care," "nurses and cancer experiences," and "nurse challenges and cancer care." The purpose was to discover what has already been done and what is yet to be done in relation to the study area.

Conceptual Framework

A conceptual framework is a group of related components and variables used to help solve problems in the actual world (DeMarco, 2022). It is the final lens the researcher employs to consider how a problem is resolved deductively (Imenda, 2014). Beginning with the logical premise that an issue exists and can be resolved by processes, procedures, functional methods, models, or theories, a conceptual framework is created (Zackoff et al., 2019). One or more formal theories (in whole or in part), as well as supplementary concepts and actual data from the literature, make up a conceptual framework. It serves to illustrate the connections between these ideas and the subject at hand. In qualitative research,

conceptual frameworks are frequently used since a single hypothesis is not always sufficient to explain a phenomena that is being studied (Lemieux, 2022).

Hochschild's (1983) concept of emotional labor was utilized in this study due to its ability to provide a robust framework for comprehending the emotional difficulties encountered by oncology nurses. Emotional labor, as defined by Hochschild (1983), refers to the management of one's own emotions in order to exhibit facial and bodily expressions that are expected as part of the job. Oncology nurses engage in extensive emotional labor on a daily basis, as they must consistently regulate and control their own emotions while simultaneously offering emotional support to patients and their families. Within the oncology setting, nurses frequently suppress their own feelings of sadness, anger, or frustration in order to project a caring and compassionate demeanor (Badolamenti et al., 2017). This continual regulation of emotions can result in emotional dissonance, a state where an individual's inner feelings are incongruent with the emotions they are expected to display. Prolonged emotional dissonance is a critical factor that contributes to compassion fatigue and burnout among oncology nurses. Moreover, the demanding nature of the job, coupled with the often-terminal nature of cancer, can create a toxic work environment if not addressed adequately. The concept of emotional labor provides a comprehensive theoretical framework for analyzing the distinct emotional difficulties encountered by oncology nurses. By perceiving the regulation of emotions as an essential aspect of their professional responsibilities, Hochschild's conceptual framework enables a profound examination of the psychological mechanisms involved in delivering care to individuals with cancer.

This framework relates to this study's objectives in many ways. To begin with, in examining the challenges faced by nurses in the provision of care, the emotional labor framework underscores the necessity for nurses to regulate their own emotions while addressing the suffering, fear, and uncertainty experienced by patients. This dimension of emotional labor can intensify the stressors inherent in oncology nursing, such as grappling with grief and loss, which may adversely affect nurses' overall job satisfaction and mental health. In addition, when evaluating the coping strategies employed by nurses, the emotional labor framework elucidates the techniques utilized to regulate emotions and maintain professional composure. These strategies may encompass the use of support networks, engagement in self-care practices, or the development of resilience through training and experience. By analyzing these coping mechanisms within the framework of emotional labor, this study aimed to offer a more nuanced understanding of how nurses navigate the emotional demands of their roles, ultimately enhancing their capacity to provide compassionate care to cancer patients.

In the clinical setting, objectivity and rational reasoning may be undermined by cognitive and emotional effects. On the other hand, the emotional factors have gotten far less attention. Quirk (2006) asserts that affect, particularly mood, can naturally affect the nurse's performance and judgment. Historically, thinking and feeling have been kept apart. Emotion is considered to be largely an illogical effect that confuses judgment and distorts reasoning, while cognition is supposed to be the rational process of thinking (Croskerry et al., 2010). That cognitive and emotional processes are interwoven and that one cannot exist without the other is

the more prevalent and up-to-date theory. Learning is the act of inciting cognitive reflection on these experiences. Emotion is a way of vividly labeling experience, producing long-term and short-term memory. The frontal cortex's decision-making functions are influenced by interactions between the amygdala, which controls inherent and learned emotional reactions as well as conscious and unconscious feelings. It has been demonstrated that even subtle changes in emotional state can impact the cognitive processes that underlie clinical decision making, favorably or unfavorably changing the approaches taken to make decisions and solve problems (Croskerry et al., 2010).

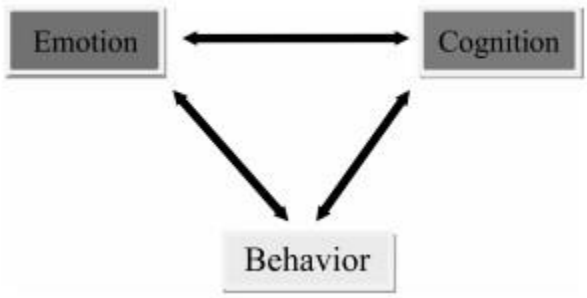

Figure 1: The relationship between emotions, cognition, and behavior.

Our emotional responses are shaped by our past experiences, societal norms, and are also influenced by how we perceive a situation (Tafjord, 2021). It is used to demonstrate how these concepts relate to one another and to the topic under consideration. In qualitative research, conceptual frameworks are frequently used since a single hypothesis is not always sufficient to explain a phenomena that is being studied. Sociologist Arlie Hochschild coined the phrase "emotion work" in 1979 to refer to the personal efforts people undertake to manage their emotions.

When doing emotional work, one tries to project real emotions and socially acceptable facial expressions, such as expressing delight when one sees someone they detest. Later, Hochschild (1983) created the concept of emotional labor, which is emotional work performed as part of a paid employment. She draws a comparison between the two concepts and asserts that emotional work may be traded for a salary in order to satisfy labor standards. Regarding suitable emotional outward expression, acceptable feelings to express, and appropriate levels of expression given role expectations in both categories, people adhere to a set of socially accepted emotional standards (Hochschild, 1983). The idea of emotional labor originated with Hochschild's (1983) study on how flight attendants' emotions change throughout work in order to keep their cool and show empathy while delivering the high-quality service that their employers demand.

In emotional labor, there are two primary methods utilized to regulate emotions: surface acting and deep acting (Grandey, 2003; Hochschild, 1983). People work on managing their emotions and developing dual responses to them. When an external expression is changed to convey expected feelings without changing the inside ones, this is known as surface acting (Hochschild, 1983). The term "deep acting" describes people's attempts to manipulate their inner emotions to create a more realistic emotional presentation that aligns with the desired emotions. While surface acting is a surface-level emotional display that might lead to emotional dissonance, deep acting draws on personal experiences and necessitates understanding of how to control and manage emotions (Hochschild, 1983). Moreover, this tactic can distance employees from their genuine feelings,

which would result in burnout. Some interest has been paid to the connection between nursing, emotional labor, and feelings.

Considering that emotional labor in nursing involves relational and collaborative processes intended to establish therapeutic connections with patients and their families, emotional processes must be given more attention (Smith, 1992, 2012; Theodosius, 2008). Since building therapeutic connections requires close interaction with people who are vulnerable and in need of comfort, the notion is especially appealing to the nursing profession. It is believed that the patient's and their loved ones' well-being depends on the nurse's capacity to recognize and honor their fragility. During nursing encounters, nurses must process their own emotions in addition to responding to patients' emotions in order to fulfill their job expectations (Theodosius, 2008). Consequently, emotional labor hinges on the nurse's capacity to regulate her feelings while providing comfort to the patient. Research on emotional work in clinical settings indicates that nurses respond both deeply and superficially (Funk et al., 2017; Gray & Smith, 2009). Nurses put up a lot of effort to give their patients comforting, empathetic care, regardless of how they are feeling personally. Through deep acting, nurses fully commit to meeting the needs of their patients, but they also need to learn how to regulate their own emotions.

Emotional labor and nurses' personal identities are intertwined; managing a range of emotionally charged circumstances requires personal investments from past experiences (Archer, 2000; Theodosius, 2008). These kind of long-term investments in nursing enable nurses to refine their own methods for handling their

own emotions. The public performance of nurses' private emotional labor makes emotional labor in nursing seem like a hidden and underappreciated profession (Henderson, 2001; Theodosius, 2008). According to experts, in order for nurses to identify and manage their own emotional needs, they must engage in complex emotional reflexivity as part of their emotional labor as nurses (Badolamenti et al., 2017; Riley & Weiss, 2016). Emotional labor and emotional intelligence are related. It is the capacity to identify, understand, and manage one's feelings (Mayer & Salovey, 1997). Nursing research indicates that the development of therapeutic nurse-patient interactions requires emotional intelligence (McQueen, 2004). Emotionally intelligent nurses are better equipped to manage their own emotions and comprehend the requirements of their patients (Smith et al., 2009). Conversely, emotional intelligence is a talent that must be learnt or developed via training and calls for the awareness and focus of emotions in nursing.

More study on how nurses form, negotiate, and regulate their emotions in caring relationships with their patients in cancer care settings might offer benefits to future studies on how to increase nurses' emotional competence.

Psychological Effects of Adults Cancer Care on Oncology Nurses

When it comes to giving patients with severe, life-threatening illnesses adequate physical, emotional, and spiritual care, oncology nurses play a vital role. Few nurses join oncology nursing expecting the emotional fallout from their personal ties with patients and their families, even if many believe that their profession is a calling. Oncology nurses may encounter several clinical circumstances that result in significant emotional anguish. It may be quite difficult

for nurses to respond to the deaths of patients with whom they have had long-standing professional relations (McCaffrey, 1992). Since these patients have been recognized as unique individuals, there is a deeper level of interpersonal interaction than usual. The close relationship that is developed between the nurse, the patient, and family members may be replaced with intense sadness at the patient's death. Moral discomfort arises when obstacles in the workplace keep nurses from acting in ways that they deem ethically justifiable (Elpern et al., 2005). The prevalence of irritation, tension, and unhappiness with the job is acknowledged by nurses who suffer ethical or moral anguish (particularly over time). This is sometimes generated by disagreement between nurses and physicians over patients' goals and expressed preferences (Gutierrez, 2005; Taylor, 2002). It is possible that nurses' attempts to lessen interfamilial adversity may fail and leave them feeling helpless. A person's physical, psychological, emotional, behavioral, and spiritual functions can all be impacted by this emotional overextension symptoms. If treatments to alter the stressor's responses are not provided, these symptoms might lead to unhealthy coping strategies, physical and mental exhaustion, a lack of initiative, and physical sickness (Radziewicz, 2001).

In the past, medical professionals, especially nurses, have been advised to keep a psychological distance from patients and their families, especially if the patient has a bad prognosis or is near death (Quint, 1996). Over time, this professional expectation shifted as the humanistic perspective on patient suffering and isolation became more prevalent in the late 1960s. Burnout was known for a long time before it was studied, but among nurses and doctors it became the

historical phrase of choice to describe this problem (Freudenberger, 1974). Emotional exhaustion, depersonalization, and a lack of perceived personal success are the hallmarks of burnout. It is described as an extended reaction to ongoing emotional and interpersonal pressures associated with one's profession (Sabo, 2006). Eventually, burnout made medical personnel indifferent to patients and other people (Gaskill, 2000; Maslach et al., 1996). This process often resulted in nurses leaving the field, a concept known as nurse turnover.

Additionally, Cañadas-De la Fuente et al., (2018) discovered that depersonalization was prevalent among oncology nurses, accounting for 15 percent of cases, and significant emotional exhaustion and poor personal achievement in 30 to 35 percent of cases. Cañadas-De la Fuente et al., (2018) further stated that the low personal achievement is related to the same empathy and increased patient contact, while the high emotional exhaustion reflects the significant emotional commitment required of oncology nurses in their habitual contact with cancer patients, their suffering and that of their relatives, the communication of bad news, and the need to make decisions in ethically complex situations.

Compassion fatigue is another emotional impact that cancer treatment has on nurses. A condition of extreme physical, emotional, and spiritual exhaustion coupled with severe emotional suffering is known as compassion fatigue (Pfifferling & Gilley, 2000). Emotional exhaustion is the result of compassion fatigue, which is brought on by extensive nursing care and identification with patient suffering (Papadatou, 2000). Cynicism and pessimism can also arise from self-perceptions of personal incompetence in controlling the course of a patient's

sickness (Keidel, 2002). Conflicting sentiments of intense care for patients and unfavorable self-perceptions can lead to emotional overextension. This might be made worse by the nurse's death anxiety (Chen et al., 2006; Deffner & Bell, 2005). According to Vachon (2006), a nurse's professional death anxiety and personal death awareness can both rise when caring for a patient who is near death. A nurse's own death awareness is influenced by a variety of factors, including life experiences, spiritual beliefs, cultural and societal exposures, and death encounters. When a nurse, who has few means for assistance, worries about their own death and mortality, professional death anxiety arises. Compassion fatigue is also more common when there has been cumulative loss. The nurse must frequently anticipate and experience natural mourning emotions as a result of this loss. Role performance degrades as a result.

In light of these findings, managers of oncology units and nursing supervisors should be cognizant of the potential effects that working in this unit might have on nurses. Various beneficial treatments could be taken into consideration, such as a program to teach cancer nurses compassion fatigue resilience and short psychological skills training for handling challenging situations. In order to enhance the welfare and retention of oncology nurses, managers and supervisors should also endeavor to enhance workplace psychosocial wellness, the development of coping skills in oncology nurses, and the capacity of staff nurses to support one another (Cañadas-De la Fuente et al., 2018).

Impact of the Psychological Effect of Adult Cancer Care on the Quality of Nursing Care

Medical personnel deal with pain, joy, fear, dissatisfaction, hope, grief, and anger on a daily basis. Traditionally, medical treatment has been perceived as a practice grounded in logical and analytical reasoning. The efficient provision of healthcare necessitates the intricate integration of several elements, such as organizational and contextual elements (Heyhoe et al., 2016). Emotional states have a significant role in clinical practice, which is also a relationship-based field. They are essential to the patient experience, teamwork, and successful leadership—all crucial concerns in the healthcare industry. According to Croskerry *et al*. (2010), emotional or affective states of healthcare professionals may have an unintentional effect on patients and compromise their safety. The emotional toll that unexpected results have on both staff and patients is significant. Heyhoe *et al*. (2016) state that a healthcare professional's emotional response to a patient can affect clinical decision-making, and that a healthcare professional's emotional response to a previous emotional experience can affect their own emotional response, which in turn affects how much and what kind of information they believe is important for clinical judgment (Heyhoe et al., 2016).

It is possible for nurses who care for adult cancer patients in difficult clinical situations to experience physical, mental, and spiritual exhaustion. Failure to take action to counterbalance the emotional side of cancer care may result in nurses being physically and emotionally tired. Wells-English *et al*. (2019) found that burnout significantly predicts the intention of nurses to leave their profession.

Nurses frequently face a variety of stressors and are required to make morally difficult decisions when caring for cancer patients and supporting their families as they deal with the emotional and physical toll of the disease. This is based on the results of a research that looked at how nurses' intentions to leave their jobs were impacted by compassion fatigue and job satisfaction. In addition to putting a heavy financial burden on institutions, high turnover rates raise questions about the standard of patient treatment. One of the main reasons for nurse turnover is compassion fatigue, which is often brought on by psychological and emotional pressures that are prevalent in cancer departments (Nwozichi, & Ojewole, 2015).

Challenges of Oncology Nurses in Caring for Adult Cancer Patients

Due to a lack of resources, cancer treatment is more challenging in Low- and Middle-Income Countries (LMICs). Low cancer care technology, inadequate cancer education (Al Zoubi et al., 2020; Alqahtani & Jones, 2015), and physical and psychological distress (Yildirim et al., 2008) are among the issues associated with cancer care in these countries. According to a Ghanaian research, a number of workplace variables affect how well nurses provide care. The author claims that nurses in Ghana are the least happy with their work environment, management, career growth, and compensation of all healthcare workers (Bonenberger et al., 2014). Nukpezah *et al*. (2021) conducted a study to better understand the difficulties pediatric oncology nurses in Ghana face when providing care for children with cancer. They found that most of the nurses encountered administrative difficulties like lengthy care, a lack of teamwork, poor logistics, stress at work, and a shrinking labor force, all of which added to the nurses' feelings

of job dissatisfaction. The research participants had personal limitations such as inadequate knowledge, anxiety about contracting the disease, and low motivation for their jobs. These challenges made it more difficult to provide cancer patients with curative, palliative, and end-of-life care (Nukpezah et al., 2021).

Given the regularity and consistency of their interactions with patients and their families, nurses are ideally positioned to play significant roles in the processes involved in the delivery of healthcare (Baer and Weinstein, 2013). Studies show that communication problems are common for oncology nurses, with the bulk of them centered around patient emotions and challenging family dynamics related to end-of-life difficulties (Banerjee et al., 2016). According to Banerjee et al., (2016) cancer nurses commonly report major hurdles and communication issues in their profession, despite the many advantages of efficient communication between patients and nurses. Two primary areas of communication challenges and specific skill development were identified by senior registered nurses in a recent study that examined the results of a two-day interactive communication skills course on self-reflection: handling challenging patient questions and handling angry patients and family members (Pilsworth et al., 2014). It was discovered in another study that examined communication obstacles as stated by seven nurse managers that nurses urgently need to acquire the skills necessary to manage their function as mediators for patients, families, and doctors (Wittenberg-Lyles et al., 2013). These difficulties call for skills beyond the more fundamental forms of assistance, such as empathy and listening. Addressing communication obstacles that obstruct patient-supported care may benefit from teaching advanced communication skills that

specifically address issues noted and highlighted by nurses. In order to address the communication challenges faced by oncology nurses, a study found that the following training is necessary: nurses must learn how to assess the communication needs of patients and family members; they must also participate in communication skills training to acquire the necessary skills for communicating empathy; and they must practice using these skills in challenging and difficult situations (Banerjee et al., 2016).

Support from the organization is essential for helping nurses manage the high stress levels associated with providing cancer care. In Nigeria, a study was carried out to find out how cancer care nurses perceived possible stressors. The results showed that these nurses felt undersupported by management and that this was a significant source of stress for them (Nwozichi, & Ojewole, 2015). This situation has attracted great concern among oncology nurses. Willard & Luker (2007) found that the biggest problem facing specialized cancer nurses is acceptability, especially from physicians. In addition, cancer care nurses mentioned that their position was not supported by the organization. A nurse's capacity to give cancer patients supportive care is hampered by acceptance concerns. This element may make a nurse less motivated to care for cancer patients (Nwozichi, & Ojewole, 2015).

In their study, Nwozichi, & Ojewole (2015) found that effort-reward imbalance was a significant source of stress and difficulty for cancer nurses. The most common source of work overload is a scarcity of nurses, which puts more pressure on those who are available to provide for the complex requirements of

cancer patients. The overabundance of work-related activities experienced by cancer nurses is always a result of the dearth of nurses. Most LMICs lack formal incentives for overtime and additional work, which demotivates nurses and makes them believe that their efforts are not being compensated fairly. Stress and nurse shortage have been found to be positively correlated by Toh *et al*. (2012). This has led to a rise in the number of oncology nurses quitting their jobs, which has made the issue worse. Moreover, a significant number of oncology nurses face difficulties due to job overload, which they perceive as an additional significant cause of stress in the cancer care industry Nwozichi, & Ojewole (2015). Another difficulty faced by oncology nurses is dealing with challenging patients and their families Nwozichi, & Ojewole (2015).

Coping Strategies of Nurses in Adult Cancer Care

A nurse's capacity to manage the multitude of pressures they face in the cancer care setting directly affects the quality of care she delivers and her sense of purpose in her career. The physical and psychological demands of the patient-nurse interaction, the oncology unit, and the routine patient care activities cause oncology nurses to undergo a great deal of stress (Kim & Kim, 2020). Compared to nurses on other departments, oncology nurses are more likely to experience high-stress circumstances, which can result in compassion fatigue and burnout (Kim & Kim, 2020). After witnessing cancer patients repeatedly endure the many, recurring traumas connected to the disease, such as the intense pain during the latter stages of the disease and the violent side effects of chemotherapy, they are prone to get compassion fatigue. Oncology nurses' stress and burnout lower care quality, staff

retention, and absenteeism (Kim & Kim, 2020). Sadly, there is a paucity of research on these stressors and evidence-based strategies to lessen their consequences.

The definition of coping is the process of altering one's thinking and continuing to make behavioral and/or mental adjustments to meet obligations that are considered burdensome or beyond one's means. Coping techniques refer to a set of behavioral reactions that an individual employs in an effort to adjust to a stressful condition or incident (Rodrigues et al., 2016).

In a similar study to analyze palliative cancer care stress and coping among clinical nurses, Kim and Kim (2020) observed that stress among nurses is connected with occupational grief, which can be physical or emotional, and is related to burnout or compassion fatigue. They also asserted that nurses frequently disregard their own mourning when offering bereavement assistance to cancer patients and their families. The results of the same study indicate that oncology nurses are more likely to employ problem-focused coping strategies as opposed to emotion-focused strategies (Kim & Kim, 2020). When using problem-focused coping, the person makes an effort to act in the stressful circumstance and try to modify it by confronting the stressor and altering the problem scenario that arises between the environment and themselves. In emotion-focused coping, the person uses behaviors aimed at a physical and/or emotional level, such as using a tranquilizer, smoking a cigarette, or engaging in physical activity, to detach themselves from or lessen the stressful circumstance (Rodrigues et al., 2016). However, based on demographic and occupational factors like age (being over 40), religion, education level, clinical career (3–4 years of experience), end-of-life care (3–4 years of experience), job

satisfaction, and leisure activities, nurses who care for cancer patients and engage in these activities are more likely to cope well (Kim & Kim, 2020).

One prominent and common coping strategy is seeking emotional outlets, such as discussing concerns with colleagues or engaging in self-care activities, as well as adopting a "caritas" orientation, emphasizing compassion and the desire to do good (Ekedahl & Wengström, 2006). However, the effectiveness of these coping strategies can vary. Dysfunctional coping, such as a lack of social support or an inability to maintain appropriate boundaries, can contribute to increased emotional distress and negative outcomes like burnout but in contrast, when nurses are able to utilize coping strategies in a healthy and balanced manner, it can assist them in managing the challenges of their work and preserving their own well-being (Ekedahl & Wengström, 2006). Importantly, the coping strategies employed by nurses can evolve throughout their careers. Factors such as team culture, organizational support, and personal experiences can influence how nurses cope with the emotional demands of oncology nursing (Lievrouw, 2016). Tailored support and training may be necessary to assist nurses in developing effective and sustainable coping mechanisms.

Overall, these studies underscore the significance of comprehending and supporting the coping strategies of nurses in adult cancer care. By addressing their emotional and psychological needs, healthcare organizations can assist these vital providers in maintaining their resilience and delivering high-quality, compassionate care to patients. According to Rodrigues et al. (2016), the stressor, the situation of the moment, and the confrontation experiences all have an impact

on the coping approach that is chosen, that is problem-and/or emotion-focused. Because of this, every person reacts to stimuli in a different way, affected by coping mechanisms and personal characteristics (Rodrigues et al., 2016).

Chapter Summary

This study investigated the effect of adult cancer care on nurses. According to studies, factors such as patient suffering, bonding, and workplace demands have all been linked to burnout, compassion fatigue, overwhelming grief, moral distress, anxiety, emotional exhaustion, and low personal accomplishment. This reduces nurses' well-being and quality of care by causing errors and unsafe practices. Major challenges include time-consuming care, a lack of teamwork, insufficient logistics, work stress, and a reduced labor force.. Interventions such as flexible scheduling, training, adequate staffing, resources, and therapy access are required for institutional responsibility. It is critical to support cancer nurses in order to reduce negative psychological effects and maintain compassionate, high-quality care.

CHAPTER THREE

RESEARCH METHODS

Introduction

This study set out to find out how adult cancer care affected the nurses at the Komfo Anokye Teaching Hospital who are attending to cancer patients. An overview of the research methods and processes employed in the study is given in this chapter. It covers the demographic, sample size, sampling strategy, study design, and research setting. The data collection tool, data collection process, and inclusion and exclusion criteria will all be covered in this chapter. It will also include data analysis, ethical issues, and the reliability and rigor of the study.

Research Design

The term "research design" refers to the conceptual framework that guides research activities. It includes a schedule for gathering, measuring, and analyzing data in addition to the researcher's action plan (Ahktar, 2016). A qualitative methodology was applied. The qualitative design aims to provide a comprehensive knowledge of social processes in their natural environments. It is grounded in firsthand observations of people functioning as meaning-making agents in their everyday lives and concentrates on the "why" of social phenomena as opposed to the "what" of them (University of Utah College of Nursing, 2022). Because it provides for technique flexibility or variability—desirable for acquiring rich data and comprehension of a phenomenon (Polit & Beck, 2009, 2014), a descriptive qualitative approach was selected. Descriptive qualitative research is a methodology that seeks to offer an in-depth account of a phenomenon, with the primary objective of accurately representing the participants' lived experiences of

the said phenomenon (Polit & Beck, 2009, 2014). It has been determined that descriptive qualitative design is essential and suitable for research questions that focus on identifying the who, what, and where of events or experiences as well as gathering information from informants regarding an unidentified phenomenon (Kim et al., 2017). It is also the preferred label in situations where a straightforward explanation of a phenomenon is needed, or when information is required to create and improve surveys or other interventions. Semi-structured interview guides and individual or focus group interviews are popular methods for gathering data for descriptive qualitative studies (Kim et al., 2017).

Study Area

This study is being conducted at the Komfo Anokye Teaching Hospital (KATH) in the Ashanti Region of Ghana, in the Department of Oncology. Due to its strategic location, economic character, and practical road networks, Kumasi, the Ashanti Regional Capital of Ghana, is easily accessible from all regions of the nation. As a result, the hospital is able to accept cases from 12 of Ghana's 16 administrative regions in addition to nearby nations like Burkina Faso and Ivory Coast. The hospital was founded in 1955, started operating, and became a Teaching Hospital in 1975. Currently, the hospital employs roughly 4,000 professionals in a variety of roles. In order to facilitate specialization and convenience of administration, the hospital's activities are organized into 15 Directorates (two non-clinical and thirteen clinical). In addition, the hospital has a number of auxiliary clinical and non-clinical Units. The KATH wants to be a leader in the delivery of specialized healthcare services.

The Oncology Directorate of the Komfo Anokye Teaching Hospital is one of the thirteen clinical directorates of the facility. It specializes in providing cancer care to patients and also provides outpatient services in hematology, medical oncology, and radiation oncology. This location was chosen for its cancer management and proximity to the Kumasi Cancer Registry (KsCR), created as a hospital-based cancer registry as a subsidiary of the African Cancer Registry Network (AFCRN) with the intention of identifying cancer cases encountered at the Komfo Anokye Teaching Hospital.

Study Population

The study participants consisted of nurses who were employed in the oncology department of the Komfo Anokye Teaching Hospital. As reported by the hospital's Human Resources department, there are currently a total of twenty-two (22) nurses working in the oncology department. Consequently, the study involved all the 22 nurses who are actively employed in this particular department.

Sample Size and Sampling Procedure

The researcher used a purposive sampling method to select the study participants. This allowed the researcher to deliberately choose and identify nurses who met the eligibility requirement, based on prior knowledge of the study's aims. The nurses in the oncology department were specifically selected because their profiles matched the research participant criteria.

Data Collection Instrument

A semi-structured interview guide was used to conduct the interviews with nurses who provide care for adult cancer patients. This approach often entails a

dialogue between the subject and the researcher, aided by a flexible interview process and enhanced by comments, follow-up questions, and probes (DeJonckheere & Vaughn, 2019). Gathering information from key informants with firsthand knowledge of the subject matter is the main objective of semi-structured interviews as a means of gathering data (DeJonckheere & Vaughn, 2019). This approach was selected because it enables the researcher to gather unstructured data, explore participants' ideas, emotions, and opinions on a certain subject, and go deeply into private and occasionally delicate matters.

The purpose of the interview guide was to facilitate data collection while maintaining emphasis on the study question. Every participant was interviewed face-to-face, and audio recordings were made with their consent. The participants were asked follow-up questions to encourage them to openly discuss their opinions about the occurrence. The interviews took place at the participants' convenience and were conducted in English. With the consent of the participants, each interview was taped and lasted between thirty and sixty minutes.

The interview guide was designed with the study's goals in mind. The demographic data of the participants was acquired in the first section. The psychological impacts of caring for cancer patients on nurses were examined in the second segment. The final portion looked into how providing cancer patients with care is impacted emotionally by the emotional toll it takes on them. The questions in the fourth part examined the challenges nurses have when providing care for patients with cancer. The coping mechanisms that nurses employ to successfully care for adult cancer patients were covered in the last section.

Data Collection Procedure

The Komfo Anokye Teaching Hospital's Ethical Review Committee (KATHIRB/AP/142/22) provided ethical clearance prior to the study's commencement. After that, copies of the ethical clearance were given to the oncology department of the Komfo Anokye Teaching Hospital along with a letter of authorization. After being given permission, the researcher went to the directorate to spend some time getting to know the employees before starting data collection. This allowed the participants to get to know her. Informed permission was requested from each participant, and they were made aware that they might leave the research at any moment without incurring any fees. Pseudonyms and identification numbers were allocated to participants, and they received clear and unambiguous information about the study throughout to maintain confidentiality. After obtaining the consented participants' contact information, calls were placed to arrange an interview.

Two interviewers who had received training to comprehend the goals of the study and the data collecting instrument performed the interviews. Every participant had a personal interview that was done whenever it was convenient for them. The language that was spoken was English. The researcher was careful not to put any of her personal emotions on the participants throughout the interviews. The participants' body language, facial emotions, and other nonverbal cues were also observed and recorded. When necessary, further questions were asked of the participants to enable them to completely describe their experiences. To increase

the reliability of the results and the correctness of the participant accounts of their experiences, the interviews were tape-recorded.

The rigor of this study was determined by considering the idea of saturation. An essential idea in qualitative research is saturation. It is employed to ascertain whether a study's data collection is sufficient to produce a solid and reliable knowledge of the topic being studied. Since saturation denotes the validity of the data, it is a crucial idea and is commonly incorporated in standards for evaluating the quality of qualitative research (Hennink & Kaiser, 2020). It is generally understood to suggest that more data gathering and/or analysis is not necessary given the information that has already been gathered and examined (Saunders et al., 2018). Saturation was defined in this study as the point at which fresh data points yield little to no meaningful information concerning the goals of the investigation. This was ascertained by comparing each new data or responses to the already existing ones. When no new topics, ideas or themes appeared or when no new information was obtained, the interviews were ended. Fifteen individuals were interviewed in all.

Data Processing and Analysis

The data collection and analysis for this study happened at the same time. The verbatim transcriptions of the recorded interviews were read aloud by two separate coders to ensure they understood every word that the participants had to say. The data was then subjected to thematic analysis and the data analysis approach described in Clarke & Braun (2013a, 2013b, 2014). The six phases in this approach

should not be thought of as a linear model where one must complete each step before moving on to the next (Clarke & Braun, 2013b).

a. Acquaintance with the Data: This phase involves the researcher fully immersing themselves in and getting to know the material, reading and rereading it (and, if relevant, listening to audio-recorded data at least once) and making any first analytical notes.
b. Coding: Coding is the process of assigning labels to important data properties that are pertinent to the analysis's main research topic. Each data item is coded by the researcher, who then compiles all of the codes and pertinent data extracts to wrap up this step.
c. Searching for Themes: A theme in the data is a discernible and coherent pattern pertinent to the study issue. To identify commonalities, the researcher searches the data for themes. This process of "seeking" is dynamic. The researcher gathers all of the coded information pertinent to each theme to finish this step.
d. Reviewing Themes: This includes ensuring that the themes 'work' with both the coded extracts and the entire dataset. The researcher should consider whether the themes tell a convincing and compelling story about the data and should begin to define the nature of each individual theme as well as the relationship between the themes.
e. Defining and Naming Themes: This necessitates the researcher conducting and writing a detailed analysis of each theme, identifying its essence, and developing a concise and informative name for each theme.

f. Writing Up: Writing-up entails weaving the analytic narrative and data extracts together to tell the reader a coherent and persuasive story about the data, as well as contextualizing it in relation to existing literature.

The researcher coded ideas, thoughts, and words that were similar and interesting in the data. The researcher used an inductive approach to coding, which gave her the flexibility to develop new codes to meet new emerging themes as the data was analyzed.

At the end of the interviews, the researcher listened to the entire recording and jotted down her immediate thoughts, including the overall content of the interview, gaps, or ideas that she may want to pursue further, and key words or phrases that the participants repeated. To begin generating the codes, key words or phrases from the participants' narratives that describe the phenomenon of interest was identified. Codes with similar contents were categorized or labeled in meaningful ways. The data categories or codes were reviewed and sorted in order to identify recurring patterns in the data after which the themes were defined and named. The researcher looked for idea saturation and recurring patterns of similar and dissimilar meanings and wrote the data extracts together into a coherent and persuasive story about the data, as well as contextualizing it in relation to existing literature.

Inclusion Criteria

a. Nurses currently working in the Oncology Department of the Komfo Anokye Teaching Hospital.
b. Nurses who provide care for adult cancer patients.
c. Nurses who consent to participate in the study.

Exclusion Criteria

a. Nurses working in departments other than the Oncology Department at the Komfo Anokye Teaching Hospital.
b. Nurses who do not provide care for adult cancer patients.
c. Former nursing staff of the Komfo Anokye Teaching Hospital's Oncology Department.
d. Nurses from the Komfo Anokye Teaching Hospital's Oncology Department who decline to participate in the study.

Trustworthiness and Rigor of the Study

Lincoln and Guba (1985) assert that a research study's credibility plays a crucial role in evaluating its value. Being trustworthy requires establishing transferability, confirmability, reliability, and credibility.

Credibility is the conviction that a study's conclusions are accurate, reputable, and believable. In order to guarantee the credibility of this research, enough time was dedicated to studying and comprehending the social and cultural context of the cancer wards, interacting with nurses, and building rapport and trust that helped the researcher and nurses make sense of the data. Furthermore, 2 nurses from comparable units pretested the interview methodology.

Dependability guarantees that, in the same participant cohort and situation, the results of this qualitative study may be repeated. To make sure of this, a thorough draft of the study protocol was created before the investigation began. The interviews were also recorded on audio, with consent from the participants. A qualitative researcher who was not engaged in the study's procedures was brought in to assess the study's methodology as well as its final output.

The possibility that the results of a study may be verified or supported by more researchers is known as confirmability. It also refers to the degree to which participant preferences—rather than the purpose, prejudice, or interest of the researcher—influence a study's conclusions. In order to assure confirmability, a researcher who was not engaged in the study reviewed the procedure and the final result in order to evaluate its correctness and ascertain whether the conclusions, interpretations, and findings were substantiated by the data. An audit trail was created by keeping all of the documentation related to the work done on this project, including the raw data.

Transferability, on the other hand, refers to how much the outcomes may be used or altered for use in different situations. This was achieved by providing a detailed description of the phenomena being studied in order to evaluate how applicable the findings are to other eras, contexts, circumstances, and individuals.

Ethical Considerations

Prior to the start of the study, ethical approval was obtained from the Komfo Anokye Teaching Hospital's Ethical Review Committee (KATHIRB/AP/142/22). The study's purpose and objectives were clearly explained to each participant, and

any concerns were addressed appropriately for clarity. Each participant gave their informed consent to participate in the study. Participating in this study carried no risk, and participants received no compensation. The privacy, confidentiality, and anonymity of participants were maintained throughout the collection, handling, and use of data.

Chapter Summary

This research was carried out at the Komfo Anokye Teaching Hospital's Oncology Department. 15 nurses in the department were sampled purposively and interviewed, each lasting not more than 30 minutes. Some limitations to the methods used herein is that the nurses are from a single healthcare facility and thus, the generalizability of the results to a larger population of nurses working in various cancer care settings is diminished by the small sample size. The study also used self-report metrics, which are susceptible to biases like social desirability or recall bias.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The purpose of this study was to investigate the impact of adult cancer care on nurses. Nurses from the Komfo Anokye Teaching Hospital's Oncology Department were interviewed using a semi-structured interview guide. Before saturation was reached, fifteen nurses from the oncology department were interviewed, with each interview lasting no more than 30 minutes. The data was analyzed using the thematic analysis approach. The collected responses yielded common themes.

Demographic Characteristics

Table 1 below summarizes the demographic distribution of the participants in this study. Overall, it was observed that the nurses in this study were noticeably young. One of them was within the 20 – 25 years age bracket whilst the remainder were split between the 26 – 30 years and 31 – 35 years groups (7 each). In terms of ranking, nursing officers were the majority (7), followed by staff nurses (5) and senior staff nurses (3). With regards to the educational qualifications of these oncology nurses, a vast majority of them have attained a Bachelor of Science degree in nursing (9) whilst the others had a diploma in nursing (6) certification. Nine of the oncology nurses have worked for less than one year to three years as nurses and six have worked between four to seven years as nurses. However, ten of these nurses have worked directly at the oncology unit for less than a year to three years, with the remaining five having worked from four to seven years at the oncology unit.

Table 1: Demographic Characteristics

Participant ID	Age (years)	Rank	Highest Qualification	Work Experience (years)	Work Experience at Oncology Dept (years)
P001	27	Staff Nurse	Diploma	3	2
P002	30	Nursing Officer	BSc	3	3
P003	24	Nursing Officer	BSc	2	1
P004	35	Nursing Officer	BSc	7	4
P005	29	Staff Nurse	Diploma	3	2
P006	34	Snr Staff Nurse	BSc	7	7
P007	32	Staff Nurse	BSc	2	2
P008	29	Nursing Officer	BSc	1	1
P009	29	Nursing Officer	BSc	4	3
P010	33	Nursing Officer	BSc	7	7
P011	26	Staff Nurse	Diploma	1	1
P012	29	Nursing Officer	BSc	3	3
P013	34	Staff Nurse	Diploma	3	3
P014	33	Snr Staff Nurse	Diploma	7	6
P015	31	Snr Staff Nurse	Diploma	7	7

Table 2: Themes and Sub-themes Generated from the Results

Theme	Sub-Themes
Psychological Effects of Cancer Care on Nurses	Emotional Investment in Patients' Condition The Psychological Strain of Attachment to Patients The Effects of Professional Empathy The Toll of Patient Non-Compliance and Difficult Behavior Futility of efforts
Losing a Patient	Emotional pain of loss Professional grief Complicated grief Caregiver burden Emotional numbing Grief reaction
Cancer Care Job Satisfaction	Staff training Professional autonomy Emotional complexity Teamwork Professional relationships and leadership
Difficulties in Nursing Cancer Patients	Financial constraints on the part of patients Inadequate logistics and facilities Late involvement of palliative team Emotional dumping Prognostic Awareness
Coping Strategies Nurses Adopt to Effectively Manage Challenges	Emotional resilience Emotional self-reliance Peer support Recreational and/or diversional therapy Self-care Benefit finding

Challenges Nurses Encounter in Caring for Adult Patients with Cancer

Psychological Effects of Cancer Care on Nurses

Five themes were generated from the responses pertaining to how adult cancer care affects nurses psychologically. These are emotional investment in patients' condition, the psychological strain of attachment to patients, the effects of professional empathy, the toll of patient non-compliance and difficult behavior and futility of efforts.

Emotional Investment in Patients' Condition

Most of the participants cited instances where their emotional connections to the cancer patients they care for affect their psychological health. They mentioned instances where they feel sad, depressed, emotionally down, among many others, seeing the conditions and physical states of their patients. Some participants put it this way:

> *"Caring for adult cancer patients really affects me psychologically because of the state in which I see the patients. Some are not able to walk or do their own chores. It is really very hard to care for such patients." (P001).*

> *"Sometimes I get very emotional when I hear about patients' bad prognosis. Sometimes when I get home and I think about it repeatedly." (P009).*

The Psychological Strain of Attachment to Patients

The results indicated that one other source of the psychological drain associated with cancer care among nurses is their attachment to the patients they care for. Some cancer patients receive repeated cycles of treatment with frequent encounters with the nursing staff. These multiple interactions generate an attachment with each other, between the nurses and the patients. Subsequently, this beautiful relationship becomes an emotional stressor when the outcome of care is not pleasant or is not what was expected. These participants had this to say:

> *"Personally, I see them to be part of me: my father, my mother, my relative, that is how I see them. So psychologically I feel what they feel. Inwardly I feel the pain that they are going through the trauma, the financial burden, etc." (P006).*

> *"I relate with these cancer patients as my own and develop some form of empathy for them so when their conditions are getting bad, it really affects me." (P008).*

The Effects of Professional Empathy

Some participants in this study indicated that in upholding their training and professional standards during their practice, and in this instance, caring for cancer patients, it opens them up to some psychological effects. According to these participants, nurses are trained to be empathetic towards their patients and not to display their own emotions to the patients. Whilst the former puts them through

experiencing any and everything the patients are going through psychologically; the latter makes them keep it all within and battle them alone.

> *"As a nurse, I was taught in school not to show my emotions to the patient because it can affect them. So, I have to bottle everything up and then take it to my home. One time, I was depressed, and I did not have the energy to even come to work." (P003).*

> *"Sometimes I feel emotionally down but I cannot put my emotions into my care. So even though I sometimes feel emotionally down, one thing I do is I try as much as possible to follow the hospitals protocol in the care of other cancer patients." (P012).*

The Toll of Patient Non-Compliance and Difficult Behavior

Other participants in the study pointed out that some patients come with no or inadequate knowledge of their condition. Others too, when they are educated to bridge this gap, they fail to accept their diagnosis. The resultant effect of these is non-compliance to treatment and in some cases, verbal abuse of the nurses caring for them. These can further worsen the patient's prognosis and when their condition worsens, affects the psyche of these nurses who have been with them all through, having to watch them transition from bad to worse.

> *"Some patients lack knowledge on their condition and sometimes refuse to accept their diagnosis. Others too do not comply with their medication and sometimes verbally abuse the nurses; raining some kind of insults on you, telling you all sort of things that you*

may not even expect from them, and this psychologically can affect you as a nurse." (P007).

Futility of Efforts

It was discovered that when nurses give in their best in caring for cancer patients but end up losing such a patient, it evokes feelings of futility and nothingness. It makes some question whether they actually did their best and/or whether it was worth all the efforts. This brings in professional dissatisfaction.

"Sometimes when you care for the patient and then at the end of the day you lose the patient, you feel that what you've done is in vain." (P014).

Losing a Patient

In a setting like cancer care where some patients tend to have awfully bad prognosis, nurses rendering care experience losing their patient quite often and this is not without effects on their psychological health. From the results, the impacts of losing a patient on the psychological states of the nurses can be categorized as emotional pain of loss, professional grief, complicated grief, caregiver burden, emotional numbing, and grief reaction.

Emotional Pain of Loss

From the participants, losing their patients causes them emotional pain. This pain causes them distress as a result of the negative emotions associated with it and

manifests as sadness, loneliness, anger, fear and/or grief. This is reflected in this response from a participant:

> *"It is sad to lose a patient particularly after seeing them go through the difficult procedures, the financial burdens, etc. and, in the end, the patient will not survive. It feels so painful to lose a patient." (P001).*

Professional Grief

The participants indicated that losing a patient causes them professional grief which describes how losing a patient affects the level of productivity of these professional nurses. Nurses invest a lot in the care of their patients and losing them can affect their outputs as caregivers.

> *"It can change how my day goes. It affects the way I work during that day or during that week." (P002).*

> *"I feel very bad. I once lost a patient and I had to take some time off work because I was not psychologically okay to work." (P008).*

Complicated Grief

From the data gathered, it was realized that losing patients in their care makes nurses go through what is known as complicated grief. The loss of a patient often feels similar to the loss of a close relative or loved one due to the emotional bonds that are formed throughout the time of care. This manifests with feelings of disbelief, anger, guilt, or a sense of emptiness.

> *"When they (patients) come here, we treat them equally. We see them as friends or family members. So, at the point where you lose the person, you feel it like you have lost a family member or you have lost a friend. It is very difficult to endure." (P007).*

> *"When I lose a patient, I feel like the patient could be my mom, my sister, or a close relative. So, I feel very sad, considering the situation the family members will go through." (P010).*

Caregiver Burden

Though nurses are trained not only to nurse their patients to a full recovery but also to a peaceful death, the optimism and anticipation of better clinical outcomes for the patients in their care can be a source of caregiver burden to them when these expectations are deferred. Due to the dedication of the nurses' time, knowledge, and skills into their patients' care, losing them may elicit emotional distresses, frustration, and disappointments.

> *"I feel so sad, especially those that you work so hard on, or you work tirelessly on, trying to help them survive and you lose the patient at the end of the day. When I go home, I feel very sad and very remorseful." (P014).*

> *"In a situation where you are doing what you could to keep the patient alive and the patient finally dies, it feels bad." (P007).*

Emotional Numbing

From the responses, being in a setting where you constantly see and feel the loss of patients, causes some of the nurses to numb their feelings to patient deaths. This is a psychological defense mechanism that makes them less emotionally responsive to the loss of their patients.

> *"For now, I will say I do not really feel it that much. During my first encounter of losing a patient, I was questioning myself, was there something that we did wrong that needed to be improved? Have we done the right thing? How am I going to be accountable for the persons death? But now, I am okay with it. I can go ahead with the activity;" (P006).*

> *"I mostly feel down but it is something that happens, so one way or the other, I have become used to patient mortality. At the onset, I will be down, but as time goes on, I assume a normal state so that I can get a concentrated mind to work on those that are alive." (P012).*

Grief Reaction

From the data collected, it became known that when nurses working on adult cancer patients experience the loss of a patient, particularly in the presence of grieving relatives, it can evoke strong emotions and lead to an emotional breakdown or a release of tears.

> *"Though I may know a person has maybe just a few more months or years left, but still it does not change the impact or the effect it puts on you when the person is gone. I have cried several times in consulting rooms since I started working here and in front of my patients' relatives (sometimes I forget they are even around). I do not think I will ever get used to it. For me, I have accepted that I am going to keep crying whenever it happens." (P009).*

Implications of the Psychological Effects of Cancer Care on the Quality of Patient Care

In responding to this question, one common theme cuts across all the responses given by the participants. They all responded to indicate that these emotional effects make them professionally resilient in the care they render. This outlines their ability to adapt, cope, and maintain their commitment to providing high-quality care in the face of various challenges, including the psychological impact of their work. By this, they are able to maintain a positive mindset, and draw upon personal and professional resources to navigate the emotional demands of their work.

> *"As a nurse, you need to go on and do whatever you do for other patients because you won't allow this to make you stop what you must do." (P001).*

> *"It influences me to give them (patients) the maximum kind of care that I should give. So, it does not discourage me." (P007).*

Do Nurses in Oncology Feel Their Efforts Are Useless Since Their Patients May Die Despite Their Care?

All the participants in this study responded that they do not feel their efforts are pointless despite the challenges and potential for loss in the oncology setting, a phenomenon known as therapeutic optimism. These nurses believe that their interventions, support, and care significantly impact patients' lives, regardless of the ultimate outcome. This is driven by the understanding that even though some patients may not achieve a cure or experience disease remission, their efforts can still make a meaningful difference.

> *"Our efforts are not useless. We try as much as possible to do everything that we must do for a patient, so if the patient does not survive, it is not our fault. So, I think losing the patient does not mean our efforts are useless." (P001).*

> *No, not at all. The patient's prognosis may be bad but as a nurse you cannot neglect your duties. If the patient makes it, fine, if he does not, you know you did your best and are still doing so. So that you will not have any guilty conscience when the patient passes."(P005).*

Aptitude for Cancer Care

In response to the question of whether they felt they were personally suited for cancer care, 73.30 percent of the study's participants answered with a yes. They cited factors such as having an ardent desire to learn more about cancer care, their

working experiences, on-the-job trainings they have received and having an innate inclination towards caring for cancer patients, as pointers of their belief and confidence in being built for the cancer care setting as nurses.

On the other, 13.30% of the remaining participants revealed that they are not built for the cancer care setting as nurses. They hinted at their difficulty in balancing their emotional investment in providing compassionate care with the challenges and emotional tolls inherent in oncology work. This is how one participant puts it:

> *"No, no, no. I can take care of them, but I do not think I am good because sometimes when I get to the house, I will just start crying. Sometimes I do not eat. God himself Brought me here So at the appointed time, God himself will Take Me Out of here. But I do not think I am built for oncology yet. There are some nurses that can shut out their humane side, the part of them that feel sad for the patient so that they can carry out their work. I can do it, but I do not want to. I want to feel for them so that I can take care of them properly but sometimes it is very overwhelming." (P003).*

However, some participants (13.30%) also feel no one is built for the oncology setting as a nurse. These participants suggested that it is solely the product of the individual's desire to learn and willingness to work in the field.

> *"I think no one is built for cancer care. It is all about how willing you are to learn because sometimes you would not have the desire.*

It is all about the individual how willing you are to work at the oncology department." (P005).

"I do not think anybody is built specifically for cancer. We just learn and sometimes having the passion for it does not mean we are built." (P009).

Cancer Care Setting Job Satisfaction

The participants in this study were asked about their satisfaction at their workplace and the work they do. From their responses, these themes were carved out: staff training, professional autonomy, emotional complexity, teamwork and professional relationships and leadership.

Staff Training and Knowledge

Most of the participants mentioned that the efforts made by their leadership to continually educate them on their jobs, through workshops and summits, make them satisfied to work in the department. They also highlighted the fact that having adequate knowledge of their responsibilities and roles makes them more confident and comfortable working in the unit.

"I really enjoy my work here because we are being educated here. The presentations help a lot. My colleagues here are also willing to teach you what you do not know." (P013).

"Yes! It is good working with the staff here. They are always ready to teach you whatever you ask them." (P001).

Professional Autonomy

Some of the nurses hinted that they have more room as professionals to make decisions and take actions within the scope of their practice. This Professional Autonomy makes them satisfied with the work.

> *"Yes, I actually do because here, unlike other places, you have more autonomy, you are actually empowered more to do more for the patients than you normally would in any other place." (P002).*

Emotional Complexity

It was also realized that the emotional complexities associated with caring for adult cancer patients contribute to job satisfaction among some nurses.

> *"It is a mixed feeling: sometimes it is fun, other times too it is quite challenging. We have opportunity to learn more through summits and workshops. The challenging part is that our patients go through a lot and sometimes it puts us the nurses through a lot too." (P005).*

> *"Yes. Even though it is sad and depressing, but yes. The work here is different from the ward, it is enlightening to work here." (P003).*

Teamwork

The participants made it obvious that the strong teamwork that exists between the multidisciplinary healthcare teams within the department is a strong

indicator of their job satisfaction. This is crucial to providing comprehensive and coordinated care to patients.

> *"As a team, we do not rely on a single person to make all the decisions. We all come together as a team to do what is best for our patients." (P006).*

Professional Relationships and Leadership

The findings showed that the nursing staff in the oncology department has a solid professional connection with one another, and for some of the nurses, the source of their job satisfaction is in this relationship's quality. In addition, quality leadership in the department was alluded to as another determinant of job satisfaction.

> *"This place is one of the nicest places in the whole of this facility. The environment too is very favourable for doing the right thing. There is very good nurse to nurse relationship." (P012).*

> *"I am happy working on patients here and the relationship I have with coworkers, my superiors and my juniors, it's a perfect relationship, so I don't regret working here." (P007).*

> *"You've been here, so you have seen the staff relations that we have. We are free with everyone irrespective of the rank." (P008).*

Difficulties in Nursing Cancer Patients

Finding out what obstacles nurses face when providing care for adult cancer patients was the goal of this study. It was discovered from the results that the major challenges are from financial constraints (on the part of patients), logistics and facilities, palliative involvement, emotional dumping, and prognostic awareness.

Financial Constraints on the Part of Patients

It became known that the cost of treatment for cancers and other things that warrant financial commitments from patients and/or their relatives pose greater challenges to the nurses caring for these patients. When the patients are unable to afford their medications, it affects treatment compliance, and their condition deteriorates presents an emotional stressor to both the nurse and the relatives.

> *"It is very challenging seeing patient not being able to afford their treatments. Seeing them go through pain because of it is difficult." (P001).*

Inadequate Logistics and Facilities

The logistics and facilities available in the oncology department are not adequate for its operation demands, and this poses a challenge to the nurses working in the department. The results revealed that the smaller treatment rooms for chemotherapy and inadequate equipment such as the Brachytherapy machine (just one available in the department), do not match the patient numbers. This puts an undue strain on the available ones, causing frequent breakdowns which take longer to repair and further delaying patient treatments. In addition, the unit sometimes

operates with inadequate Personal Protective Equipment meant to protect these nurses from dangerous radiation and any other source of hazard in the care of cancer patients.

> *"We need a bigger room because it looks like a lot of people are getting cancer, even though that's not what we want." (P003).*

Late Involvement of Palliative Team

The palliative care team may occasionally become engaged late in a cancer patient's therapy, according to certain answers to the study's questions.

> *"My challenge is that we do not involve the palliative team at the initial stage. When we are almost afraid of losing the patient, that is when we involve the palliative team and to me, I think that is wrong. Most of the nurses here think that it should be the right thing, that we need to involve a palliative team." (P006).*

Emotional Dumping

Some cancer patients choose to use the nurses caring for them as the outlets for their negative emotions which makes work difficult for these nurses. They dump their feelings of frustrations, anxieties, hopelessness, hurt, etc. on the nurses. The nurses on the other hand have to put up with this professionally and find a good balance to keep working.

> *"Sometimes the patients use us as outlets and I try to harbor whatever anger, whatever bad feeling they make me feel within me." (P008).*

Prognostic Awareness

Some participants signaled that, when they become aware of the bad prognosis of their patients, it affects them and how they work.

> *"Knowing that my patient has a bad prognosis affects me. Sometimes I wish I did not even know. Sometimes it is really sad to know that after everything, it is going to be like this at the end." (P009).*

Coping Strategies Nurses Adopt to Effectively Manage Challenges

Amid these different psychological difficulties, this study sought to identify how these vulnerable nurses cope to continually deliver quality healthcare to cancer patients. The responses indicated several coping mechanisms grouped under six different themes.

Emotional Resilience

The participants indicated that as professionals, they are obliged to deliver to their optimum best regardless of any challenges surrounding them.

> *"Since we are nurses, we have to work and do our best regardless of the challenges."(P001).*

"You just go through with it anyway, whether you like it or not." (P002).

Emotional Self-Reliance

Some of the nurses reported keeping their emotions to themselves, bottling it within so they can keep working.

"I do not really tell anybody about anything that goes on here, just a prayer. If I want to cry, I cry, then I sleep. I make sure I get enough rest. That is how I have been coping. I do not think it is healthy, but it is manageable for now." (P003).

"I eat and rest and forget about it. I do not talk to anyone because I know it is part of my work. I need to endure some pains when it comes so that I will be able to talk to my patients if my patient is also under stress." (P010).

Peer Support

It was unraveled that some of the participants rely on talking about their emotional difficulties with their colleagues, and/or trusted persons to survive through these challenges.

"I think talking to a colleague about it helps. Sometimes when there is an incident and you share with your colleague at work, that this what I am going through, they try to motivate you after this incident." (P005).

> *"I have other staff members around whom I can at least interact with them." (P006).*

> *"Mostly I speak with my friends or call home and just talk to my mom." (P011).*

Recreational and/or Diversional Therapy

To add to these, it was uncovered that the nurses resort to recreational and/or diversional therapies to cope with their psychological stressors. This includes prayers, meditations, playing games, listening to music, etc.

> *"Myself in particular, I am a very funny person. I always love to crack jokes for people, not only the staff, even patients as well. Because working in this directorate is too emotional." (P013).*

> *"I watch movies at home and then chat with friends and play games." (P014).*

> *"I listened to music a lot. It makes me like, forget most of the things that I go through in life." (P008).*

Self-Care

The results made it known that the participants make beneficial use of their days off work to take care of themselves. They ensure to have relax and have good rests to relieve all emotional stressors.

> *"Luckily for us, we only work from Mondays to Fridays, and we do not come for weekends and on holidays. I use the off days to relax and relief all the stress." (P008).*

Benefit Finding

It was discovered that the nurses find benefits and inspiration from patients who do well under them to draw up strength to handle the psychological stresses.

> *"Aside all of these tragedies that we get, we still get patients who are doing well. So, for me, I wake up and sometimes that is my motivation. Even if you are able to add like three years to somebody's life, I do not think it is bad at all. So, for me, that is my motivation." (P009).*

> *"Seeing some of my patients getting well keeps me going." (P014).*

Discussion

This study aimed to investigate the impact of adult cancer care on the nurses providing care to adult cancer patients. Utilizing a descriptive qualitative design, the research specifically focused on nurses within the Oncology Department of Komfo Anokye Teaching Hospital. Participants were purposively selected, and data were collected through semi-structured interviews. Thematic analysis was employed to analyze the data. The study delved into the challenges, coping strategies, and support systems that nurses face on a daily basis. The findings can be used to improve interventions, support systems, and the emotional well-being of oncology nurses.

Demographic Characteristics

The study's participants' demographic makeup has important ramifications for Ghana's oncology nursing community. The bulk of the study's nurses were young, which is consistent with the global trend of younger nurses (Agyemang-Duah et al., 2021; Nimo et al., 2020). This finding has a number of profession-related ramifications, including the requirement for focused initiatives to draw and keep young nurses in the oncology specialty. Studies suggest that young Ghanaian nurses may struggle with work-life balance, career growth, and job satisfaction (Agyemang-Duah et al., 2021; Nimo et al., 2020). As a result, it is critical to create supportive policies and initiatives that recognize the unique needs and demands of aspiring oncology nurses.

Nursing officers made up the bulk of the participant ranks, which were then followed by staff nurses and senior staff nurses, reflecting the hierarchical structure

frequently seen in Ghanaian healthcare settings (Agyemang-Duah et al., 2021; Nimo et al., 2020). The hierarchical structure of the nursing workforce suggests that roles, duties, decision-making authority, and power dynamics vary. The possible effects of this hierarchy on teamwork, cooperation, and the general standard of care delivered by oncology nurses in Ghana must be acknowledged and addressed (Agyemang-Duah et al., 2021; Nimo et al., 2020).

The oncology nurses' educational backgrounds, with the majority of them earning a Bachelor of Science in nursing degree and the remaining ones obtaining a diploma in nursing certification, indicate Ghana's growing emphasis on nursing higher education (Agyemang-Duah et al., 2021; Nimo et al., 2020). International recommendations for nursing education are congruent with the impact of this trend on patient outcomes and the standard of care (Agyemang-Duah et al., 2021; Nimo et al., 2020; World Health Organization, 2020a). The study revealed that a significant proportion of cancer nurses have bachelor's degrees, suggesting a positive trend towards enhanced knowledge, skills, and competencies in oncology nursing practice (Agyemang-Duah et al., 2021; Nimo et al., 2020; World Health Organization, 2020a).

An examination of the nursing experience revealed that most of the participants had less than one to three years of experience, indicating a relatively inexperienced workforce in the field of cancer nursing. This finding is consistent with studies conducted in Ghana that have shown challenges related to young nurses' turnover and retention (Agyemang-Duah et al., 2021; Nimo et al., 2020). Since there are a lot of new nurses working in the field of oncology, it is important

to provide them with comprehensive orientation and mentorship programs to help them transition and advance their careers (Agyemang-Duah et al., 2021; Nimo et al., 2020). It also highlights how important it is to deal with concerns like workload, job satisfaction, and opportunities for professional growth in order to improve the retention of young nurses in Ghana's cancer nursing workforce.

On the other hand, a sizable majority of the study's nurses had been employed directly in the oncology unit for four to seven years, demonstrating a level of stability and knowledge within the oncology field. Experienced nurses offer essential information, abilities, and clinical judgment to their work, enhancing patients' outcomes and the standard of care as a whole (Agyemang-Duah et al., 2021; Nimo et al., 2020). In order to mentor and develop the younger nursing workforce and guarantee the continuity of high-quality care, it is essential to acknowledge and make use of the experience of experienced nurses in oncology.

Psychological Effects of Cancer Care on Nurses

Emotional Investment in Patients' Condition

The study's findings highlight the significant impact of the emotional connections between nurses and their cancer patients on their psychological well-being. The emotional challenges experienced by nurses, including feelings of sadness, depression, and emotional distress, underscore the need for targeted interventions and support systems to address their psychological health. In a study by Johnson and Rea (2020) that emphasized the emotional toll of caring for patients with serious illnesses on healthcare professionals, causing distress and potential

burnout (Johnson & Rea, 2020). Similarly, Smith *et al*. (2018) discovered a strong link between nurses' emotional distress and their patients' physical conditions, emphasizing the emotional burden of patient care (Smith et al., 2018). On the other hand, although emotional ties to patients can cause distress, they can also give nurses a sense of fulfillment and purpose in their work (Jones et al., 2019). These divergent viewpoints highlight the complexity of the emotional effects that nurses encounter while providing oncology care, pointing to the need for tailored support strategies and additional research to comprehend the complex interplay between emotional connections and psychological well-being.

The Psychological Strain of Attachment to Patients

The finding that nurses caring for cancer patients may experience psychological exhaustion as a result of attachment to patients has various ramifications. First of all, it emphasizes the emotional commitment nurses make to their patient relationships. These bonds between nurses and patients are frequently strengthened through multiple treatment cycles and regular interactions (Jones et al., 2019). This lovely relationship, however, can cause nurses a great deal of emotional stress if the results of the care are poor or fall short of expectations. This research emphasizes the value of offering nurses in oncology settings emotional support and coping mechanisms. Healthcare facilities should place a high priority on the emotional needs of their nursing staff by putting in place interventions that deal with these issues. Setting up nurse support groups, counselling services, or debriefing sessions where they may openly express their emotions, discuss their experiences, and solicit feedback from their colleagues may be necessary to achieve

this. The discovery also highlights how important it is for patients and healthcare professionals to work together and communicate clearly. Manage expectations and lessen the emotional strain on patients and nurses by making sure that patients are knowledgeable about their treatment options, probable results, and prognosis. A sense of trust and support can be fostered in the nurse-patient relationship by being open and honest with one another.

The Effects of Professional Empathy

The discovery that upholding professional standards when caring for cancer patients can have psychological effects on nurses sheds light on the emotional toll that the nursing profession, particularly when caring for cancer patients, takes. Because nurses are taught to have empathy for their patients, they frequently go through the same psychological struggles and feelings as their patients. This emotional connection can be demanding and may contribute to psychological effects on nurses. Nurses are expected to maintain a professional demeanour and not display their own emotions to patients, which can create a sense of emotional isolation (Davis et al., 2017). In order to assist nurses' psychological wellbeing, healthcare institutions must offer them tools and interventions like counselling services, peer support groups, and chances for debriefing and reflection. The necessity of fostering a culture of psychological safety and support inside healthcare organizations is also highlighted by this research. It should be easy for nurses to express their feelings, ask for assistance when necessary, and have open conversations about the psychological effects of their work. The detrimental psychological impacts of following professional standards while caring for cancer

patients can be lessened by fostering an environment that promotes emotional wellbeing and offers channels for assistance.

The Toll of Patient Non-Compliance and Difficult Behavior

The realization that patients' lack of understanding or refusal to accept their diagnosis can result in non-compliance and verbal abuse of nurses has various ramifications. It emphasizes the value of patient education and clear communication in healthcare settings, to start. Patients who are not sufficiently informed about their health may find it difficult to appreciate the value of following their treatment plan and the potential repercussions of non-compliance (Dolce, 2019). Healthcare professionals, particularly nurses, play a critical role in providing clear and thorough information to patients in order to empower them to make educated decisions and actively participate in their care. The discovery also highlights the need for approaches to deal with patient resistance or denial of their diagnosis. After getting a diagnosis, some patients could feel denial or emotional discomfort, which may make it harder for them to accept treatment (McCarthy et al., 2019). To assist patients in navigating their emotions, addressing their fears, and gradually accepting their diagnosis, nurses should be well-versed in psychological support approaches as well as communication skills. The discovery also draws attention to the possible psychological effects on nurses who see patients' conditions get worse as a result of non-compliance or disease progression. With their patients, nurses form close emotional connections, and witnessing them deteriorate can be emotionally upsetting (Lan et al., 2019). Healthcare organizations should establish support systems like debriefing sessions, and

counselling services to help them navigate through the emotional challenges they face.

Futility of Efforts

Underscoring the emotional toll and psychological effects of patient loss on nurses is the finding that losing a cancer patient despite giving them the greatest care can cause emotions of futility, make one doubt their efforts, and result in professional unhappiness. Nursing staff, who devote a lot of time, effort, and emotional energy to caring for patients, may find palliative care and end-of-life situations to be particularly difficult (Ferrell, Coyle, et al., 2019). They may experience feelings of hopelessness, sadness, and self-doubt when their efforts do not yield the desired results. This emphasizes how important it is for healthcare organizations to create a welcoming and compassionate workplace. Even in the face of patient loss, nurses can process their feelings and find meaning in their work by receiving support from their coworkers, being open with them, and having time for reflection upsetting (Lan et al., 2019). Organizations should encourage a culture that recognizes the emotional toll that losing a patient has on nurses and promotes self-care and emotional wellness.

Losing a Patient

Emotional Pain of Loss

The recent finding that losing patients causes emotional suffering and grief among medical professionals—including nurses—is important because it

emphasizes the substantial negative effects of patient loss on their wellbeing. A number of unpleasant feelings, including sadness, loneliness, anger, fear, and grief, can be triggered when a patient dies because healthcare staff have invested time, effort, and emotional energy in caring for them. These emotional encounters may have a variety of effects on the mental health, job satisfaction, and general wellbeing of healthcare professionals. Healthcare professionals who build close ties with their patients and may have personally witnessed their suffering may experience sadness and grief in the event of a patient loss (Stroebe et al., 2017). Healthcare professionals may miss their interactions and connections with the deceased patient after a patient passes away, which can lead to emotions of loneliness and emptiness (Chiu et al., 2019). The inability to preserve the patient's life or achieve a successful conclusion can also lead to feelings of rage and frustration (Lamont, Brunero, & Perry, 2018). Healthcare professionals may experience fear and anxiety as they face their own death and are made aware of how short life is (Stroebe et al., 2017).

Professional Grief

The study's findings highlight the emotional and professional repercussions of patient loss by showing that losing a patient induces professional grief in nurses and affects their productivity and caregiving outputs. Nurses commit substantial time, effort, and emotional energy in caring for their patients, and when they face the loss of a patient, it can have a tremendous influence on their capacity to complete their caregiving obligations. The emotional reaction that healthcare workers, such as nurses, go through after a patient passes away is referred to as

professional mourning (Gustafson, 2018). It includes a variety of feelings like sadness, disappointment, and a sense of loss in one's life and career. These feelings may affect the nurse's general wellbeing and capacity for good caregiving. The experience of losing a patient can have an impact on a nurse's level of productivity. It could result in a loss of confidence in their capacity to be carers, an increase in self-doubt, and a drop in motivation (Holland, 2016). Nurses could doubt their own abilities and wonder if there was anything they could have done to stop the patient from passing away. Their performance and output as carers may be impacted by these self-doubt and lowered motivation.

Complicated Grief

The result that losing patients while caring for them might cause difficult sadness in nurses emphasizes the significant emotional toll patient loss takes on their wellbeing. Because nurses frequently form significant emotional bonds with their patients, losing a patient might cause them to suffer grief similar to that felt when losing a close friend or family member. A protracted and deep form of grieving known as "complicated grief" is marked by a variety of difficult feelings and symptoms (Shear et al., 2015) When a nurse loses a patient with whom they have formed a strong emotional bond, they could feel as though they are hard to believe what has happened. As they strive to comprehend the loss, they could also experience anger—either against themselves or toward outside forces. Guilt is another common emotion experienced by nurses during difficult mourning, as they may second-guess their choices or actions in relation to the patient's care. The patient's death disrupts the established emotional attachment and connection,

resulting in a sense of emptiness or a void. The intensity and relevance of the emotional bond nurses form with their patients are indicated by the comparison of their sadness to that of losing a close relative or a loved one. It emphasizes how special the nurse-patient relationship is and how emotionally invested nurses are in their patients' care.

Caregiver Burden

The research reveals that although nurses are educated to deliver care with the intention of obtaining favourable clinical outcomes or a peaceful death, the failure to meet these expectations can result in caregiver strain. When the intended clinical outcomes are not attained, nurses who have invested their time, knowledge, and abilities in caring for their patients may experience emotional discomfort, frustration, and disappointment.

Based on their education and experience, nurses frequently have a sense of hope and eagerness for their patients' recovery or a peaceful death. When these expectations are not satisfied, it may be difficult for these caregivers to deliver the best care possible. This weight may result from nurses' emotional interest in the health of their patients as well as their desire to see successful outcomes as evidence of their skill and commitment. When nurses' expectations are not met, it can cause them emotional discomfort in a number of different ways. They could question their own skills or the success of their interventions as a result of feeling personally responsible for the patient's fate (Ferrell, et al., 2019). A perceived lack of development or the inability to end pain despite one's best efforts can cause

frustration (Duggleby et al., 2017). Disappointment results from the discrepancy between the anticipated result and the actual state of the patient, which causes a sense of unmet expectations (Browning et al., 2017).

Emotional Numbing

The research implies that nurses who frequently see patient fatalities can acquire an emotional numbing psychological defense mechanism. This defense mechanism enables nurses to become less sensitive to their patients' deaths on an emotional level. Some nurses use this coping strategy as a self-protective technique because they are frequently exposed to the pain and death of patients in their work environment. A decrease in emotional response or the purposeful suppression of emotions are both examples of emotional numbing. It acts as a protective mechanism to keep people safe from intense or upsetting feelings (Mealer et al., 2009). When it comes to nursing, emotional numbing can take the form of a technique for nurses to detach themselves psychologically from the passing of their patients, sparing them the emotional toll and probable burnout brought on by constant exposure to death. Although emotional numbing may aid nurses in managing their emotional stress, it's crucial to take into account any potential negative effects. A perceived lack of empathy or compassion brought on by numbing emotions can prevent the formation of deep bonds with patients and their families. The quality of the treatment given as well as the nurse-patient interaction may be affected.

Grief Reaction

According to the findings of this study, nurses caring for adult cancer patients may experience intense emotions and even have a breakdown or burst into tears when a patient dies, especially if grieving relatives are present. The emotional toll that patient loss may take on nurses working in cancer settings is shown by this research. An important part of nurses' work experience is how they emotionally react to patient loss. Seeing people suffer and die can cause a variety of feelings, such as sadness, grief, and a sense of loss. The presence of bereaved family members exacerbates these feelings since the nurses may relate to their suffering and loss. When a patient passes away, nurses may experience an emotional breakdown or burst into tears. This is a common and expected reaction to the emotional demands of their job. It demonstrates how closely they are connected to and committed to providing for patients (Mitchell et al., 2018). However, it is crucial to understand that ongoing emotional strain can have a severe impact on a nurse's wellbeing and ability to execute their work.

Implications of the Psychological Effects of Cancer Care on the Quality of Patient Care

There is a consistent theme of professional resilience among the nurses, despite the comments from the study's participants suggesting that dealing with adult cancer patients and suffering patient loss can have profound emotional repercussions. Despite the emotional difficulties they encounter, they show the capacity to adapt, cope, and uphold their dedication to offering high-quality care

(Mealer et al., 2017). The ability of healthcare workers to recover, move past hardship, and go on providing high-quality treatment is referred to as professional resilience. Professional resilience enables nurses who care for adult cancer patients to stay optimistic and utilize both personal and professional resources to deal with the emotional demands of their employment (Mealer et al., 2017). For nurses to maintain their wellbeing and continue offering the best treatment, they must possess the resilience to persevere in the face of emotional difficulties. They are able to use their emotions constructively, get help when they need it, and take care of themselves to avoid getting burned out.

Although the study's participants acknowledged having intense emotions and the potential for emotional breakdowns, their capacity for professional resilience demonstrates their commitment to their field and their patients. It implies that they have learned coping mechanisms to help them manage their emotions and keep their commitment to delivering high-quality treatment, like asking for help from coworkers, reflecting on their own behaviour, or taking part in debriefing sessions. Professional resiliency is a crucial quality for nurses, especially in oncology and palliative care settings where nurses routinely deal with difficult emotional situations. It is a continuous process that calls for self-awareness, self-care, and an encouraging workplace culture.

Do Nurses in Oncology Feel Their Efforts Are Useless Since Their Patients May Die Despite Their Care?

Despite the difficulties and risk of failure in the oncology context, every participant in this study stated that they did not believe their efforts were in vain—a phenomenon known as therapeutic optimism. Regardless of the outcome, these nurses are of the opinion that their interventions, support, and care have a substantial impact on patients' lives. This is motivated by the knowledge that, even though some people may not find a cure or enjoy a remission of their illness, their efforts can still have a significant impact. Medical workers that practice therapeutic optimism believe that their actions and interventions can positively affect patient outcomes, even when a full recovery may not be achievable (Johnson et al., 2020). Despite the difficult and frequently emotionally taxing nature of caring for cancer patients, therapeutic optimism enables nurses to keep a feeling of purpose and motivation in their job in the setting of oncology nursing. Nurses can offer patients and their families compassionate and all-encompassing support because they are confident in the worth of their interventions and the effects of their care. It promotes the formation of a therapeutic alliance based on empathy, hope, and trust, which may improve patients' health and quality of life (Johnson et al., 2020).

Therapeutic optimism enables nurses to concentrate on the significant moments and beneficial effects they can have on patients' lives, despite the fact that the reality of working in oncology means they may see patient losses or encounter setbacks in treatment outcomes. Even in the face of adversity, it aids them in maintaining a positive outlook and continuing to offer high-quality care. In

oncology settings, therapeutic optimism is a crucial component of nursing practice because it helps nurses deal with emotional difficulties and potential emotions of futility. It highlights the value of nurses' presence and support throughout the cancer journey and highlights the significance of their contributions.

Aptitude for Cancer Care

The majority of the research participants (73.30%) who were questioned about their suitability for cancer care said they feel they are qualified for the position. They credited their self-assurance to a variety of things, including a strong desire to learn about cancer care, prior work experience, the in-the-field training they had received, and an innate propensity towards caring for cancer patients. These people stressed their desire to improve their knowledge and abilities in cancer treatment, which drives their commitment to provide patients with high-quality care. On the basis of their individual traits and professional development, they felt prepared to handle the difficulties and emotional demands of working in oncology.

On the other hand, 13.30% of the participants voiced concerns about their suitability as nurses working in a cancer care environment. They discussed how difficult it was to combine the emotional investment they made in giving compassionate care with the difficulties and emotional toll that come with working in oncology. Interestingly, several participants in this group also shared the opinion that no one is intrinsically suited to work as a nurse in an oncology context. They contend that an individual's willingness to work in the oncology area and their want

to learn are the only factors that predict success in this discipline. Recognizing the various viewpoints held by nurses with regards to their fitness for cancer care is crucial. These various points of view are influenced by personal experiences, traits, and coping techniques. Oncology nurses can make educated decisions about their career routes and seek the right support to maintain their well-being by being aware of their own strengths and limits in the context of oncology nursing (Smith et al., 2021).

Cancer Care Setting Job Satisfaction

Staff Training and Knowledge

The study's participants claim that their leadership's efforts to continuously educate them on their professions through summits and seminars add to their happiness with working in the department. They receive the knowledge and skills they need from these educational programs to fulfill their duties and obligations successfully. They consequently feel more assured and at ease doing their duties within the unit. Programs for continuing education and professional development are essential for boosting nurses' competence and job satisfaction. Nurses may deliver high-quality care and adjust to the changing requirements of their patients by keeping up with the most recent developments and best practices in the oncology sector. Additionally, continuing education fosters a pleasant work atmosphere by making nurses feel appreciated and supported by their leadership (Smith et al., 2021). The participants understood the value of possessing the necessary knowledge and abilities for their jobs, and they credited their leadership's support

of their education chances with giving them these opportunities. These programs show how dedicated the organization is to encouraging professional development and ensuring that nurses are prepared to handle the demands of their professions. Leaders support the general wellbeing and job happiness of their nursing staff by funding workshops, summits, and other educational events. They enable nurses to carry out their responsibilities successfully, which ultimately improves patient care outcomes.

Professional Autonomy

The study's nurses claim that having professional autonomy makes their jobs more satisfying. They indicated that having the freedom to decide what to do and how to accomplish it within the parameters of their practice gives them a sense of fulfillment and control. Professional autonomy refers to the authority and discretion that nurses have when making decisions about patient care. It enables nurses to use their skills, knowledge, and experience to provide the best possible care to their patients. Nurses experience a better sense of ownership and job satisfaction when given the freedom to make decisions based on their professional judgment (Jones et al., 2020). Organizations appreciate and acknowledge the expertise and contributions of nurses by allowing them the freedom to make decisions. As a result, the healthcare team's culture of trust and cooperation is fostered, which improves job satisfaction. The value and respect nurses feel for their expertise favourably affects their overall job satisfaction and drive (Jones et al., 2020). Additionally, having professional autonomy allows nurses to implement evidence-based procedures and adapt to the specific needs of each patient. It

encourages innovative thinking, problem-solving, and critical thinking, which improves patient outcomes and treatment quality.

Emotional Complexity

Indeed, the emotional challenges of caring for adult cancer patients may have an impact on some nurses' job satisfaction. Oncology nursing is a demanding and emotionally taxing profession due to the nature of the illness, the effects it has on patients and their families, and the possibility of having delicate and unpleasant conversations (Stevens et al., 2019). Many nurses find fulfillment in caring for and supporting cancer patients despite the emotional difficulties. They form close relationships with their patients and find fulfillment in changing the course of their life. For nurses, the chance to provide solace, empathy, and optimism at trying times may be incredibly fulfilling (Stevens et al., 2019). Oncology nurses frequently form close bonds with their patients and their families in these situations, which can give their employment a sense of meaning and purpose. Nurses may find inspiration and professional satisfaction from being with patients as they battle cancer and seeing their tenacity and fortitude (Stevens et al., 2019). But it's crucial to recognize that caring for cancer patients can also be emotionally taxing, which can make some nurses emotionally exhausted or burn out. To help nurses negotiate these difficulties and retain their sense of job satisfaction, it is essential that they have access to adequate support systems, self-care practices, and tools for emotional wellbeing (Stevens et al., 2019).

Teamwork

The study's participants stressed the value of excellent teamwork and collaboration within their department's interdisciplinary healthcare team. They understood that providing patients with comprehensive and well-coordinated treatment depends heavily on effective teamwork, which is essential for their job happiness. A multidisciplinary approach is frequently used in the field of oncology to treat cancer patients, with healthcare providers from many specialties collaborating to meet the patients' complicated demands. Doctors, nurses, pharmacists, social workers, nutritionists, and other healthcare specialists may fall under this category. A helpful and harmonious work atmosphere is produced when the healthcare team works together well and collaborates. In order to offer patients with holistic care, nurses can rely on the skills and knowledge of other team members and feel appreciated and respected for their efforts (Cummings et al., 2013; Smith et al., 2021).

Communication, coordination, and continuity of care are all improved by effective teamwork. It enables information sharing, the presentation of many viewpoints, and group decision-making, all of which improve patient outcomes. To create thorough care plans, deal with complex patient difficulties, and guarantee a smooth transition between various stages of care, nurses can work together with other team members (Smith et al., 2021). Furthermore, effective collaboration encourages a sense of camaraderie and solidarity among medical workers. It fosters a supportive workplace environment where employees are at ease asking for help, exchanging ideas, and picking each other's brains. This encouraging environment

promotes career advancement and job happiness (Silva et al., 2017; Smith et al., 2021).

Professional Relationships and Leadership

The study found that some nurses' job happiness came from having positive working relationships with other nurses in the oncology department. Creating a friendly and cooperative work environment through forming good relationships with coworkers increases job satisfaction (Garcia et al., 2018). Strong professional connections foster a sense of camaraderie, respect, and teamwork among nurses. They may rely on their coworkers for assistance, support, and direction, which helps them deal with the difficulties of their jobs. Collaboration and efficient communication among nursing staff members improve job satisfaction and foster a supportive workplace environment (Perry, 2008).

Another factor in determining job satisfaction was found to be the department's level of leadership. Nurses value leaders who give them clear instructions, encouragement, and appreciation for their efforts. A healthy work environment, nurse empowerment, and the development of trust and respect are all benefits of effective leadership (Garcia et al., 2018). Fostering a culture of support and inclusion as well as opportunity for professional development are all aspects of good leadership. Nurses' job satisfaction and general well-being are improved when they perceive their supervisors as being valuable, supportive, and empowered (Garcia et al., 2018; Perry, 2008). Job satisfaction in the oncology department is influenced by both effective leadership and good relationships among the nursing

team. Together, they build a collaborative and inspiring work atmosphere that encourages professional development and the provision of high-quality healthcare.

Challenges in Nursing Cancer Patients

Financial Constraints on the Part of Patients

The high cost of cancer treatment and other financial issues that patients and their families face provide significant challenges for nurses caring for these patients, according to the paper. In the event that patients are unable to pay for necessary prescriptions or other aspects of their care, their overall care and wellbeing may suffer (Carrera et al., 2018). Patient outcomes may suffer as a result of non-adherence or treatment delays brought on by the financial burden of cancer treatments. Observing how a patient's financial situation affects their health and well-being adds emotional strain to an already intense task for nurses (Harrison et al., 2018). Because nurses often develop deep ties with their patients and their families, it can be emotionally stressful for them to witness their financial struggles. When nurses aren't able to provide the tools or help that patients need to reduce their financial burden, they might feel helpless or irritated (Harrison et al., 2018). Additionally, financial difficulties might cause emotional concerns that go beyond the immediate treatment of the patient. When patients and their families need financial support, nurses may find themselves advocating for them and their families, looking for resources, or consulting with social workers or financial counsellors about their alternatives. The job happiness and wellbeing of nurses may be impacted by these added duties and emotional stress (Harrison et al., 2018). To

address the financial difficulties that patients face, collaboration among healthcare professionals, administrators, policymakers, and other stakeholders is required. It is crucial to research and put into practice measures that enhance patient and family support services, financial assistance programs, and access to affordable healthcare. By taking care of the financial aspects of cancer care, nurses can concentrate on offering the best possible patient care and support without being distracted by additional financial pressures (Harrison et al., 2018).

Inadequate Logistics and Facilities

According to the report, the oncology department's insufficient facilities and logistics provide serious problems for the nurses who work there. Inadequate facilities and tools may have a negative effect on patient care and add to the stress experienced by nurses (Kaur et al., 2019). The smaller chemotherapy treatment rooms, which would not be sufficient to accommodate the growing number of patients, were one of the difficulties mentioned. As a result, there may be too many people present, compromised privacy, and insufficient room for nurses to provide treatment effectively. Such circumstances may be detrimental to the patient's comfort and the overall standard of the care given (Nukpezah et al., 2021). The report also emphasized the problem of inadequate equipment, highlighting in particular the scarcity of Brachytherapy devices. It becomes difficult to meet the treatment requests of patients in a timely manner when there is only one equipment available. This might result in treatment interruptions and delays, which can negatively affect patient outcomes and increase the workload and stress on nurses. The study also showed that the department occasionally uses insufficient Personal

Protective Equipment (PPE) designed to shield nurses from radiation and other risks related to the treatment of cancer patients. Nurses' safety may be jeopardized by insufficient PPE, which also raises the possibility of dangerous substance exposure. This not only creates a risk to their physical health but also increases their emotional stress and worries about their personal wellbeing (Kaur et al., 2019; Nukpezah et al., 2021).

A comprehensive strategy is necessary to overcome these obstacles. Prioritizing resource allocation is necessary for the oncology department's infrastructure and equipment, according to healthcare executives and policymakers. To protect the well-being and security of the nurses and patients, this may entail growing the treatment facilities, purchasing more equipment, and making sure there is an adequate supply of PPE (Kaur et al., 2019). Involving nurses in decision-making is also crucial, as is getting their opinion on the department's infrastructure and logistical demands. The opinions and ideas of nurses can be very helpful in identifying areas for development and putting up solutions to the problems they experience on a daily basis (Kaur et al., 2019).

Late Involvement of Palliative Team

The results of the study highlighted the fact that the palliative care team may get involved in cancer patients' treatment at a later stage. The results of this study suggest that there could be variations in the timing and incorporation of palliative care services across the course of a patient's therapy. Palliative care offers complete support and symptom management with the goal of enhancing the quality of life

for patients and their families who are facing life-threatening conditions like cancer. Rather of only providing care when a patient is close to death, it concentrates on satisfying needs that emerge on a physical, emotional, and psychological level throughout the duration of the disease (World Health Organization, 2020b). Their delayed engagement may jeopardize the efficacy of the palliative care team's treatments and support. When palliative care is employed early in the therapeutic process, it can aid in communication, symptom control, and care coordination. By attending to the mental and emotional needs of patients and their families, early integration of palliative care can increase patient and family satisfaction (World Health Organization, 2020b). Some of the reasons for delayed engagement include a lack of knowledge or comprehension of the benefits of palliative medicine, a scarcity of specialized palliative treatment facilities, or the predominance of curative or disease-modifying medicines. Furthermore, healthcare professionals could be reluctant to offer palliative care due to worries about sharing prognoses or the belief that doing so might be interpreted as "given up" on curative attempts (Kumar et al., 2018).

To address this issue, healthcare systems and providers should prioritize early incorporation of palliative care services into cancer treatment plans. It entails educating medical personnel about the advantages and proper timing of palliative care engagement. It also calls for establishing distinct referral channels and encouraging interdisciplinary cooperation between teams providing oncology and palliative care (Haun et al., 2017; Kumar et al., 2018). Additionally, education and training programs can assist medical personnel in acquiring the abilities and

information required to deliver early palliative care measures. Palliative care can be incorporated into the entire treatment approach for cancer patients with the help of research and evidence-based recommendations for healthcare professionals (Haun et al., 2017).

Emotional Dumping

Existing literature lends support to the observation that some cancer patients use nurses as venting mechanisms for their distress, which can make their jobs challenging. Many other feelings, such as irritation, fear, hopelessness, and hurt, are frequently experienced by cancer patients. These emotions may be expressed to the medical staff who are assisting with their care. Researchers Butow et al., (2013) looked at the emotional experiences of cancer patients and discovered that many of them turned to nurses and other medical staff for emotional support. As nurses were a key part of their care, patients talked to them about their feelings, worries, and fears. The study made clear that nurses frequently provided patients with essential emotional support, even if this emotional burden can have an adverse effect on the nurses' wellbeing and sense of fulfillment at work. Similar to this, a study by van der Graaf *et al*. (2019) that examined the experiences of oncology nurses discovered that dealing with emotional demands was a significant issue in their line of work. Patients frequently showed negative emotions toward nurses, such as anger or irritation, according to nurses, who had to learn how to control and handle these feelings in a professional manner. The significance of emotional control and self-care techniques for nurses to maintain their wellbeing in the face of emotional labor is emphasized by this.

Prognostic Awareness

The was a finding that oncology nurses are affected by the awareness of their patients' poor prognosis. Nurses who care for patients with cancer often develop emotional connections with their patients and are deeply impacted when they learn about a patient's unfavourable prognosis. Numerous studies have explored the emotional experiences of nurses in relation to patients' poor prognoses. For example, Coombs et al., (2020) investigated the emotional challenges faced by oncology nurses and discovered that being aware of a patient's poor prognosis was a significant stressor. Nurses reported experiencing feelings of sadness, grief, and helplessness in response to this knowledge. Similarly, Dunn et al., (2017) conducted research on nurses' emotional experiences in palliative treatment and end-of-life treatment settings. The findings revealed that when confronted with patients' poor prognoses, nurses frequently experienced emotional distress, psychological weight, and moral quandaries. As a result, it is critical to provide nurses with emotional support in order for them to effectively deal with these struggles.

Survival Amid Psychological Challenges

Emotional Resilience

Literature supports the observation that oncology nurses feel a professional duty to provide their best care despite any difficulties. Despite several challenges and limitations, nurses are committed to keeping professional standards and giving their patients high-quality treatment. The professional commitment and dedication

of nurses to their duties have been underlined through research. For example, a study conducted by Bally et al., (2018) examined the professional values and behaviors of nurses and discovered that, despite external challenges, nurses frequently prioritize patient well-being and strive to provide the best treatment possible. The nursing profession has a strong dedication to professional quality. In addition, a study by Gómez-Urquiza et al., (2017) that looked at the professional attitudes and values of nurses found that they view their work as a vocation and exhibit a strong sense of responsibility for the people they care for. Nurses are driven by a sense of duty to deliver the best care possible despite obstacles.

Emotional Self-Reliance

It's not uncommon to observe in healthcare environments that some oncology nurses opt to suppress their feelings in order to carry on with their profession. Nursing professionals frequently feel pressure to maintain a professional demeanour and support their patients, which can cause them to repress or internalize their own feelings. This area of nursing practice has been the subject of research. In a study on the emotional labor of nurses, for instance, Embree & White, (2010) discovered that nurses frequently participate in surface acting, which entails repressing their real feelings in order to display a controlled and serene demeanour to patients and their families. The urge to uphold professionalism and offer a helpful environment for patients motivates this emotional management. Similarly, Kim et al., (2016) discovered that nurses regularly use emotional suppression as a coping mechanism, in their study of the emotional experiences of

nurses caring for patients with cancer. To keep their own sentiments from interfering with their capacity to provide care, they might repress their emotions.

Peer Support

The observation that some cancer nurses seek solace in confiding in trusted friends or colleagues about their emotional struggles is consistent with previous research. To process their feelings and gain support in trying circumstances, nurses frequently turn to social support and participate in conversations with their peers or trusted persons. The significance of social support in nursing practice has been emphasized by research. For instance, a study by Moloney & Taylor, (2010) that looked at the coping mechanisms used by nurses in high-stress settings discovered that talking to coworkers was one typical way to deal with emotional challenges. With individuals in comparable professions, sharing experiences and discussing difficulties can lead to validation, empathy, and useful guidance. Similarly, Laschinger *et al*. (2016) discovered that having understanding coworkers and someone you can confide in was essential for minimizing the negative consequences of such events, in their study of the effects of workplace rudeness on nurses' well-being. These exchanges can offer emotional relief, validation, and a feeling of acceptance.

Recreational and/or Diversional Therapy

The interpretation that oncology nurses use recreational and diversional therapy, like prayers, meditations, playing games, listening to music, and other activities, to deal with psychological pressures is consistent with previous research.

Nurses frequently use a variety of self-care techniques to maintain their emotional health and reduce stress. The significance of self-care behaviours among nurses have been emphasized by research. For instance, a study by Beck (2011) that looked at nurses' self-care practices discovered that playing games and indulging in hobbies like listening to music were popular ways for people to decompress and improve their psychological well-being. Additionally, contemplative, and spiritual activities like prayers and meditations have been acknowledged as useful coping strategies for healthcare personnel. According to a study by Sinclair et al., (2016), mindfulness-based therapies had a positive influence on healthcare personnel' emotional and stress levels. Furthermore, Gilmartin et al., (2017) investigated the self-care routines of oncology nurses and emphasized the importance of engaging in enjoyable activities, such as listening to music and engaging in leisure pursuits, to reduce work-related stress.

Self-Care

The study's findings showed that oncology nurses make good use of their time off to emphasize self-care and engage in relaxing activities to reduce emotional pressures. Utilizing free time for self-care is a strategy that supports the value of work-life balance and how it affects nursing professionals. Medical personnel can avoid burnout by getting enough rest and recovery time, according to a research by Adriaenssens et al., (2015). Nurses can improve their general well-being and job performance by focusing on relaxation and rehabilitation during their free time and days off (van der Heijden et al., 2018). It is good that the oncology

nurses in this study get to take the weekends and holidays off since it gives them time to take care of themselves and decompress.

Benefit Finding

The result that oncology nurses benefit from and are inspired by patients who thrive while under their care is consistent with the idea of "nursing resilience," which is the ability to handle psychological stress. Nurses frequently form close bonds with their patients and get to see personally how resilient and healing they are. For nurses, these encouraging events can be a source of motivation and inspiration as they deal with the psychological strains of their jobs. The significance of patient encounters in nursing resilience has been recognized by research. Mealer et al., (2017) investigated the experiences of critical care nurses and discovered that seeing patients make changes and recover had a beneficial impact on the nurses' well-being and sense of fulfillment at work. Furthermore, Gillespie et al., (2015) investigated the concept of resilience in healthcare staff and discovered that key sources of resilience for nurses included patient-related qualities such as happy patients and grateful patients. Nursing professionals may experience a feeling of purpose, fulfillment, and resiliency in their difficult professions if they are able to draw strength from patients who succeed. It reaffirms their commitment to offering high-quality care and acts as a reminder of the beneficial effects they can have on patients' lives.

Summary of Key Findings

Common themes generated on the psychological effects of adult cancer care on nurses are empathy for patient's conditions, attachment to patients, training and professionalism, treatment difficulties and futility of efforts. For losing a patient, there was emotional pain, professional grief, complicated grief, caregiver burden, emotional numbing, and grief reaction. Moreover, 73.30% of the participants feel they have an aptitude for cancer whilst 13.30% feel they do not have the aptitude for cancer care. On the other, 13.30% reported that no one is built for cancer care.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The study found that oncology nurses face significant psychological strain as a result of caring for cancer patients. They were troubled by seeing patients suffer throughout their illness and end-of-life care. Furthermore, nurses struggled to control their own emotional reactions to their patients' trauma and death. Constant exposure to human suffering clearly took a psychological toll on the nurses. The findings highlight how supporting nurses' psychological health through targeted workplace programs and resources can help mitigate occupational stresses associated with caring for patients suffering from serious illnesses such as cancer.

Conclusions

This study clarified the psychological effects of cancer treatment on nurses and emphasized the significance of treating their emotional wellbeing. The results show that caring for cancer patients exposes nurses to considerable psychological pressures. The study emphasizes how important it is for healthcare institutions to provide nurses' psychological well-being and mental health as a first priority in cancer treatment facilities. It is clear that nurses most often face emotionally trying situations, such as seeing patients suffer, providing end-of-life care, and managing their own emotional reactions to illness.

Interventions like routine debriefing sessions, counselling services, and peer support programs can be put in place to lessen the psychological impacts. These programs can give nurses a secure place to vent their feelings, think through their

experiences, and ask for advice from their coworkers or counsellors in a professional setting. Programs for education and training should also be created to give nurses the coping mechanisms, resilience-boosting methods, and self-care habits they need. Nurses can better negotiate the psychological difficulties associated with cancer care and maintain their general mental health by developing their emotional resilience and well-being. Organizational rules should also support a healthy work-life balance by giving nurses enough time for rest, leisure, and self-care activities. A culture of empathy, compassion, and teamwork can be fostered through promoting a supportive work environment that prioritizes the psychological wellbeing of nurses.

Future investigation into specific interventions and tactics that successfully address the psychological effects of cancer care on nurses is required. By better understanding cancer patients' experiences and needs, healthcare organizations can implement evidence-based practices that improve nurses' psychological well-being and, as a result, improve the quality of care provided to cancer patients.

Recommendations

Several recommendations can be made based on the study's findings.

a. Implement Employee Support Programs: Establish comprehensive psychological support programs within healthcare institutions that offer counseling services, peer support groups, and mental health resources specifically tailored for oncology nurses. These initiatives should prioritize the mitigation of emotional burdens associated with patient suffering and end-of-life care.

b. Provide Training on Emotional Resilience: Develop training workshops designed to equip nursing professionals with techniques for emotional regulation and resilience. These workshops should encompass mindfulness practices, stress management strategies, and coping mechanisms to assist nurses in effectively navigating their emotional responses to patient trauma and mortality.

c. Create a Supportive Work Environment: Foster a culture of open communication and mutual support among nursing staff. Encouraging regular team debriefings and discussions regarding emotional challenges can mitigate feelings of isolation among nurses and establish a platform for the exchange of effective coping strategies.

d. Introduce Flexible Scheduling: Consider the implementation of flexible work schedules that provide adequate time off and recovery following emotionally taxing shifts. This adaptability can improve nurses' capacity to recharge and manage their mental health more effectively.

e. Financial Assistance: Given that cancer treatment can be expensive, it is essential to offer patients additional financial assistance in addition to NHIS enrolment. It is possible to lessen the financial burden and guarantee that patients have access to high-quality care by developing avenues for financial support and assistance, such as patient assistance programs or collaborations with charitable groups and pharmaceutical companies.

f. Infrastructure and Logistical Support: To improve patient care procedures and guarantee effective service delivery, the oncology department should

be equipped with an adequate infrastructure and logistics. This could involve streamlining communication channels, scheduling appointments more effectively, and giving the tools required to improve the patient experience as a whole.

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APPENDICES

A: INTERVIEW GUIDE

Section A: Demographic Data

a. What is your rank?

b. How old are you?

c. What is your highest qualification?

d. How long have you worked as a nurse?

e. How long have you been working at the oncology unit?

Section B: Psychological Effects of Cancer Care

a. How does caring for adult cancer patients affect you psychologically?

b. How do you feel about losing a patient?

Section C: Impact of Psychological Effect of Adult Cancer Care

a. How does all these affect the care you give to your patient?

b. Do you feel your efforts are useless because your patient might eventually die, regardless of the care you give?

c. Do you feel you are built for cancer care and what traits make you feel so?

d. Do you enjoy your work here? Why?

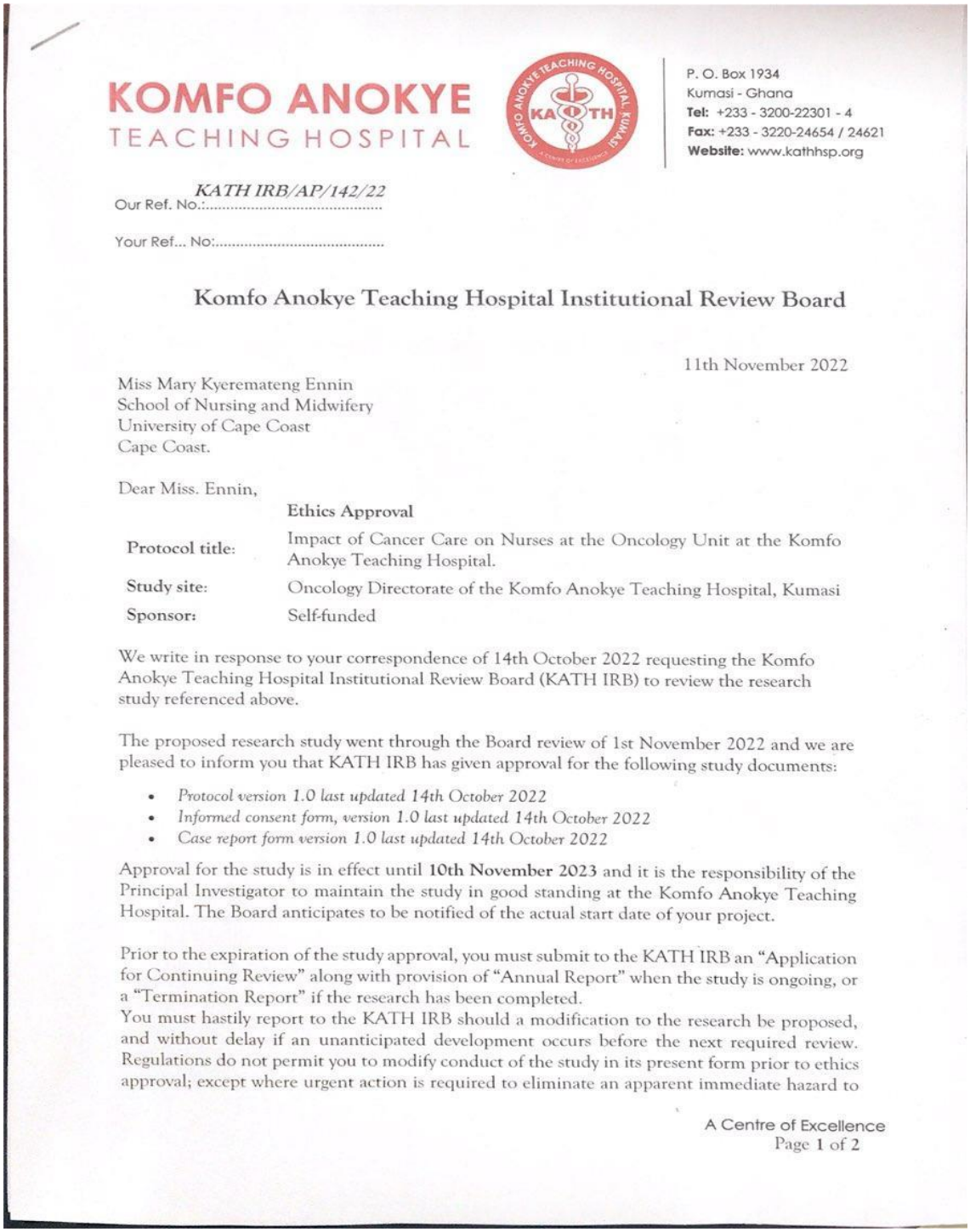
Section D: Challenges in Adult Cancer Care

a. What challenges do you have in caring for cancer patients?

Section E: Coping Strategies

a. How do you survive these challenges to keep working?

B: ETHICS APPROVAL LETTER



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Our Ref. No.: *KATH IRB/AP/142/22*

Your Ref... No:.....

Komfo Anokye Teaching Hospital Institutional Review Board

11th November 2022

Miss Mary Kyeremateng Ennin
School of Nursing and Midwifery
University of Cape Coast
Cape Coast.

Dear Miss. Ennin,

Ethics Approval

Protocol title:	Impact of Cancer Care on Nurses at the Oncology Unit at the Komfo Anokye Teaching Hospital.
Study site:	Oncology Directorate of the Komfo Anokye Teaching Hospital, Kumasi
Sponsor:	Self-funded

We write in response to your correspondence of 14th October 2022 requesting the Komfo Anokye Teaching Hospital Institutional Review Board (KATH IRB) to review the research study referenced above.

The proposed research study went through the Board review of 1st November 2022 and we are pleased to inform you that KATH IRB has given approval for the following study documents:

- *Protocol version 1.0 last updated 14th October 2022*
- *Informed consent form, version 1.0 last updated 14th October 2022*
- *Case report form version 1.0 last updated 14th October 2022*

Approval for the study is in effect until **10th November 2023** and it is the responsibility of the Principal Investigator to maintain the study in good standing at the Komfo Anokye Teaching Hospital. The Board anticipates to be notified of the actual start date of your project.

Prior to the expiration of the study approval, you must submit to the KATH IRB an "Application for Continuing Review" along with provision of "Annual Report" when the study is ongoing, or a "Termination Report" if the research has been completed.
You must hastily report to the KATH IRB should a modification to the research be proposed, and without delay if an unanticipated development occurs before the next required review. Regulations do not permit you to modify conduct of the study in its present form prior to ethics approval; except where urgent action is required to eliminate an apparent immediate hazard to

A Centre of Excellence
Page 1 of 2

a study subject or other person. It is of utmost importance data generated from this study must be used for the intended purposes only.

Thank you.

Sincerely,

Prof. Kwabena Antwi Danso, BSc, MB ChB, FWACS, FGCS, FACOG
for Chairman, KATH IRB

C: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

INFORMATION SHEET

Title of Research:
Impact of Cancer Care on Nurses in the Oncology Unit of the Komfo Anokye Teaching Hospital.

Name(s) and affiliation(s) of researcher(s):
This research is being conducted by Mary Kyerematenng Ennin of the School of Nursing and Midwifery, University of Cape Coast and (Insert name of PI) of (Insert Name Unit and Institution)

Background:
Nurses caring for cancer patients spend a lot of time with them in the course of their treatment. This care can affect their emotional and psychological health, which can result some challenges that affect their personal and professional lives.

Purpose(s) of research (why is the study being done?):
The purpose of this study is to find out how caring for cancer patients affects the psychological health of nurses and the quality of care they subsequently give to other patients.

Selection of participants (Who will be part of the study and why am I being asked to be part of the study?):

This study is for nurses who work at the Oncology Directorate of the Komfo Anokye Teaching Hospital. You are being invited to take part in this study because we believe that your experience as a nurse working in the oncology directorate can contribute much to this area we are researching on.

Procedure of the research, what shall be required of the participant and approximate total number of participants that would be involved in the research:

To find answers to some of these questions, we invite you to take part in this research project. If you accept, you will be required to participate in an interview with myself.

You will be asked questions pertaining to your experiences in caring for adult cancer patients and how it affects you.

If you do not wish to answer any of the questions posed during the interview, you may say so and the interviewer will move on to the next question. The interview will take place in a quiet and serene place, and no one else but the interviewer will be present. The interview will be audiotaped but no one will be identified on the

tape. The information recorded is considered confidential, and no one else (except me) will have access to the information documented during your interview. The information recorded will be kept for a maximum of two (2) years.

The expected duration of the interview is about 30 minutes.

Risk(s) (What harm could possibly come to me if I take part in the study?):
The main anticipated risk to participating in this research will be the pain and discomfort that comes with recalling certain unpleasant experiences. Some of the questions may prove embarrassing for you to answer. Also, you may be expected to make time outside your routine activities to grant the interviews.
We will ensure that we keep the interviews within the anticipated duration so as not to take more of your time and also, you can decide not to answer any question you are not comfortable with without any consequences.

Benefit(s*)* (What do I hope to gain from the study? What will society gain from the study?)
The benefits of this study may be indirect but the outcome of the study will help in informed decision making which will be of benefit to you. The findings from this study will help hospital management and health policy managers to make decisions that can benefit nurses who are prone to emotional exhaustion as a result of their work.

Confidentiality:
Be informed that no name or form of identification will be required from you. Any information taken from you will be assigned codes which will be used in identifying it. All information provided will be handled with optimal care and used for only academic purposes. I will protect information about you to the best of my ability. You will not be named in any reports.

Voluntariness:
Participation in this study is voluntary and you are under no obligation to take part. You can redraw from the study at any time without any penalty. You will not be affected in any way if you decide not to participate in this study or redraw from this study later on.

Withdrawal from the research:
You may choose to withdraw from the research at any time without having to explain yourself. You may also choose not to answer any question you find uncomfortable or private.

Consequence of Withdrawal:
There will be no consequence if you choose to withdraw from the study. We do promise to make all the effort to comply with your wishes.

Costs/Compensation:

No form of compensation will be rewarded to you for participating in this study.

Contacts:
In case of any confusion or/and for additional information about the study, you can contact;

Mary Kyeremanteng Ennin, School of Nursing and Midwifery, University of Cape Coast.

Telephone: 0244053803 / 0203644533

Email address: marykusiampofo@gmail.com

Further, if you have any concern about the conduct of this study, your welfare, or your rights as a research participant, you may contact:

The Office of the Chairman,
Komfo Anokye Teaching Hospital Institutional Review Board (KATH-IRB),
Research and Development Unit, Kumasi.

Tel: +233 3220 00617.
Email address: kathirb@kathhsp.org or kathirb25@gmail.com

CONSENT FORM

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information about the study, including that on procedures, risks, and benefits, to make an informed decision.

DATE: _____ SIGNATURE: _____

NAME: _____

Statement of person giving consent:

I have read or had the information on this study/research translated into a language I understand. I have also discussed it with the interviewer to my satisfaction.

I have read the research description, or had it translated into a language I understand. I have also discussed it with the interviewer to my satisfaction. I am aware that my participation is entirely voluntary. I know enough about the research study's purpose, methods, risks, and benefits to decide that I want to participate in it. I understand that I can withdraw from this study at any time. I have received a copy of this consent form as well as an additional information sheet to keep.

DATE: _____ SIGNATURE/THUMB PRINT: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

PARENT/GUARDIAN'S SIGNATURE/THUMB PRINT: _____

PARENT/GUARDIAN'S NAME: _____