



Chinese oncology nurses' experience on caring for dying patients who are on their final days: A qualitative study



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ABSTRACT

Background: Caring for dying patients is stressful but an unavoidable responsibility of nurses. However, little is known about Chinese oncology nurses' experience of caring for dying cancer patients who are in their final days.

Purpose: To elucidate Chinese oncology nurses' experience of caring for dying cancer patients.

Methods: This is a qualitative descriptive study, semi-structured interviews was utilized to explore views of purposive sample of 28 nurses who have been taking care of terminally ill patients in a cancer hospital in Tianjin, mainland China. Transcripts were entered into NVivo. Qualitative thematic analysis was used to analyze the data for significant statements and phrases that in turn were organized into themes and sub-themes.

Results: Five themes were identified in the data: end-of-life care for dying cancer patients, end-of-life care for family members, cultural sensitivity and communication, moral distress and self-limitations, self-reflection and benefit-finding. Death is a taboo in traditional Chinese culture. This increases the difficulty of effective communication between nurses, patients and families. Although nurses suffered emotional distress when caring for dying cancer patients, these experiences helped them to reflect on the meaning of death and life, and positively influenced their daily lives, attitudes and behaviors toward caring for the dying. Chinese nurses had strong willingness to offer quality end-of-life care to patients and families, however, they suffered moral distress because of self-limitation, lack of knowledge and confidence and inexperience in psychological care.

Conclusions: End-of-life care in China reflects and has been influenced by the traditional Chinese culture. Chinese nurses reported suffering but also benefiting from their experiences. End-of-life cancer care training is needed by Chinese oncology nurses, especially for those who are younger and less experienced.

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What is already known about the topic?

- Oncology nurses confront various of challenges posed by the approaching death of dying cancer patients.
- Qualitative evidence concerning Chinese oncology nurses' experiences in caring for dying cancer patients is limited and fragmented especially with respect to Chinese culture.

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What this paper adds

- End-of-life care in China reflects and has been influenced by traditional Chinese culture.
- Still, Chinese oncology nurses try their best in promoting dying patients' dignity, maintaining their hope, providing comfort and so on, while they struggle to provide psychological care toward dying patients and lack of communication skills.
- Chinese oncology nurses encountered serious dilemmas when delivering end-of-life care. However, they benefited from the experiences both professionally and personally.

1. Background

It has been predicted that cancer mortality in mainland China will gradually increase in the next 20 years (Chen et al., 2012; Dai et al., 2012). There will be 3,000,000 deaths in 2015 (Chen et al., 2012; Dai et al., 2012) and nearly 3,500,000 in 2030 (Dai et al., 2012). As the number of people predicted to die from cancer increases, the need for more effective and compassionate end-of-life care becomes more important than ever before (Beckstrand et al., 2012; Peterson et al., 2010). However, mainland China is currently experiencing a shortage of oncology nurses (Lou et al., 2009) because of a growing number of cancer patients, the high demand for better quality end-of-life care, and a higher rate of nursing turnover due to increasing job stress (Li and Li, 2007; Lou et al., 2009).

In the terminal stages of cancer, patients have a growing need for more nursing care and a less need for medical treatments (Fairbrother and Paice, 2005; Yabroff et al., 2004). Thus, oncology nurses, who have the most frequent opportunities to take care of cancer patients, especially those who are in terminal stages, play a critical role at the end-of-life stage. Caring for dying patients and ensuring a good death are the core purposes of end-of-life care, requiring of oncology nurses a comprehensive knowledge of symptom care, skill assessment, and a high standard of clinical ability (Fairbrother and Paice, 2005). Some researchers (Lange et al., 2008; Long-Sutehall et al., 2011; Peterson et al., 2010) stated that nurses with better skills and more experience were significantly more likely to influence dying cancer patients in a positive way than less experienced ones. Nurses with a neutral perspective toward dying and death have a more positive attitude toward caring for dying patients and their families, and they tend to provide good quality end-of-life care, and establish meaningful and supportive relationships with patients and family members, leading to improved patient outcomes and satisfaction of patients and their families. Besides, experienced nurses are likely to give patients and family members more emotional support during the particular stage (Beckstrand et al., 2012; Lange et al., 2008; Peterson et al., 2010).

However, oncology nurses might experience various challenges when providing dying patients with what they consider to be a good death (Peterson et al., 2010). Caring for dying cancer patients is exhausting both physically and psychologically. Oncology nurses who repeatedly observe dying patients who are in unrelieved pain or experiencing

other sufferings are at risk for burnout and stress (Fairbrother and Paice, 2005); meanwhile, they may generate negative attitudes and feelings toward life and their clinical work, which in turn could affect their caregiving abilities and the quality of care delivered to dying patients (Lu et al., 2011; Peterson et al., 2010; Thurston and Waterworth, 2012). Moreover, caring for dying patients can be stressful for a nurse owing to communication challenges with patients and family members (Cashavelly et al., 2008; Garner et al., 2013). Discussing death and dying process with dying patients and their families requires excellent communication skills and a thorough knowledge of physical and psychological changes common in the final days of life (Fairbrother and Paice, 2005; Peterson et al., 2010).

Compared to western cultures, Chinese culture has a particular perspective on dying and death for the past four millennium due to the profound influences of Taoism, Confucianism, and Buddhism (Cui et al., 2011; Hsu et al., 2009; Wang et al., 2004b). Even in the 21st century, Chinese people living in either mainland China, Hong Kong, Taiwan, or Australia, the United States, and other parts of the world (Dickinson, 2007; Dickinson et al., 2008; Kao and Lusk, 1997; Wang et al., 2004a; Wong-Kim and Sun, 2003; Xu et al., 2006; Yabroff et al., 2004) still value their culture and traditions about dying and death. Most Chinese people, including health professionals, are reluctant to discuss death for fear of invoking bad luck (Hsu et al., 2009; Tse et al., 2003). Besides, due to the family-oriented culture, it is generally believed that family plays a more important role than an individual in the decision-making process. When one is diagnosed with cancer, doctors and nurses are required to give the priority to family members who would decide whether or not to tell the patient the terminal diagnosis (Sun et al., 2011). The fact is always that no one has been prepared enough to talk about cancer which is considered equal to death (Lu et al., 2011). Open communication about terminal diagnosis is considered undesirable for most patients and their families in China (Olsen et al., 2010; Zhang and Liu, 2010). Thus, most cancer patients are prevented from being informed about their health conditions, even when they are at the end-of-life stages. Consequently, information disclosure to Chinese cancer patients becomes a tough issue for health professionals, especially for nurses because they have the most frequent contacts with the dying in clinical work (Dong and Yin, 2012), which greatly increases nurses' dilemma when caring for dying patients (Cui et al., 2011).

Regarding the differences in cultural contexts between China and other countries, understanding Chinese nurses' experience of caring for dying cancer patients may have different meanings and significance to nurses (Kao and Lusk, 1997; Schlairet, 2009; Xu et al., 2006; Zhai and Dai, 2006). Only a few quantitative studies have examined Chinese nurses' attitudes and behaviors toward caring for dying cancer patients (Lu et al., 2011; Wang et al., 2004a). Very little qualitative studies explored Chinese nurses' experiences of caring for dying cancer patients as well as the end-of-life care status in China. To identify Chinese oncology nurses' experiences of caring for dying cancer patients is reasonable when Chinese nurse leadership and

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