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Surgical nurses' work-related stress when caring for severely ill and dying patients in cancer after participating in an educational intervention on existential issues

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A B S T R A C T

Aim: The aim of this study was to describe surgical nurses' perceived work-related stress in the care of severely ill and dying patients with cancer after participating in an educational intervention on existential issues.

Methods and sample: This article reports a mixed methods pilot study of an education programme consisting of lectures and supervised discussions conducted in 2009–2010 in three surgical wards in a county hospital in Sweden. The concurrent data collections consisted of repeated interviews with eleven nurses in an educational group, and questionnaires were distributed to 42 nurses on four occasions.

Results: Directly after the educational intervention, the nurses described working under high time pressure. They also described being hindered in caring because of discrepancies between their caring intentions and what was possible in the surgical care context. Six months later, the nurses described a change in decision making, and a shift in the caring to make it more in line with their own intentions and patients' needs rather than the organizational structure. They also reported decreased feelings of work-related stress, decreased stress associated with work-load and feeling less disappointed at work.

Conclusions: Results indicate that it may be possible to influence nurses' work-related stress through an educational intervention. According to nurses' descriptions, reflecting on their ways of caring for severely ill and dying patients, many of whom had cancer, from an existential perspective, had contributed to enhanced independent decision making in caring. This in turn appears to have decreased their feelings of work-related stress and disappointment at work.

Introduction

Hospital settings such as medical-surgical units are associated with a high risk of work-related stress among nurses, owing to factors such as a heavy work-load and exposure to ethical dilemmas (Salmond and Ropis, 2005; Torjuul and Sorlie, 2006). In surgical care the work tempo is high, with many patients to attend to, each with their own, individual needs (Amato-Vealey et al., 2012). Nurses provide care for both dying patients and patients being cured, which demands a great degree of flexibility (Johansson and Lindahl, 2011). In surgical care there is also a high number of patients with cancer, which is known to be especially challenging and stressful, since it evokes feelings of powerlessness and helplessness in nurses when unable to alleviate patients' suffering (Ödling et al., 2001; Udo et al., 2011). Sometimes even, nurses' own fear of death is awakened as death is so closely connected to thoughts of cancer (Lee and Loiselle, 2012). On the other hand, caring for patients with cancer is also perceived as very rewarding and meaningful, e.g. when receiving positive feedback for having been able to help (Isikhan et al., 2004; Udo et al., 2013). Being able to support the patient and alleviate suffering most likely strengthens nurses' sense of being in control, and studies have shown that a high sense of control makes it easier to handle high demands (Bégat et al., 2005). When, on the other hand, nurses experience a low sense of control, this may increase their work-related stress (Karasek et al., 1998). To be in control of a situation may include experiencing the situation as more comprehensible and manageable, i.e. experiencing a sense of coherence.

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Consequently, it is important for nurses to have coping strategies, feel prepared to meet patients' needs and have a strong sense of coherence as this makes them better equipped to handle complex demands on the ward.

In Western medicine today there is a high degree of specialization and surgical care is rapidly becoming more technically advanced. The fundamental aims of surgical care are to cure and relieve physical symptoms. In this context, it is not unlikely that incurable diseases and dying patients are sometimes perceived as a failure. When caring for patients in diverse life-situations, not only are skills and professional knowledge needed, but also nurses' sensitivity, flexibility and emotional knowing are also required to provide individualized care and unique care encounters (James et al., 2010). Patients feel abandoned when lacking psychological and emotional support during the pre-operative wait (Gilmartin and Wright, 2008). Existential issues such as those concerning meaninglessness and/or questions on death are present in the pre-operative (Moene et al., 2006), postoperative (Susleck et al., 2007), and palliative phase (Torjuul and Sorlie, 2006). Still, studies show that nurses lack strategies to address these issues (Strang et al., 2001). Consequently, they do not always acknowledge patients' invitations to dialogues on topics other than medical (Leung and Esplen, 2010). Nurses are more confident in dealing with patients' physical pain than dealing with their existential questions, and to just stay present in the situation, although there is nothing to be done, is often perceived as difficult (Dettmore and Gabriele, 2011) and frustrating (Hallin and Danielson, 2007).

However, since surgical patients sometimes do have existential cues and questions, it is important to include these also in surgical care (Udo et al., 2013). To achieve this, there is a need to support nurses' awareness and understanding of the patient's unique situation in order to facilitate encounters about existential matters (Johansson and Lindahl, 2011). Nurses should feel confident and able to communicate when invited to share patients' emotions and reactions evoked by the illness (Fallowfield and Jenkins, 2004; Mok et al., 2010). Where surgical nurses are supported to handle, and communicate on, existential issues, this may have the potential to reduce their work-related stress, which may in turn make them stronger and better able to provide proper care without feeling drained. On the other hand, where support of nurses' caring is lacking and the nurses are uncertain in their encounters and communication with dying patients' regarding existential issues, they may be at risk for further stress when trying to achieve high-quality care with successful communication for severely ill and dying patients but feeling they are failing.

In improving the work environment for nurses in hospital settings, interventions may be feasible (Torjuul and Sorlie, 2006; Grafton et al., 2010). Educational programmes support nurses and help them communicate when caring for a dying person (Frommelt, 1991, 2003; Peterson et al., 2010) as communication skills do not necessarily come naturally to all, but may need to be trained (Nestel et al., 2011). According to Jones et al. (2013), intervention outcomes would most likely be beneficial for both nurses and patients as patients might then feel that their emotional needs are being acknowledged. At the same time, nurses' levels of stress may be decreased when they feel more confident in decision making, e.g. regarding how to meet patients' different issues. Despite nurses' and other health care professionals' difficulties in encountering existential issues, intervention studies targeting how to support and train nurses' communication on these issues are still few and are based solely on quantitative methods (Frommelt, 1991; Morita et al., 2009). Intervention studies targeting communication on existential issues within surgical settings are even fewer (Hainsworth, 1996). Clinical intervention studies focussing on how to support nurses' understanding, communication and strategies to handle these issues may contribute to alleviating their sense of stress and improve the quality of care for terminally ill and dying patients.

Aim of the study

The aim was to describe surgical nurses' perceived work-related stress in care of severely ill and dying patients with cancer after participating in an educational intervention on existential issues.

Methodology

Design

This is a pre-test/post-test quasi-experimental pilot study with a mixed methods design using qualitative and quantitative methods. The pilot study was conducted to test, develop and refine methodology before a larger intervention would be conducted (cf. Polit and Beck, 2012). Mixed methods studies are useful, since the research problem is elucidated from different angles when using both qualitative and quantitative methodology (Creswell, 2009). The different methods were necessary to elucidate nurses' work-related stress from various perspectives in order to understand the complexity and nuances of work-related stress in the surgical care context. The concurrent data were collected during 2009–2010 and consisted of repeated interviews at the same time as questionnaires were collected. Results from the different data sets were integrated in the interpretation phase of the overall findings (Creswell, 2009). In the present study, nurses' work-related stress is described in relation to an educational intervention regarding existential issues, previously described by Udo et al. (unpublished).

The educational intervention

The purpose of the educational intervention was to support the participants in developing reflective strategies to handle and communicate on existential issues when providing care for severely ill patients including patients dying of cancer. The educational intervention is based on previous research (Strang et al., 2001; Melin-Johansson et al., 2007; Henoch and Danielson, 2009; Browall et al., 2010). The theoretical framework for the intervention is based on Yalom (1980) and concerns life's fundamental challenges, and existential issues, such as meaning, death, freedom and existential loneliness. The intervention consisted of five sessions, held every other week for 1.5 h per session, during which participants were invited to reflect about and discuss given areas (life and death, freedom, relations and loneliness, and meaning) after an introductory lecture. These areas have been covered in a written educational material also containing some reflective questions. Participants were handed the material directly after the baseline measurement before the educational intervention started.

Setting

This study took place at three surgical wards in a county hospital in Sweden. Of the hospital's total of 370 beds, the surgical wards consisted of 66 beds (22 at each ward) where approximately 75% of the patients were treated for some kind of cancer disease (mainly breast-, gastro-intestinal-, or prostate cancer). During 2009, a total of 122 persons (3% of all surgical in-patients) had incurable diseases and died in the wards.

Participants

The recruitment procedure started with an open meeting at the surgical wards (led by CU, CMJ and ED) where oral information