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Existential issues among health care staff in surgical cancer care – Discussions in supervision sessions

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A B S T R A C T

Purpose: The aim was, through analysis of dialogues in supervision sessions, to explore if health care staff in surgical care discussed existential issues when caring for cancer patients.
Method: A secondary analysis of the content of twelve tape-recorded supervision sessions (18 h) was conducted. The study analysed the dialogue content in supervision sessions involving a group of eight participants who worked at a surgical clinic at a county hospital in central Sweden. The sessions were held every third week during the course of one year.
Results: The analysis showed that surgical health care staff contemplates existential issues. The staff discussed their existential dilemmas, which hindered them from meeting and dealing with patients' existential questions. This is illustrated in the themes: "feelings of powerlessness", "identifying with patients", and "getting close or keeping one's distance". The staff also discussed the fact that patients expressed existential distress, which is illustrated in the themes: "feelings of despair" and "feelings of isolation".
Conclusions: This study shows that there are existential issues at a surgical clinic which health care staff need to acknowledge. The staff find themselves exposed to existential dilemmas when caring for cancer patients. They are conscious of patients' existential issues, but lack strategies for dealing with this. This study highlights a need to provide support to staff for developing an existential approach, which will boost their confidence in their encounters with patients.

Introduction

Surgical health care staff care for patients with considerable diversity of diseases in various stages, which implies several dimensions of caring. They meet patients with newly diagnosed cancer as well as patients in a palliative phase of the disease (The Swedish National Board of Health and Welfare, 2001). In addition, the length of time in hospital care is decreasing. This reduces the time spent with critically ill patients, subsequently making it more difficult to identify their various needs. Despite this staff are expected to provide high quality care to all patients and deal with patients' existential issues, as well as any crisis that may arise during the different stages of cancer (Jones, 2003; Sand and Strang, 2006; Strang et al., 2001). This shows that caring for these patients is multifaceted and raises questions such as: "Do health care staff at surgical clinics discuss patients' existential issues?" and: "How do they deal with patients who express a need to talk about those issues?"

Background

During 2008, 51 528 cases of cancer were diagnosed and reported to the Swedish Cancer Register; 52 percent of those cases were men and 48 were women (The Swedish National Board of Health and Welfare, 2009).

Existential issues are not new to mankind, and are connected to existential philosophy with reflection on human existence and its limitations (Tomer et al., 2008). The term "existential" has been further developed in the field of psychology by Yalom (1980) as being a condition common to all human beings, irrespective of culture or religion and constitute man's ultimate concerns regarding meaning, isolation, death and freedom. It includes the human preconditions we are all familiar with and with which we are forced to deal with (Yalom, 1980; Van Deurzen, 1988; Van Deurzen and

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Kenward, 2005). How we deal with it is individual; some people find answers to existential issues in spirituality and/or belonging to a religious communion and some do not. In the present study existential and spiritual are not used as synonyms.

Christianity has had a strong influence all over Europe for many centuries. Today Nordic countries, including Sweden, are secularized, the view of a traditional God as a source of meaning has diminished and church services are now rarely attended. Despite this Christianity still has an impact on a majority of people in Sweden, for example traditionally when celebrating Easter and Christmas (Halman and Riis, 2003). According to Stark and Bainbridge (1985) secularization stimulates religious innovation so consequently contemplating the wonders and difficulties of life does not necessarily include religious or spiritual dimensions but can be purely existential.

The Swedish health care system focuses (naturally) on patients' physical medical status. Paying attention to patients' emotional or existential issues connected to the disease is not as natural. Surgical health care aims at curing patients. Even when a disease is considered incurable patients still receive surgical treatment in order to maintain or even improve quality of life. Studies show that nurses in various spheres of emergency care (such as surgical care) need to focus more on patient participation, respect, and empathy (Muntlin et al., 2006, 2010; Stalnikowicz et al., 2005; Stuart et al., 2003) and not see the patient as an object or a problem, which is sometimes the case today (Muntlin et al., 2010).

Patients' existential issues are not always met and difficulties in communication are apparent (Henoch and Danielson, 2009; Hill et al., 2003; Kruijver et al., 2001; Odling et al., 2002; Strang et al., 2001; Thorne et al., 2005; Wilkinson et al., 2008). Previous studies show that ineffective communication between health care staff and patients affects patients' perceptions of well-being and leaves them feeling anxious, emotionally distressed and even depressed (Heaven and Maguire, 1997; Hill et al., 2003). Health care staff and patients could both benefit from a wider perspective including dimensions such as existentiality in daily health care.

Although people respond differently to traumatic information (Prasertsri et al., 2010), when being exposed to threats to their existence, existential issues are likely to arise and many patients with a cancer disease have a desire to talk about it (Odling et al., 2002; Sand and Strang, 2006; Strang et al., 2001; Westman et al., 2006; Wilkinson et al., 2008).

It has been found that a heavy workload and difficult care situations, together with failure to meet patients' needs, creates stress among health care staff as well as moral dilemmas related to ethical dilemmas in the health care system (Ekedahl and Wengstrom, 2007; Fillion et al., 2006; Kalvemark et al., 2004; Morita et al., 2007; Wasner et al., 2005). Usually, there are feelings of not being adequately prepared for communicating with patients on emotional questions (Uitterhoeve et al., 2009). Staff want to provide the best possible care for cancer patients but this is difficult as expectations and demands on them, from themselves, from patients and from colleagues, are extensive (Kalvemark et al., 2004). Another obstacle is the health care staff's uncertainty of what is actually meant with existential issues (Strang et al., 2002). This leads to several difficulties, such as identifying patients' existential issues and responding to patients' existential cues as well as to the fear of using the "wrong" words when communicating with them, added to which is the lack of training (Houtepen and Hendrikx, 2003; Kruijver et al., 2001; Molzahn and Sheilds, 2008).

Our study explores health care staff's existential issues when caring for patients with cancer. To be able to provide adequate care for the patient as a whole it is important to gain a deeper insight in this area.

Aim

The aim was, through analysis of dialogues in supervision sessions, to explore if health care staff in surgical care discussed existential issues when caring for cancer patients.

Methods

Previously collected data from twelve tape-recorded supervision sessions with surgical health care staff were used in a secondary analysis for this study (Hinds et al., 1997; Polit and Beck, 2008; Thorne, 1994).

Supervised sessions

These twelve sessions (18 h of tape-recorded material), collected during the course of one year, are part of a comprehensive material previously analysed and published by Odling et al. (2001). The sessions were held every third week and were led by a moderator experienced in nursing who was also a researcher. The purpose of the supervision was not specifically stated to be focusing on existential issues. It was an opportunity for the participants to talk about difficult care situations in general. This made it possible for them to initiate discussions about what they themselves considered to be important problems when working in cancer care.

The supervision was conducted at a surgical care unit where women with newly diagnosed breast cancer, recurrent breast cancer, and cancer in the terminal stages of the disease, were cared for. Other surgical patients with, for example, endocrine diseases were also cared for at the unit.

Participants

Health care staff working at a surgical clinic at a county hospital in central Sweden, who wanted to participate wrote their name on a list in the nurses' office. The decision to take part was voluntary and they were free to terminate their participation at any time. In the current study there was one group consisting of eight health care staff; one physician and seven nurses, aged from 25 to 51 (MD = 36.5), who had worked in surgical care for 1–26 years (MD = 8.5).

Data analysis

Secondary analysis of the content in previously collected qualitative data is an established research approach (Hinds et al., 1997; Polit and Beck, 2008; Thorne, 1994). The present secondary analysis of dialogues in supervision sessions explored health care staff's discussions of care situations in surgical cancer care, interpreted by the authors as existential. In the process the following steps were taken:

1. The text was transcribed verbatim and the first author (CU) read it through as a whole in order to get a sense of the content. The text was then reread several times to discover whether existential issues were described in dialogues during the supervisions. During the reading of the text, keywords were written down in the margin in order to identify parts with similar content.
2. Meaning units were carefully identified, condensed, and coded. Themes gradually emerged in two domains from the text representing existential issues. The text was co-analysed and discussed with the second author (CMJ).
3. Discussions among the authors during the analysis forwarded the process. For example, the pre-understanding of the authors