



## Understanding the complexity of working under time pressure in oncology nursing: A grounded theory study



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### ABSTRACT

**Background:** The international nursing shortage has implications for the quality and safety of patient care. Various studies report that nurses do not have time to complete all necessary nursing care tasks, potentially resulting in nurse-perceived time pressure. Providing good care in the current nursing environment often poses a real ethical challenge for nurses. How nurses experience caring for cancer patients under time pressure and how they deal with the limited time available in achieving an ethical nursing practice remains unclear.

**Objectives:** To report qualitative research grounded in oncology nurses' experiences with time pressure, its perceived impact on nursing care and the ways in which they deal with it.

**Design:** A qualitative study design with a grounded theory approach was conducted to explore and explain oncology nurses' experiences with time pressure and its underlying dynamics.

**Setting and participants:** Purposive and theoretical sampling led to the inclusion of 14 nurses with diverse characteristics from five inpatient oncology nursing wards in one academic hospital.

**Methods:** Individual, semi-structured, in-depth interviews were conducted over a six-month period in 2015 and 2016. Data collection and analysis occurred simultaneously. The interview data was analysed using the Qualitative Analysis Guide of Leuven and NVivo software.

**Results:** The conceptualised phenomenon of time pressure, grounded in empirical data, illuminated its complexity and helped us to explicate and describe what nurses felt when working under time pressure. The interviewed nurses described time pressure as a shared yet nuanced reality. We uncovered that nurses dealt with time pressure in varied ways, with a broad range of proactive and 'ad hoc' strategies. According to our interviewees, time pressure was a significant barrier in providing good nursing care. They illustrated how time pressure particularly affected the interactional aspects of care, which most nurses considered as essential in an oncology setting. Underlying personal, cultural and context-related factors seemed to play a key role in nurses' individual experiences with time pressure.

**Conclusion:** Time pressure is a widely recognised and experienced phenomenon among nurses which has substantial negative implications for the quality and safety of patient care. Our findings reinforce the need to establish better support for nurses and to reduce the circumstances in which nurses are ethically challenged to provide good care due to time pressure. Based on our findings, we recommend investing more in the nursing culture and nurses' personal development, in addition to optimising nurse staffing levels.

### What is already known about the topic?

- The nursing shortage has substantial implications for the quality and safety of patient care.
- Time pressure is a possible explanatory factor for missed nursing care, which seems common in the clinical setting and is associated

with decreased patient satisfaction and variation in quality of care.

- Existing research on what time pressure means to nurses and how they cope with it, especially how they perceive the consequences of time pressure in oncology care, is scarce.

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## What this paper adds

- The experience of time pressure in oncology nursing is a shared yet nuanced reality with individual differences among nurses, underlining the complexity of this phenomenon.
- How nurses cope with realising good nursing care in a vulnerable patient population under difficult circumstances can potentially be explained by individual and organisational factors.
- Time pressure is perceived as a barrier in providing high-quality care for patients with cancer, more specifically through adverse verbal and nonverbal behaviour towards patients.

## 1. Background

The international healthcare system is challenged by a nursing workforce shortage, as demand for nurses continues to increase due to growing aging populations and increasing burdens of complex and chronic conditions. This workforce crisis reflects not only present but also future shortages in registered nurses in most European countries and worldwide (Eurohealth, 2016; OECD, 2016; WHO, 2013, 2016).

The nursing shortage has substantial implications for the quality and safety of patient care (e.g. Aiken et al., 2017). A growing number of studies have found that high workloads and low nurse staffing levels may adversely affect patient outcomes and experiences (e.g. Aiken et al., 2002, 2011, 2014, 2017; Cho et al., 2016, 2017; Kane et al., 2007; Needleman et al., 2011). A key hypothesised factor in the association between nurse staffing and patient experiences is ‘missed care’ or ‘care left undone’, defined as necessary care that nurses failed to deliver due to a lack of time. Many studies have found that the activities that are most frequently reported as missed by nurses involve addressing the psychosocial and emotional needs of patients (e.g. Ausserhofer et al., 2014; Ball et al., 2014, 2016, 2018; Cho et al., 2017; DeCola and Riggins, 2010; Jones et al., 2015; Kalisch et al., 2009, 2011; West et al., 2005). Besides workload and adequate nurse staffing (Teng et al., 2010b), these findings suggest that under what conditions nurses work, especially time constraints, might affect how they provide nursing care.

Previous quantitative studies contribute to the evidence of nurses’ perception of a lack of sufficient time to complete required tasks and its potential effects on patient care (e.g. Teng et al., 2010a,b; Thompson et al., 2008; Yang et al., 2014). Time pressure is more than a lack of measurable time and in-depth qualitative studies that have explored nurses’ subjective experiences of time pressure are scarce (Jones, 2010). In 2001, Bowers et al. uncovered the importance of time for nursing care in long-term care facilities. They described how nurses developed strategies to compensate when they experienced insufficient time, however, with possible adverse consequences for nurses and patients. For example, nurses would give the highest priority to required tasks with immediate and visible effects, whereas emotional care was often given the lowest priority (Bowers et al., 2001). Other qualitative studies also explored how nurses would get things done if they did not have sufficient time. These studies (Chan et al., 2013; Waterworth, 2003) showed that routinisation of nursing work could reduce nurse-perceived time pressure, but that this could also lead to temporarily overlooking individual needs of patients. As a result, nurses’ desires to practice according to their personal values often meet challenges, especially when these values are restrained by time pressure (Bentzen et al., 2013).

The initial aim of the above-mentioned qualitative studies was to explore nurses’ experiences with time and strategies to manage time. No previous studies have explored what it really means for nurses to work under time pressure in the context of oncology. Providing good nursing care under time pressure may be even more challenging when it concerns a vulnerable patient population (Izumi et al., 2010; Udo et al., 2013). Cancer is a major cause of death worldwide that can evoke emotional distress and makes patients more vulnerable because of its diagnosis, treatment and prognosis. The vulnerability of this patient

population underlines the importance of a holistic, individualised and human-oriented kind of nursing approach, which may be perceived as particularly challenging for oncology nurses working under time pressure. This study is the first that aims to uncover oncology nurses’ experiences of time pressure, its potential consequences for nursing care and how nurses cope with it.

## 2. Methods

### 2.1. Study design

A qualitative design with a grounded theory approach (Corbin and Strauss, 2015) was followed to explore and theoretically explain nurses’ experiences with the phenomenon of time pressure and its underlying dynamics in oncology care (Polit and Beck, 2012).

### 2.2. Sample

The study was carried out in an academic hospital in Flanders, Belgium. We initially used purposive sampling to recruit the first participants. This was followed by theoretical sampling (Corbin and Strauss, 2015) to select participants with a variety of characteristics and experiences in response to emerging findings. Inclusion criteria were (1) an associate’s or bachelor’s degree in nursing, (2) engagement in direct patient care at the selected wards, (3) an employment status of at least 50% and (4) at least six months experience in the current ward to minimise the risk of bias because of a first job experience.

The participants were recruited with the cooperation of the hospital’s nursing director and nurse manager of oncology. A total of five nursing wards specialising in different branches of oncology care were included. We first recruited participants in three nursing wards. After initial recruitment, our data indicated that we needed to enrol nurses from two additional wards with other types of cancer patients to broaden our sample. This contributed to an adequate diversity of participants (Table 1), allowing us to provide a comprehensive understanding of the phenomenon and underlying factors (Corbin and Strauss, 2015; Polit and Beck, 2012). Head nurses were contacted by email to explain the purpose of the study and its expectations and to obtain permission. Information about the study was provided to the participants by the first author with face-to-face presentations, study posters placed in the nursing wards and an information sheet. To facilitate the sampling process and to identify potential participants, we developed a short, standardised questionnaire that was handed out to interested nurses. This questionnaire inquired about demographic details and contained statements on workload and time pressure, and the choice whether or not to participate in an interview. Each questionnaire was returned in a sealed envelope in a provided box in the nursing ward. The responses to the questionnaire are provided in Table 1.

The final sample consisted of 14 nurses from five inpatient nursing wards that provide oncology care for adult patients with various types of cancer (i.e. two general medical oncology wards, one of which is specialised in radiation therapy, a haematology ward, a gynaecological oncology and surgery ward and a ward for oncological lung diseases). The large majority of participants were female nurses with an age range between 20 and 39 years old. Nurses with less than three years of experience, with many years of experience (11+) and in the middle range were included. Eleven participants held bachelors’ degrees in nursing and professional titles in oncology nursing, of whom ten participants had advanced bachelors’ in oncology. The latter requires a one-year training course to specialise in oncology nursing (FPS Health, 2016). Two participants had obtained masters’ degrees, of which one was in nursing. Half of the included nurses worked full-time; others worked part-time because they combined it with another job position or wanted to spend more time with their family or pursue further studies.

Nurses’ responses to the questionnaire indicated that they often perceived a high workload on their nursing ward. Many nurses

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