



ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF NURSING

**ROLE AND CHALLENGES OF NURSES IN CARING OF
CRITICALLY ILL CANCER PATIENTS IN TIKUR ANBESA
SPECIALIZED HOSPITAL ADDIS ABABA, ETHIOPIA**

BY: ROZA DURI (Bsc.)

**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY,
SCHOOL OF NURSING AND MIDWIFERY, DEPARTMENT OF
NURSING IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF
SCIENCES IN ONCOLOGY NURSING**

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Full title of the research project	Role and Challenges of Nurses in Caring of Critically Ill Cancer Patients in Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia
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Dedication

My Lovely mother Nuriy Abdulkadir Hassen and my Father Duri Mohammed Ahmed thanks to
Allha

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First, I would like to extend my thanks to Addis Ababa University College of Health Science, department of Nursing and Midwifery, for giving this chance. I would like to thank Allah, my family and for their constant encouragement and financial aid in the course of the drafting this research work. Aspecial thanks goes to my advisers Yosef Tsige and Aklile Hailu for regular guidance, support and encouragement without which this demanding work could have not been materialized.

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Last but not least, my appreciation goes my familys Feruza, Tadele, Tahir, Fethi and my, Sisters and brothers. Who have my side all way towards the accomplishment of this thesis.

ACRONYMS AND ABBREVIATIONS

IRB: Institutional Review Board

KII: Key Informant Interview

WHO: World Health Organization

TASH: Tikur Anbessa Specialized Hospital

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ABSTRACT

Little is known and discussed about nurses' role in the oncology ward and patients experience of having critical cancer care. Furthermore, evidence-based practice is a challenge for all nurses and a distinctive challenge for critically ill cancer care nurses. This study aimed to explore the role and challenges experienced by nurses in caring of critically ill cancer patients for oncology nurses at Tikur Anbessa Specialized Hospital during their daily practice. A cross-sectional qualitative descriptive study approach was conducted from February to April 2021 using a Semi-structured individual face-to-face key informant interviews. Participants were selected by random sampling method from oncology nurses by work experience in one of the biggest governmental hospitals, Here in this study, the findings revealed that participants well-understand and know their varies role in caring of critically ill nurses, faces several challenges, have had positive relationship with patients, experienced work-related stress and have had also different coping mechanisms. The most mentioned challenges participant raised are lack of drugs, dropping out of treatments, staff shortage, lack of rehabilitation center, delay treatment, late presentation of patients with complication, lack of accessibility services for those who came from distant places, poor management and administration system, unsafe working environment and lack of availability of medical equipment'. As participants faced work-related stress, anxiety and depression due to several factors, they have provided different stress coping mechanisms such as having refreshment, engaging in spiritual and religious activities, and talking with colleagues. Moreover, they suggested counseling and opening of psychology department, refreshment of on job-site, training of every three-month or six months can resolve work-related stress. Availing medical resources, designing stress coping mechanism, and improving the health care management of Tikur Anbessa Hospital able oncology nurses to accomplish their job more than their tasks. These study expanding further study cancer units reduce workload and improve quality of continuum of care.

Key words: Oncology nurse, critically ill, cancer, cancer patient, role and challenge

1. INTRODUCTION

1.1 Background

Worldwide, cancer is a major public health problem and expected to become the leading cause of death(1). In developing countries like Ethiopia, the number of patients living with cancer is a growing public health concern(2). Consequently, more critically ill cancer patients will be expected that requires intensive care unit treatments(3).Hence, major advances in critical care are important(4). A study has shown that approximately 5% to 10% of patients with cancer develop a life-threatening condition that necessitates ICU admission (5).

In a study conducted in France, admission rates for patients with differing cancer entities varied between 0.7% and 12% (6) Likely, a growing number of studies demonstrate that critical ill patients with cancer can benefit from intensive care treatment(3). Oncology nurses are expected to play a central role in the management of critical ill patients with cancer. They should have the ability to identify early identification of deteriorating patients with cancer who may require more aggressive medical therapy (47).

Besides providing treatment, they are expected to contribute to the optimal management of critical ill patients with cancer by providing advice about the oncologic aspects of patient care. Setting a clear role of critical care teams ultimately provide better result in terms of quality of care, and mortality reduction(7). For example, in a retrospective observational study investigating the role of early activation of a rapid response team, in-hospital mortality was 32% after the early intervention compared to 73% after the late intervention(8). Unfortunately, little is known and discussed about nurse's role in the oncology ward and patients experience of having cancer (9, 10).

Additionally, there are still substantial organizational and cultural barriers or challenges that prevent more effective multidisciplinary care for critically ill patients with cancer. Evidence-based practice is a challenge for all nurses and a distinctive challenge for critical care nurses(11). Therefore, understanding the role and barriers of nurses in interdisciplinary activity avoids role conflict, improves quality care, improves patient autonomy and reduces early death. This study aims to determine the role and challenges of nurses in critical ill cancer patients in Tikur Anbessa Hospital, Addis Ababa, Ethiopia.

1.2 Statement of the problem

Nurses are the most trusted healthcare team member. For this reason, nurses are in an excellent position to advocate for the patient's right to autonomy and informed decision-making. However, one challenging question constantly nags the nurse's ethical core—what is the role of the nurse in futile treatment decisions? Many oncology nurses faced with these common situations in which oncologists are allowed to override patient autonomy with physician autonomy (50)

An ethnographic finding on physicians' versus nurses' views on patient autonomy revealed that physicians considered patient autonomy by emphasizing beneficence through treatment provision. Information giving has been an essential part of the nurse's role in clinical practice. In a qualitative study of influences on the treatment decisions made by patients with advanced lung cancer, researchers have identified the clinical nurse as a trusted source of information(12).

Another study also supported the nurse's role of information giving to patients related to various types of therapy and tests. During the actual administration of chemotherapy, studies have shown that nurses are involved in symptom assessment, monitoring, and management, often using standardized checklists in adult patients with cancer. Nurses have been involved in outcome evaluation initiatives because of the popularity of evidence-based practice.

One study demonstrated that nurses were able to develop, implement, and evaluate the effectiveness of a nurse-led risk assessment tool for the reduction of febrile neutropenia in hospitalized patients with cancer receiving chemotherapy(13). Nurses provide essential psychological support to patients and families throughout the continuum of cancer care. For example, nurses provide psychological support during decision making for phase I trials by allowing patients to talk about what is essential in their lives and searching for a way for the patients to live life until the end satisfactorily(14).

During end-of-life care, nurses provide guidance, information, and support to patients and families during difficult decisions on artificial feeding(15) and withholding-supporting measures(16). Nurses also provide emotional support to women following early breast cancer treatment to help them feel satisfied with their treatment. There are also challenges that nurses are facing in the delivery of care for cancer patients. The researcher, as an oncology nurse, wants to assess the role of nurses and the challenges facing critical cancer care in the hospital.

2. LITERATURE REVIEW

Critical ill cancer patients need advanced specialized care because of the complications of their disease and treatment, necessitating admission to critical care units(17). Advanced continuity care between oncology nurses and critical care is essential to patient survival. The use of oncology nurses may help ensure continuity of care and tackling the increasing global burden of cancer (9).

The demand for oncology nurses is ongoing and essential, as their contribution is unique because of the scale and the diversity of care roles and responsibilities in cancer care. However, the roles of nurses are changing due to the different approaches in treating cancer over the last few decades. Generally, an oncology nurse has diverse functions like direct patient care, patient support during a vulnerable time, and even administrative tasks. Moreover, an oncology nurse role varies significantly from an intensive focus on bone marrow transplantation to a community focus on cancer detection, screening, and prevention. Nevertheless, the role of oncology nurses has not been documented well in the care of these patients. This lack of documented role would not help staff members to deal with the ethical dilemmas of conflicts that arise during the care of these patients. (31)

Establishing and maintaining a current working knowledge base in the specialty practice of critical care oncology using educational intervention, implementation of research findings, and helping staffs to formulate clinical research questions into research projects are mandatory. Advanced practice nursing role appears in works of literature since in 1987 by the American Association of Critical-Care Nurses. Gawlinsick and kern(18) have also described the role of critical care nurses' specialists.

The role of critical care oncology nurses has been documented indirectly through specific intuitional projects and presentations; however, publications that addressed this role are spares. Few publications on oncology nurses role have existed (19).

These existed publications explained the role of oncology nurses focus on patient assessment, patient education, and coordination of care, direct patient care, symptom management, and supportive care. For instance, a study pointed majority of oncology nurses are involved in direct patient care and practice at a generalist level at with about 43% of work in the multihospital system, and 24% in ambulatory or outpatient settings,11% in physician offices, and 3% in-home

care. Despite these few studies described the role of oncology nurses, researchers also indicated the role of conflicts(20). For example, researchers indicated that role conflicts among Iranian oncology nurses(21). These signals need assessment of the role of oncology nurses in critical care directly or indirectly to avoid work stress, role-conflicts, socio-psychological problems, and poor-quality care. Unlike other health care professionals, oncology nurses are more vulnerable to varying degrees of socio-psychological problems(22).

Despite having, a great role in providing care for patients and their relatives (23), many of them feel that their work is not valued and satisfied (24). It might be due to that they deal with multidisciplinary teams and organize and coordinate all tasks related to their patients' treatment (25). Several challenges make some nurses unhappy and anxious about their profession (25)and may adversely influence their psychological and professional status (23).

Studies suggested psychological pressure on nurses varies according to their place of work (26-28). Nevertheless, literature suggested that oncology nurses are more vulnerable to psychological stress more than nurses in other departments(24, 29, 30).Oncology nurses provide care for cancer patients, including those with terminally ill cases, which might be challenging(30).Cancer patients usually suffer more than other patients and have special needs(30). Therefore, oncology nurses work continuously in a situation that requires the provision of special care and psychological support for patients and their relatives(31).This may have an impact on their emotional status; they may feel helpless and powerless to manage their patients' health needs(30). Oncology nurses play essential roles in caring for cancer patients, including providing spiritual, emotional, psychological, and end of life care (9). However, few oncology nurses deal well with their emotional distress generated by their relationships with patients and families(10).

It is a challenge for some nurses to take care of themselves and to detach their personal feelings of grief and emotions when their patients die(32). This may reflect the volume of psychological pressure on nurses and explain why oncology nurses become more stressed out(29).

The work environment for oncology nurses can be unsafe sometimes, which further increases their stress levels(33). For example, when providing patient care, they have to deal with dangerous medications (34, 35). In addition, they are likely to get sharp injuries when performing routine procedures, such as vein puncture (36). It was also reported that frequently encountering death and dying people was a major concern that pushed nurses to reconsider

staying in oncology departments (37). The impact of the working environment on the psychological status of employees was initially studied at the beginning of the 20th century(38).

Recent evidence has demonstrated that nurses who work longer shifts or overtime experience fatigue and sleep alteration, which affects their awareness, alertness, reaction to time, and decision-making abilities(39). For instance, the study of Boivin and Boudreau (40) suggested that oncology nurses working long hours and night shifts are associated with having chronic illness and circadian rhythm disorder. Many studies have examined the correlation between shift lengths and patient outcomes, finding that longer working hours may lead to more complications for patients and increased patient dissatisfaction (39, 41).Dissatisfaction could be the nurses' exhaustion and the reduction in the quality of care that the patients receive.

Globally, health care systems face many challenges. One of the most important of these is a shortage of nursing staff. Work environment for nurses has undergone many changes resulting from this shortage of nurses, such as job stress, burnout, and an unhealthy/insecure work environment. A systematic review by Toh et al (42)found a positive relationship between nursing staff shortages and oncology nurses' job dissatisfaction, stress, and burnout.

In particular, nurses who had higher qualifications and positions, who worked full-time in inpatient settings, were more likely to view staff shortages as a major contributing factor to job dissatisfaction, stress, and burnout, possibly leading to an increase in the number of nurses leaving the specialty. Level of job dissatisfaction, stress, and burnout experienced by oncology nurses and their perceptions about staff shortages differed according to their demographics and working environments. Much information is known about challenges affecting oncology nurses in developed countries (43-45). However, a few studies were conducted in developing countries about oncology nurses' role as well as challenges, but not in any African countries so this study will examine the issues surrounding this subject in Ethiopia in particular setup [46].

2.1 Conceptual Framework

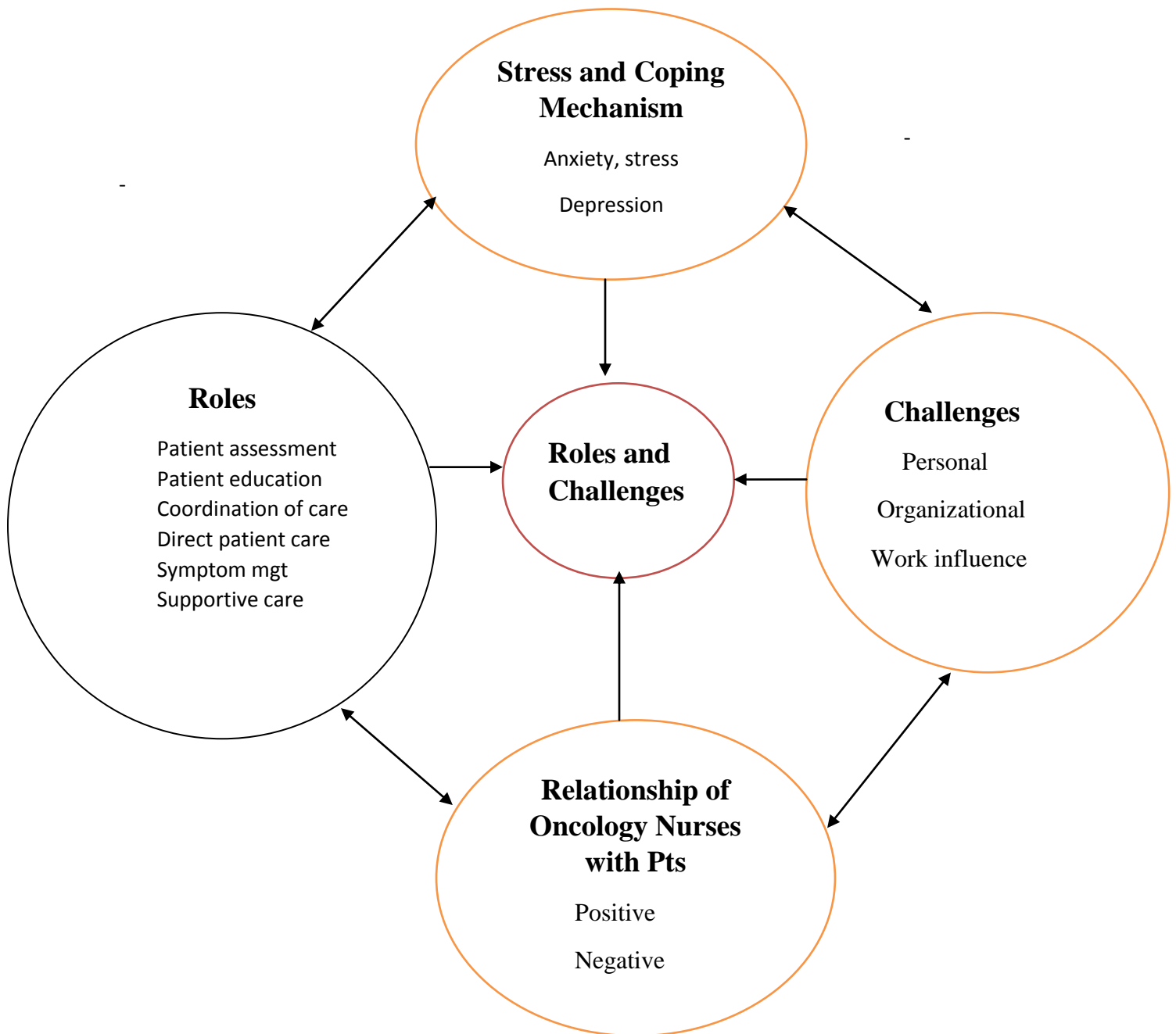


Figure 1: Conceptual framework for Role and Challenges of Oncology Nurses in Tikur Anbessa Hospital, Addis Ababa, Ethiopia, 2021

3. JUSTIFICATION OF THE STUDY

There is still unidentified gap on the role of nurses in critical ill cancer patients because of several challenges that need to be considered. There is also lack of well-documented data on the role and challenges of nurses in critically ill care patients in the study area. Identifying the role and challenges of nurses in critical care cancer patients would improve quality of nursing care by avoiding role care conflict and other barriers, so it is very important to establish clear role and identify possible challenges. This study will help nurses to identify their role in continuum care of cancer patients and identify possible challenges or obstacles that hinder quality health care services.

4. SIGNIFICANCE OF THE STUDY

As the roles of nurses are changing due to the different approaches in treating cancer over the time, understanding the role of nurses in critical cancer care is important in futile treatment decisions, avoid work stress, role-conflicts, socio-psychological problems and poor-quality care, ensuring continuity of care and tackling the increasing global burden of cancer. Moreover, understanding the role and barriers of nurses in interdisciplinary activity avoids role conflict, improves quality care, improves patient autonomy and reduces early death. This study will help to warrant possible challenges that affect overall quality care. Therefore, findings of this study could influence and inform policy makers and managers in matters related to the role and challenges of nurses in critical ill cancer patients in Addis Ababa, Ethiopia.

5. OBJECTIVES OF THE STUDY

5.1 General objective:

- ✓ To identify the role and challenges of nurses in the process of care giving for cancer patients at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia.

5.2 Specific objectives:

- ✓ To assess the role of nurses in caring for the patients with cancer at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia.
- ✓ To identify the challenges that nurses face during the caring process for cancer patients at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia.

6. MATERIALS AND METHODS

6.1 Study area and period

This study conducted in a major public hospital in Tikur Anbessa Specialized Hospital, Addis Ababa; between November 2020 and May 2021 at Tikur Anbessa Specialized Hospital have 632 beds and 3276 staffs. This government-funded hospital is the biggest medical institutions in Ethiopia and is place where most of the country's health care specialists and services existed.

6.2 Study Design

Institutional based cross sectional study design using qualitative method. Face-to-Face key informant interview were used in this study. As the purpose of key informant interviews is to collect information from wide range of people, information were collected from nurses, on the roles that nurse play and the challenges they are facing in delivery of nursing services for cancer patients.

6.3. Population

6.3.1. Source population

Nurses who were working in Tikur Anbessa Hospital in Addis Ababa, Ethiopia.

6.3.2. Study population

Health care providers Nurses who were working in Tikur Anbessa Hospital in Addis Ababa, Ethiopia.

6.4 Sampling methods

Purposive sampling techniques, the suitable approach in qualitative design, were used in this study. This technique enables to extract rich information about a given topic of interest from participants. Registered nurses participants who met the inclusion criteria were enrolled in the study.

6.5 Inclusion and Exclusion Criteria

6.5.1 Inclusion criteria

Participants who had work experience at least 6 months in cancer care departments, and providing care for critical cancer patient were selected.

6.5.2 Exclusion criteria

Who had no experience of direct critically ill cancer care patients were excluded.

6.6 Sample size

In Key Informant Interview, the sample size is small usually between 15-25 because the research concern focuses on how the phenomena occur rather than the extent to which they are statistically significant. In qualitative research using key informant interview, it is difficult to decide in advance how many participants should be included in order to meet the research aims, and the researcher should continue recruiting participants until data saturation is reached. In this study, data saturation was reached after 20 interviews, and when study participants stop adding information. Pre-test were conducted in sample size 5% of sample.

6.7 Data collection method

Data were collected through semi-structured face-to-face interviews and the researcher's role is to be more of a director of discussion by probing than an interviewer. Interview schedule was prepared in advance to organize the interviewer's thoughts. The schedule prepared using three sources: questions that raised in the literature, questions from the researchers' experience, and the interviews themselves. If any new information or questions raised during conversations, it was added in the interview schedule afterwards. Five to Ten questions was prepared as a guide for the interviews. Interview lasted to around 30 minute to 60 minute and information was recorded and then transcribed. Oncology nurses are the principal investigators rigorously supervised data collection after providing training and orientation for data collectors. Moreover, data completeness and consistency was verified using cross-tabulation. Because it is a statistical tools used for categorical data it involves values.

6.8 Data analysis

Data was processed after the collected data transcribed then translated from Amharic to English based on World Health Organization (WHO) translation guidelines. The adopted method of translation (forward and back translation) focused on the concept with emphasis on keeping the original meaning. After this, the data was transferred to computer software called Atlas Ti-9 public. This software facilitated the process of data analysis by organizing them under free nodes

and merging them under tree nodes. All of the research team to analyze the data generated from the interviews adopted thematic analysis.

6.9 Ethical considerations

Ethical approval was obtained from the IRB committee of the School of Nursing and Midwifery and Tikur Anbessa Specialized Hospital, Addis Ababa University where the study was carried out. After obtaining the IRB committee permission, the researcher visited the head nurses of the selected departments and informed them about the study's purposes, questions, and procedures. Following this, initial contacts with all nurses, physicians and health managers commenced.

Participants who were included in this study received an information sheet containing data about their rights, the roles of the interviewees, and the expected risks and benefits that might result from participating in the study. Each participant also signed an informed consent form before his or her interview began.

The issue of confidentiality is important when conducting research. In this study, all the interviews were conducted in a safe public place (the cafeteria of the hospital), taking into consideration the time of interviews and the participants' preferences. The participants were free to withdraw from the study at any time and were informed that their accounts would remain confidential. Their responses were kept in a locked file on a private computer and were only shared with the authors of the research. Their real names were replaced with pseudonym.

6.10. Dissemination and utilization of results

The findings of this study will be presented and submitted to Addis Ababa University for thesis preparation as a partial fulfillment. It will be disseminated to Tikur Anbessa Specialized Hospital staffs and managers. Furthermore, finding of this study will also be communicated to different scientific communities through reports, seminars, symposiums or workshops and could be published in one of the various journals.

7. RESULTS

Here in this study, participants were selected using purposive sampling from Tikur Anbessa Hospital from different participant with their current roles. Participants who have work experience at least 6 months in critically ill cancer care departments, and providing care for critically ill cancer patients was selected based on inclusion criteria. After quotations of respondents were made, coding and thematic analysis presented. Socio-demographic characteristics of participants were grouped and summarized in Table 1.

	Frequency	Percent (%)
Current Roles		
Head	4	20
Merton	1	5
Staff	15	75
Educational Status		
Bsc	12	60
Msc	8	40
Gender		
Male	10	50
Female	10	50
Age		
26	2	10
27	2	10
28	3	15
29	2	10
30	2	10
32	1	5
35	1	5
40	1	5
42	1	5
45	2	10
46	2	10
48	1	5
Work experience		
1	1	5
3	2	10
4	7	35
5	2	10
6	2	10
7	2	10
8	2	10
9	1	5
12	1	5

Table 1: Socio-demographic characteristics of participants for role and challenges of oncology nurses in critically ill cancer patients in Tikur Anbessa Hospital, Ethiopia

7.1. Them 1: Oncology Nurses' role

The main objective of this study was to assess nursing role in critically ill care of cancer patients in Addis Ababa. For this reason, participants were asked about the role of oncology nurses in provision of nursing care for critically ill cancer care patients. The findings revealed that most participants understand and identify their role for caring critically ill cancer patients. Most participants believed in treating cancer patients equally in compassionate care with holistic intervention and supportive care. Cancer patients provide pre-counseling and post-counseling, pre-clinical and post-clinical care for case management and provide reassurance. Nurses' also provide positioning of patients and managing (administrating drugs) for critically ill cancer patients. One participant suggested that;

"I feel proud when treating cancer patients who present with complication in emergency cancer units". Interestingly contrary to other study participants, one participant also indicated, *"Oncology Nurses have no clear role in managing critically ill cancer patients"*.

7.2. Them 2: Challenges of Oncology Nurses'

Oncology nurses' usually face challenges while treating critically ill cancers patients in Tikur Anbessa Hospital. Two participant explained challenges as; *"There are a lot of challenges such as; no trainings, workload, less income, poor management, and lack of interest"*. Here, most study participants explained they *"face drug shortage and radiation machines for treating critically ill cancer patients"*. One-study participants explained: *"I face loss of hope and feel depressed when patients unable to afford the cost of treatment have no rehabilitation center for caring, long-waiting and delay service for patients came from other regions (far away) of Addis Ababa. Another study participant also reported; "Late initiation of treatment and complication of patients with cancer such as sepsis, shortness of breath, huge mass and bleeding, lately diagnosis of cancer stages, work load and burden, and low-income are the most mentioned challenges by the participant raised while caring cancer patients"*. Moreover, another study participant also stated; *"Dropping out of treatment due to drug shortage and patients can't afford the drug cost"*. Some participants also complained and have concern about the overall management of Tikur Anbessa Hospital critically ill cancer unit. The working environment is

also another challenge that participant faces mentioned like poor infrastructure, and lack of space for treating cancer patients results delay in management and early treatment initiation of cancer patients leads patients in dying. For instance, a study participant mentioned that; *“There are a lot of challenges, no trainings, workload, less income, poor management, lack of interest, and lack of access”*. Moreover, another study participant stated: *“I feel depressed because there is resource limitation. The service has limitation and lack of access. There is a poor management and facilitation skill”*. One study participant also mentioned; *“Patients come to cancer unit from far away, no rehabilitation center, and feel sad when patients can’t afford the cost of medicine which make us loss of hope”*. More interestingly, a study participant stated that; *“I face challenges as patient received late initiation of treatments and patients also present with complications (sepsis, shortness of breath, mass and bleeding)”*.

7.3. Them 3: Relationship of Oncology Nurses with critically ill cancer patients

Participants were also asked about “Their communication with cancer patients?” while caring cancer patients is vital. Most of oncology nurses do proper communication with critically ill cancer patients with sympathy and empathy. Patients also share their pains and concerns to oncology nurses’. Most of the study participants stated; *“Oncology nurses do appropriate communication with clients in compassionate care”*. However, some patients deny accepting counseling and service provision due to misunderstandings, information gap, lack of awareness and lack of comprehensive services. One-study participants stated; *“Patients denied accepting services due to misunderstanding, information gap and awareness about the procedures of the service”*.

7.4. Them 4: Work influence

Participants were also asked about the work influence, work-life balance and the working environment of critically ill cancer patients. Some participants mentioned that working in critically ill cancer unit has positive and negative influence on oncology nurse’s life. For instance, one of the study participants stated, *“I am anxious and have developed migraine headache while treating cancer patients due to work stress”*. Moreover, another study participant stated, *“The pain that the patients suffered makes me burnout and develop a work-related stress”*. Moreover, *lack of materials, lack of positive feedback, poor setting (working*

environment), and poor management makes me to loss hope and dissatisfaction”. Participants were also asked how they manage the work-life balance. One study participant explained; “There are a work load and burden that resulted a limited social life because of work load and shortage of manpower”. Participants also mentioned work environment has influenced psychological effect on oncology nurses. For instance, one participant stated; “The working environment is not suitable these may be due to poor management”. One of the study participants stated; “The pain that they suffered make me to lose hope”. Another study participant also stated; “The number of cases in cancer units increasing and young cases increasingly are reported which makes me worry for the future work”. One of the study participants explained the working environment is not safe because of “Long appointment of patients for receiving treatments even though there are improvements in the services”.

7.5. Them 5: Stress and Stress management

Here in this study, oncology nurses were asked about their “Clinical experiences that make anxious and depression, and how they deal anxiety and depression?” Oncology nurses’ encountered work related stress and they used different mechanism to manage stress due to work such as; spiritual activities (going to church), share ideas and talk with their colleague, refreshment, and going out of the city and have fun. One study participant explained stress as; “I feel depressed because of there is a resource limitation, service limitation and lack of access drugs and equipment”. Another study participant also revealed; “I feel depressed most of the time because of work burden, I feel depressed and anxious when I am unable to help and care patients because of drug shortage, lack of resources and equipment”. Participants have a means to overcome and avoid work-related stress while treating cancer patients. One-study participants stated; “Counseling and opening a psychological department at Tikur Anbessa Hospital may be necessary and helpful to manage work-related stress”. Other participant also stated; “As far as nurses are working in the cancer unit, we have to take our routine daily life and take in to consideration to reduce the risk of patients”. Moreover, a participant also stated as; “I am anxious and feel burnout due to chemotherapy treatment and dilution process has a work burden and we also fear the health consequences of the chemotherapy”. Participants also recommended; “Having refreshments, trainings, clean and safe working environment, designing on-site (job) refreshment and canteen (cafeteria) for oncology staffs to prevent work-related stress”. One-study participants stated; “I feel stressed when clients can’t afford drugs for treatment, have no

bed and patients come from far place suffered". Participants also explained, *"Refreshment every three months, or six months at least should be designed and the working environment should be suitable"*. Surprisingly, one of the study participants stated; *"When I feel stressed I want to like drunk and forget the work-related stress that encountered in the work place"*. Another participant mentioned stated; *"Unsuccessful outcomes of patients using protocols makes feel stressed"*. Three participant stated ways to manage stress; *"going outside in Addis Ababa and doing spiritual activities to manage stress"*. Participants also mentioned that; *"Participants should communicate with Pharmacy's and drug stores to avail drugs"*. To prevent stress in cancer units we need to *"Prevent stress by increasing manpower, giving training, increase income, and scale up cancer units. Stated the cancer units in Tikur Anbessa are at infancy stage and many sites should be opened"*.

Generally, one participant stated, *"Cancer treatment is at infancy stage in Ethiopia which has been given solely in Tikur Anbessa Hospital and must be scaled up in many sites"*. The services should be scaled-up and the government should give a priority and attention. Public awareness, health education and promotion related cancer as well research and innovation in areas of cancer should be commenced. There should be proper staff management and team working, avoid drug shortage, staff shortage, and improvement in working environment.

8. DISCUSSION

The current study is the first study in Ethiopia at Tikur Anbessa Hospital, the only large center for cancer treatment that assessed the role and challenges of Oncology Nurses in Critically ill cancer patients. The findings of this study suggested majority of participants do positive relationship with cancer patients, clearly understand and know their roles and tasks, faces several challenges, experienced work-related stress, and have had different coping mechanism for stress management.

Here, most oncology nurses maintained positive relationships with critically ill cancer patients and family members. Positive relationship of oncology nurses with patients could help to maintain good emotional attachment that enable nurses to provide a service beyond their required task which further improve the prognosis, treatment uptake, and continuum quality end-life care of cancer patients(9, 10). For instance, a study in Arabic patients suggested that a personal approach that combined nurses' experience and confidence with personal warmth were more likely to encourage trust, rather than a stiff professional attitude(46).

Oncology nurse role varies significantly from an intensive focus on bone marrow transplantation though it depends on in different setups and countries (9, 47). However, few existed publications on oncology nurses' role in critically ill cancer patients' care could result ethical dilemmas (19, 48). Here in this study, most of participants clearly understand and know their role in the caring of cancer treatments with a diverse range of care. This could have several advantages in caring patients like receiving treatments on time, avoids treatment delay, improves prognosis, and could save lives, increases quality of lives and continuum of care. On other hands, researchers also indicated that role of conflicts in caring cancer patients (20, 21). Here in our study, an oncology women nurse with 8-year experience participants mentioned that there is a lack of role description in caring of cancer treatment at Tikur Anbessa Hospital, regional and nationally. This could help to evaluate national, regional and Tikur Anbessa hospitals' role description of oncology nurses and guidelines and policy in caring critically ill cancer patients if there is existed.

Oncology nurses experienced several challenges that make unhappy, dissatisfied and anxious while caring and may adversely influence their work-life balance(29). The finding of this study has also identified several challenges that oncology nurses faced while caring patients at Tikur

Anbessa Hospital. The most mentioned challenges participant raised are lack of drugs, treatment dropping out, work load due to staff shortage, no rehabilitation center, treatment delay, complication of patients, lack of accessibility for services those who came from distant places, poor management and administration system, unsafe working environment, and lack of availability of medical equipment'. Similarly, other studies also reported that oncology nurses faced the same challenges(29).

Oncology nurses badly affected to stress, anxiety and depression while caring critically cancer care patients(39). For instance, a cross-sectional study in Brazil found that 69.8% of professionals have medium anxiety levels and 30.2% have high levels of anxiety(29). In the current study, participants experienced stress, anxiety and depression while caring of critically cancer patients. They also had several coping mechanisms to cope up the work-related stress, anxiety and depression such as having refreshment, engaging in spiritual and religious activities, and talking with colleagues. In New work study, a strong negative association was reported between spiritual and depression rating scale in terminally-ill critically cancer patients(32). Moreover, in the current study, they suggested counseling and opening of psychology department and refreshment of on job-site, participate in training every three month or six months can resolve work-related stress. Another important point that participant raised in the current study was participants face challenges in work-life balance due to factors such as shortage of resources, staff shortage and work-load. This could have a potential effect in the relationship of cancer patients in caring and interaction with their family members. This work influence could result anxiety and stress (49). Moreover, lack of resources, especially shortage of drugs makes participants unable to help patients and resulted for dissatisfaction and stress. If properly resourced and the management system improved, they could provide better care than they were currently able to. Furthermore, they suggested counseling and opening of psychologist department and refreshment of on job-site, training every three month or six months can resolve work-related stress. Importantly, other studies also reported the same finding consistently with our studies. Generally, participants stated cancer treatment in Ethiopia is at infancy stage therefore further sites should be opened and scaled up.

9. STRENGTH AND LIMITATION

This study has strengths because the finding shows the ground experience of Tikur Anbessa Hospital oncology nurses, head and mentor nurses'. Additionally, this finding will help to design and formulate a policy options for the sake of quality care for cancer vulnerable populations and its family members. Therefore, that policy options' can be formulated or referenced from this study. However, this study has limitation due to the study area setting as it is conducted in Tikur Anbessa Hospital.

10. CONCLUSION AND RECOMMENDATIONS

The current study is the first study in Ethiopia at Tikur Anbessa Hospital, the only center for cancer treatment that assessed the role and challenges of Oncology Nurses in Critically ill cancer patients. The finding of this study suggested majority of participants do positive relationship with cancer patients, clearly understand know and have critical roles, face several challenges, experienced stress and have had a coping mechanism for stress management in caring critically cancer patients. Availing medical resources develop stress coping mechanism, and improving the health care management of Tikur Anbessa Hospital able oncology nurses to work their job more than their tasks. This study recommends for hospital managements, policy makers, government expanding further study cancer units reduce workload and improve quality of continuum care for critically ill cancer patients.

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APPENDIX –A

CONSENT FORM

My name is Roza Duri. I am a final year postgraduate oncology-nursing student at Addis Ababa University. My research title is Role and Challenges of Nurses in Caring of critical ill cancer patients in Tikur Anbessa specialized hospital. The results of the study will be used as baseline information to design appropriate interventional strategies to provide comprehensive care for oncology patients.

The information you provide is confidential and is used only for the purpose of this study. Your cooperation and participation until the completion of the questionnaire is very necessary for the successful completion of the assessment. You will neither get harmed nor will you get benefit because of participating in this study. I therefore ask your genuine willingness. However, you have the right to decline if you do not volunteer to participate at any time.

If you have any question and confusion regarding the questions, you have the right to ask me at any point or you can contact me on the following address.

Email address: duiroza13@gmail.com and phone number +251911691478

Are you willing to participate? Yes No

Data collector: Name _____

Signature: _____ Date: _____

APPENDIX-B

Information Sheet

English version interview guide for the study of role and challenges of oncology nurses in critical care cancer patients' in Tikur Anbessa Hospital, Addis Ababa, Ethiopia

I. Socio-demographic characteristics

1. Age _____ Years
2. Sex Male Female
3. Marital Status Married Single Divorced Widowed
4. Year of experience _____ Years
5. Department
6. Level of education Diploma Degree Master PhD
7. Years in oncology _____ Yrs

II. Key informant face to face interview for the study of role and challenges of oncology nurses in critical care cancer patients' in Tikur Anbessa Hospital, Addis Ababa, Ethiopia

1. How do you feel about nursing in general?
2. How do you feel about being an oncology nurse?
3. Please, tell me about clinical experiences that make you anxious or depressed.
4. In your opinion, tell me about the communication with cancer patients.
5. Do you have past personal experiences, either negative or positive, influence on care provided to cancer patient?
6. Does oncology work limit you to achieve work-life balance? How come?
7. Do you feel tense or worry during providing healthcare for cancer patients? How?
8. Do you think the work environment impact on psychological domain for you? How?
9. How do you deal with stressors and depressed issues on your work?
10. How do you think it is possible to deal oncology nurses' anxiety and depression? Do you have suggestions

APPENDIX-C

ስለ ካንሰር ጽኑ ህመማን የነርስ ባለሙያዎች የሰራ ድርሻ ና ተግዳሮቶች ላይ የሚተኩር ጥናት ላይ በአማርኛ መጠየቅ የአማርኛ ቅጽ

1. ክፍል 1

እድሜ _____

2. ጾታ ወንድ ሴት

3. የጋብቻ ሁኔታ ያገባ ያላገባ የተፋታ ገጭት የተለየ

4. የሰራ ልምድ _____

5. የሰራ መደብ _____

6. የትምህርት ደረጃ? ዲፕሎማ ዲግሪ ማስተርስ ፒችዲ

7. በካንሰር ህክምና ክፍል ስንት አመት ስራህ/ሺ? _____

ክፍል 2

1. ስለ ነርስ የሰራ ዘርፍ ያለዎትን ሀሳብ ያጋሩን/ ምን ይላሉ?

2. ስለ ካንሰር ጽኑ ህመማን ነርስ ባለሙያ የሰራ ዘርፍ ያለዎትን ሀሳብ ያጋሩን/ ምን ይላሉ?

3. እባክዎ በህክምና ስራ ቦታዎ ላይ እርስዎን ያበሳጩዎት ወይም ያላስደሰተዎት ነገር/ድርጊት ካለ ቢገልጹልን?

4. እባክዎ በጽኑ ካንሰር ህመማን ጋር ያለዎትን የሰራ ግንኙነት ወይም ተግባቦት ያስረዱን?

5. ከዚህ ቀደም በካንሰር ጽኑ ህመማን ህክምና ወይም እንክብካቤ ላይ በአሉታዊ ወይም በአውንታዊ መልኩ ተጽእኖ የዳረገዎት ወይም ያጋጠመዎት ሁኔታ ካለ ያለዎትን ልምድ ቢነግሩን?

6. የካንሰር ጽኑ ህመማን ነርስ ባለሙያ መሆን/ሽ የኑሮ እና የሰራ ህይወትህን/ሽን ለማቻቻል ተጽእኖ አላመጣም? ለማጣጣም አልተችገርሽ/ህም? እንዴት ታጣጥመዋለህ?

7. የጽኑ ካንሰር ህመማን በምታከሚበት ወይም በምትንከባከቢበት ጊዜ ጭንቀት ወይም ውጥረት ያጋጥምዎታል ወይም አጋጥምዎት ያውቃል?

8. የሰራ ቦታዎ በራሱ በአንተ/ቺ ላይ ተጽኖ ያደርስብናል ብለህ/ሺ ታስቢያለሽ/ህ? እንዴት?

9. በሰራ ምክንያት የሚመጣ ጭንቀት፣ውጥረትን ወይም ድብርትን እንዴት ያስተናግዳታል?

10. የካንሰር ጽኑ ህመማን ነርስ ባለሙያዎች የሚጋጥማቸውን ጭንቀት፣ውጥረትን ወይም ድብርትን እንዴት መፍታት የሚቻል ይመስሎታል? እባክዎ ሀሳብ ካለዎት

APPENDIX-D
APPROVAL SHEET
ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

I, the undersigned Msc, declare that I have submitted my original work on a title Role and challenges of nurses in caring of critically ill cancer patients in Tikur Anbessa Specialized Hospital in Addis Ababa, Ethiopia for the examination.

Submitted By:

-----	-----	-----
Name of Student	Signature	Date

This proposal has been submitted for examination with my approval as an advisor.

-----	-----	-----
Name of Major Advisor	Signature	Date

-----	-----	-----
Name of Co-Advisor	Signature	Date

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Name of Department Head	Signature	Date

APPENDIX-E

APPROVAL BY THE BOARD OF EXAMINATION

This thesis by ROZA DURİ is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in Clinical Oncology Nursing.

STUDENT NAME: Roza Duri (BSC)

RANK BSC SIGNITURE _____ DATE

EXAMINER NAME:

RANK _____ SIGNITURE _____ DATE

RESEARCH ADVISORS

Yosef Tsige (Ass. Professor)

RANK Ass. Professor SIGNITURE _____ DATE

Aklile Hailu (Lecturer)

RANK Lecturer SIGNITURE _____ DATE

DEPARTMENT HEAD

Nigusse Tadele (Ass. Professor)

RANK Ass. Professor SIGNITURE _____ DATE

STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

Brief quotations from this thesis may be used without special permission provided that accurate and complete acknowledgement of the source is made. Requests for permission for extended quotations from, or reproduction of, this thesis in whole or in part may be granted by the Head of the Department or all advisers of the thesis when in his or her judgment the proposed use of the material is in the interest of scholarship and publication. In all other instances, however, permission must be obtained from the author of the thesis.

STUDENT (BSc)

Name: **Roza Duri Mohammed** Signature: _____ Date: _____

RESEARCH ADVISORS:

Yosief Tsigie Ass. Professor

NAME	RANK	SIGNATURE	DATE
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Aklile Hailu	<u>Lecturer</u>	_____	_____
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NAME	RANK	SIGNATURE	DATE
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