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RESEARCH ARTICLE

CLINICAL MANAGEMENT OF PATIENTS WITH BRAIN TUMOUR: LIVED EXPERIENCES OF NON-ONCOLOGY TRAINED NURSES AT A MAJOR CARIBBEAN SPECIALIST HOSPITAL

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ABSTRACT

Aim: To describe the lived experiences of Registered Nurses at the Sangre Grande hospital, Trinidad and Tobago, who have only basic Nursing training but are required to clinically manage oncology patients with Brain Tumours.

Background: Seventy-five (75%) of admissions to the Sangre Grande Hospital, on a daily basis, are Oncology long stay patients, who are admitted onto the medical ward. Lack of training in this specific area of expertise created feelings of inadequacy and work dissatisfaction among those Nurses.

Method: Qualitative phenomenological design was employed to garner information from six (6) Registered Nurses from the Sangre Grande hospital, who have the basic Nursing Training and are directly responsible for the clinical management of patients with Brain Tumours were interviewed. The interviews were coded and analysed using Teschs' method of open coding.

Results: The RNs responses were grouped into five (5) major themes: The need for Oncology training for RNs; the need for Oncology facilities and support for RNs, patients, and relatives; the Physical impact/toll on RNs; the Psychological impact/toll on RNs; and RNs' challenges interacting with patients.

Conclusion: The results mainly revealed that it was psychologically and physically demanding and frustrating for RNs to function in this specific areas of expertise with only basic Nursing training. These results were congruent with the results received in similar studies by Poggenpoel, Myburgh, and Morare (2011) in Johannesburg, South Africa, and Johansson and Lindhal (2012) in Sweden.

INTRODUCTION

In Johannesburg, South Africa, Poggenpoel, Myburgh, and Morare, (2011) explored the shared experiences of eight (8) female Registered Nurses (RNs) in treatment of mentally ill patients, and revealed that lack of resources, training, and skill caused them to experience fear and unhappiness in interacting with their patients. Staff shortage and lack of support affected the way the Nurses cared for the patients. Indeed, the Nurses directly attributed their inability to cope with mentally ill patients to the lack of staff members who were trained in psychiatric Nursing skills. Johannson and Lindahl (2012)'s study of Nurses' experiences in caring for terminally ill patients in a hospital setting, revealed that exerting physical as well as emotional energy to care for patients at the end of life was challenging. Palliative care encompasses spiritual and psychosocial support, support and encouragement of the immediate relatives in the grieving process and throughout the illness, and in bereavement. The responsibility of caring in a setting that Johanssen and Lindhal (2012) describes as mixed acute/palliative care means that Nurses must reflect deeply on different situations and treatments in order to function effectively. This hinders deep relationship and results in feelings of disinclination. Nurses also reported feelings of inadequacy- in spite of the best care, terminally ill patients will die. In Trinidad and Tobago, an RN is expected to nurse all categories of patients in the practice setting. We observed that most of the admissions to the Sangre Grande Hospital are Oncology long stay patients while most of the nurses have not had any specialist training in Oncology. Researchers indicated that basic training is in nursing does not equip a registered nurse to effectively treat a patients needing specialised care (Poggenpoel *et al.,* 2011; Johansson and Lindhal, 2012) and that lack of training in this specific area of expertise can cause a Nurse to feel apprehensive, incompetent, displaced, and highly stressed (Hennesy, 2009; Appelbaum, 1997; Onuoha and Samaroo, 2014 in press). We therefore envisaged that the nurses in Sangre Grande who were non-oncology-trained and had to clinically manage the patients with brain tumour, might be having challenges in dealing with the patients with brain tumours. In this study, we sought to put this conjecture to test to find out from the non-oncology-trained nurses about their experiences while clinically managing patients with brain tumour.

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MATERIALS AND METHODS

Design

This is of phenomenological design, concerned with documenting the lived experiences of non-oncology-trained nurses while clinically managing oncology patients. Polit and Beck (2004) described this as a phonological study.

Population

A non- probability purposive criterion-sampling was used to select the subjects for the study. The design emphasises quality and necessitates a small sample for in-depth qualitative study (Bowling 1997). In this case individuals qualify for (i) being registered nurses without specialised training in oncology, (ii) were clinically managing tumour patients in the Sangre Grande Hospital, and (iii) would have worked for at least six months; in Sangre Grande Hospital for the period of study. The population consisted of six (6) Registered Nurses from the Sangre Grande hospital, who have the basic Nursing Training and are directly responsible for the clinical management of patients with Brain Tumours. Of the six (6) persons, four (4) were female and two (2) were male.

Instrumentation

A qualitative research interview technique with a narrative approach was employed to collect data. One main question was asked '*Can you please tell me about your experiences of caring for patients with Brain Tumours in your work environment?'*, and follow up questions were asked for clarification, for example "*How about the physical aspects of nursing these patients?", 'Is there anything else you would like to add on your experiences of managing patients with Brain Tumour?* This instrument was pre-tested on 3 post-registration nursing students at the University who were upgrading to a Bachelors Degree. It was found that the subjects who were similar to the intended study subjects, understood the questions in the instrument, as the response elicited were as expected, and was therefore deemed appropriate and hence adjudged valid. Those students were not part of the population targeted. The interviews were tape-recorded and transcribed by the researchers. Interviews were conducted until data saturation was achieved.

Treatment of Data

Transcripts were coded and analysed using Teschs' method of open coding (Delport, 2013). The researchers identified themes in the Nurses' experience while treating terminal patients. Also, the researchers sought consensus with a confidential independent coder concerning the themes and sub-themes which emerged in the responses.

RESULTS

The results are based on five (5) main themes and fourteen (14) sub-themes that emerged from the analysis of the data. Table 1 displays the main themes and sub-themes of the experiences of Registered Nurses in the clinical management of patients with Brain Tumours.

1. Need for Oncology training for Nurses

All of the six (6) RNs interviewed emphasized the need for specialty training in the area of Oncology, so that RN's with basic training can function more effectively. Nurses expressed that they were "de-motivated" and "tired" and while they receive some advice, it cannot replace the critical training. One male RN reported that "I found myself lacking in terms of education and experience, and therefore when the doctor demanded certain things of me, I was hesitant, fearful, and reluctant." Another RN reported that "as an RN you're administering chemo and you're not even trained." Naturally, this affected the level of self- confidence nurses possessed. This is further complicated by the reality that Brain Tumour patients may also have additional needs to be addressed like being in a comatose state or needing ambulatory support. RNs also need to be equipped to manage discharge planning and to successfully hand the patient over to the care of his or her relatives. It is the RN's responsibility to train the relatives in how to administer palliative care while the patient is at home, and educate relatives about getting particular infrastructure in place to treat the patient. One RN actually admitted to having a low level of job satisfaction which she attributed partially to lack of specialty training and partially to the fact that Oncology is not her primary area of interest. She argued not only that nurses be trained in Oncology but that those RNs who are definitely interested in that field should be targeted and trained.

Table 1. Themes and Sub-themes from Subjects Responses

Themes	Sub-Themes
1. Need for Oncology training for RNs.	
	1.1 Feelings of inadequacy, lack of confidence, fear, and reluctance because of lack of training and experience.
	1.2 Knowing that despite your best care and medication patients with brain metastasis will not regain optimal health.
	1.3 Low job satisfaction
2. Need for Oncology facilities and support for RNs, patients, and relatives	2.1 Doctors give patients' relatives false hope.
	2.2 Do not enquire about the emotional situation of the nurses after the patients with whom they have developed a bond have passed on.
	2.2 Need for an Oncology ward.
	2.4 Need for counselling for patients' relatives.
3 Physical impact/toll on Registered Nurses (RN)	3.1 Nurses are physically tired and drained.
4 Psychological impact/toll on RNs	4.1 Feeling emotionally drained from having to nurse Oncology patients as well as normal M.I. patients.
	4.2 Emotionally attached to long stay patients and grieve when patients have passed on.
5 RNs' challenges interacting with patients	5.1 Communication difficulties due to decreased cognition in patients.
	5.2 Aggression from patients due to communication challenges.
	5.3 Safety/ security issues involved in having to restrain a patient physically or clinically

However, she did not rule out the possibility that with the right training in Oncology she may experience greater levels of job satisfaction as a result of increased competence levels. Notwithstanding, four (4) out of the six (6) RNs echoed that "with additional training, patient outcome would be different, care would be administered differently. My own self-esteem and self- awareness, and professional development will be enhanced".

2. Need for Oncology facilities and support for Nurses, Patients, and their Relatives

One Nurse reported that Doctors give patients' relatives false hope whereas Brain Tumour patients have a poor prognosis and will not regain optimum health. "And so the relatives thinking that their family…is gonna return to optimum health which in fact is not the case." Generally, when patients pass on, the efforts toward consolation are directed toward the surviving relatives, to the neglect of the Nurses who would have been the primary care givers and would have inadvertently formed a bond with the patient. In reality, nurses grieve when their patients die:*"Sometimes when you close to these patients now, you form a bond with them, you form a bond with the relatives as well, and even when the patients die, you yourself you don't know where you at. Because you was hoping to tell the relatives "hey, this patient will go home", you know, because you are close to them and because we are all human beings and we form relationships"* Five (5) out of six (6) RNs stressed the need for a functional Oncology department at the Sangre Grande hospital, which will include an Oncology ward and pharmacy. At present, Oncology patients are housed on wards with regular patients. Oncology patients are "long stay" patients and need "extra care and extra monitoring". In fact, nurses report that managing a Brain Tumour patient is more time consuming than managing other regular patients, and argue that they need their own ward and a place apart from other patients must be provided for them. One particular RN believed that "Patients do not get the quality care" and that it is for this reason that "patients are being thrown on you, on the wards" simply because there is no Oncology ward. This also extends to having an Oncology pharmacy where patients' specific medication can be easily obtained. One male RN reported that there is currently no Oncology pharmacy with the specialized medication that the patients need at the Sangre Grande hospital, and as a result, the nurses have to search for medication. Counseling resources for RNs as well as the patients and their relatives cannot be neglected. One (1) female RN highlighted a concern that there is no counseling resource available for the patients' relatives. In the absence of adequate training, the RNs are ill equipped to counsel. "We do counsel," she reported. "But it's to a point".

3. Physical impact/toll on RNs

Oncology patients are demanding of a Nurse's time and energy, more so than general patients. Managing these patients includes "cleaning [the patient]…, maintenance of fluids,…hydration, [and]…medication administration…you are on your feet the entire day and you have to be attending to them 24/7 and it does take a physical toll on you." "*A patient on chemo [for example] is a patient that needs continuous observation and you need to be with them 24/7 and of course that depletes the ward of the staff that is needed to attend to other medical cases*". At Sangre Grand hospital, Nurses have to manage both Brain Tumour patients and general patients under their care.

4. Psychological impact/toll on RNs

All six (6) of the RNs interviewed admitted to being emotionally drained and stressed from having to nurse Oncology patients. Some attribute this to lack of critical training and therefore their emotional stress results from the struggle and uncertainty of achieving competence in the care provided: "I personally do not like to nurse Oncology patients because it takes a toll on you mentally". Another RN expresses that "It [is] tiring, emotional, frightening, and time consuming- a lot of questioning yourself." On the other hand, nursing patients with Brain Tumours is emotionally demanding work by virtue of the fact that RNs form attachment to their long stay and grieve when patients have passed on: "*Your mental faculties are affected, you can't function optimally, and sometimes when you close to these patients now, you form a bond with them, you form a bond with the relatives as well, and even when the patients die, you yourself you don't know where you at*". Watching the patients suffer is stressful and "when patients die there is a feeling of not having accomplished what your purpose is- to provide care and relieve patients from their ailment", reports one RN. Another admits that it is "heart breaking and traumatic", and a few intimated that they think of their patients at home: "*It not only affects you on your workplace it goes with you... at home as well…So you take it home with you, you take it to your colleague and sometimes…you're so tired out and so exhausted both emotionally and physically that it's difficult for you now to care for the patients*". Another RN confesses that "it emotionally drains you as an individual, as a nurse and as a colleague for your peers as well that you're working with."

RNs must also accept the fact that despite their best care and medication patients with brain metastasis will not regain optimal health since the prognosis for such patients is poor. One male RN admits that because of the poor prognosis there can be an emotional strain, since while in theory the nurse is planning for the patients care on a practical level, it's planning for their departure. "It feels as if you are working in a mortuary". One RN articulated that the very often the challenge for RNs is knowing how to console relatives "and show empathy while remaining strong yourself" when the doctor has to sit them down and talk about making final preparations.

5. RNs' challenges interacting with patients

As it relates to nurse and patient interactions, one RN observed that very often, patients with Brain Tumour have difficulties communicating their needs and wants due to decreased cognition. As such, patients can become aggressive and combative because they are unable to articulate what they want or what is bothering them. In fact, the patients often either need to be physically restrained or RNs have to ask the doctor to "clinically restrain them" when they become aggressive.

This introduces safety and security issues, as there is a concern that patients may injure themselves or the Nurse(s). It is also traumatic for RNs and relatives to see the patients physically and clinically restrained.

DISCUSSION

The purpose of this study is to document the lived experiences of RNs who were placed to manage patients with Brain Tumours but had only basic nursing training. Literature reviewed from similar research revealed two (2) major themes: Lack of Resources, Training, and Skill; and Psychological/ Emotional toll. The results of this research revealed five (5) themes: The need for Oncology training for Nurses; the need for facilities and support for RNs, patients, and relatives; the Physical impact/toll on RNs; the Psychological impact/toll on RNs; and the RNs' challenges interacting with patients.

The most dominant theme from the data collected was the lack of specialized Oncology training and the feelings of inadequacy, incompetence, and emotional stress it creates. This is consistent with the results of Onuoha and Samaroo (2014); Poggenpoel, Myburgh, and Morare (2011)'s and Johansson & Lindahl (2012). Nurses reported that lack of resources, training, and skill caused them to experience fear and unhappiness in interacting with their mentally ill patients. Similarities between mentally ill patients and patients with Brain Tumour often require that those patients are restrained both physically and clinically. This formed part of the RNs' experience in both studies but not without having a psychological effect on them. However, the RNs in the former study directly attributed their inability to cope to a shortage of adequately trained staff (Strand, Kamdar and Carey, 2013; Loghmani, Borhani and Abbaszadeh, 2014). In this present study, while the RNs expressed lack of training as the major concern, they did not report shortage of staff per se but rather showed optimism and interest to be trained in order to perform effectively. Further, the RNs' experience in this present study is more complex than those of the former because it involves managing terminal illness and end of life issues in addition to everyday patient care. The emotional and physical stress nurses experienced in this present study were similar to the results of Johansson and Lindhal (2012)'s Swedish study which was mainly concerned with RNs treating patients at end of life. In both studies Nurses reported feelings of inadequacy when they came to the realization that they could not buy the patient or their families more time, and that despite their best efforts the patient was still going to die. The study reported no issues of lack of adequate training among Nurses, which suggests that the Nurses were functioning in the area in which they were most suited (Morgan, 2009). It echoed however, the need for properly decorated and designated space for care of palliative patients, and emphasised that RNs were honoured to be a part of the patient's end of life experience despite the emotional stress the experience caused. In the end, Nurses expressed a deep commitment to their work. In this present study however, such contrasts were not noted since RNs were clearly unhappy about their current responsibilities as lack of training was the main concern. The RNs were specific about their challenges and what it would require for them to achieve the desired level of efficiency and satisfaction. They highlighted the need for a proper Oncology department to house patients and a pharmacy, so that the medication would be readily available for Nurses to secure for the patients (Onuoha and Samaroo, 2014). One (1) RN's report of having to restrain the patients either physically or clinically gives important insight into the patients' unique struggle. Also, even though two (2) RNs admitted that they do not fancy the field of Oncology, there is an overall openness to training and optimism that they may enjoy their work better if they were trained.

Conclusion

Overall, the results of this study are congruent with findings of similar research on the general experiences of RNs who were either asked to operate in specialized areas, with only the basic Nursing training or Nurses having to manage end of life issues. More importantly, it revealed the unique challenges of the RNs at the Sangre Grande hospital. Although the results of this study should not be generalised to the rest of Trinidad and Tobago, mainly because the experience of Nurses at the Sangre Grande hospital is unique; there is reason to suspect that other major public hospitals in Trinidad and Tobago either have Oncology wards or an Oncology pharmacy since two (2) RNs alluded to this, however, one expects that Nurses should be equipped with post basic and specialty training in the areas in which they are asked to serve. Moreover, it is advised that Nurses have a choice of which area they would prefer to specialize. This may result in greater competence, better quality patient care, and greater sense of job satisfaction and less Nurses leaving the profession as supported by the findings in congruence with literature.

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