

# Mental Health in the Workplace from the Perspective of Oncology Nurses in Iran: A Qualitative Descriptive Study

## Abstract

**Background:** The workplace and the context in which oncology nurses work are unique due to the complex and dynamic nature of cancer care. Nurses who care for cancer patients are exposed to varying degrees of psychological pressure. The present study was conducted to explore oncology nurses' perceptions regarding mental health in the workplace. **Materials and Methods:** This study was conducted in 2018–2019. The participants were recruited through purposive sampling from eight educational specialty cancer treatment centers in Iran. Data were collected through individual semistructured interviews and analyzed using the conventional qualitative content analysis method. The Consolidated criteria for Reporting Qualitative research (COREQ) checklist was used to document the report of the study. **Results:** The extracted concepts were classified into three main categories and 17 subcategories. The main categories included attention to nurses' occupational stress-provoking factors, attention to emotional/psychological responses in the workplace, and healthy mental atmosphere in the workplace. **Conclusions:** The findings indicate that oncology nurses need to be supported to enhance their mental health in the workplace. The findings of this study could help policymakers and nurse managers to understand the importance of improving the mental health of nurses in cancer care. In this regard, it is essential to make the necessary plans and scientific decisions to design and provide strategies to alleviate workplace problems and improve nurses' mental health.

**Keywords:** Neoplasms, occupational health, oncology nursing, qualitative research

## Introduction

Addressing the issue of a healthy workplace in nursing is of particular importance since nurses are vulnerable to occupational health risks.<sup>[1]</sup> Among the diverse nursing work areas, employment in cancer wards seems different and more unfavorable compared to other wards due to the complex and unique care of the cancer patients and challenging working conditions.<sup>[2,3]</sup> Within the specific context of cancer, nurses have been increasingly becoming fundamental for driving patient-centered care and integrating shared decision-making across the cancer care continuum.<sup>[4]</sup>

The results of studies in Iran, Brazil, and Nigeria have shown that nurses who care for cancer patients are exposed to varying degrees of psychological pressure. These psychological issues among nurses are thought to have some consequences relating to professional satisfaction and their mental health status.<sup>[4-6]</sup> It is widely recognized that mental health is more than just the

absence of mental illness, as is stated by the World Health Organization) WHO. WHO has recently proposed that mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.<sup>[7]</sup>

Oncology nurses' burden of work, death anxiety, occupational stress, and emotional fatigue increase gradually, and they experience more emotional disorders and moral tension than the nurses working in other wards. All these issues lead to their lack of satisfaction, frustration, feelings of inefficiency, and the creation of negative attitudes toward life and work.<sup>[8-10]</sup> The results of studies in Iran and Turkey have shown that oncology nurses are exposed to numerous problems in the workplace, such as insufficient safety equipment, low job security, high workload, lack of sufficient financial support, lack of health assessments, insufficient training on protective measures and safe use of chemical drugs, and

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lack of occupational protection during pregnancy and breastfeeding.<sup>[6,8,11]</sup> However, paying attention to nurses' workplace can lead to positive organizational, professional, and patient-related consequences. A healthy workplace prevents frustration, depression, anxiety, stress, and burnout; leads to a sense of well-being in nurses;<sup>[12]</sup> and ultimately has positive effects on their job satisfaction and retention, as well as patients' hospital-stay length, safety, and satisfaction.<sup>[13]</sup> Although researchers concur that oncology nurses are exposed to risks, challenges, concerns, and specific needs concerning the health of their workplace, the healthy workplace and its psychological aspects have not been sufficiently investigated and identified in Iran from the perspective of them. The present study was conducted to explore oncology nurses' perceptions regarding mental health in the workplace.

## Materials and Methods

This research is a part of the results of a larger research and PhD thesis. This qualitative descriptive study was carried out in Iran in 2018–2019. Through this approach, the researcher seeks to discover and understand a phenomenon, a process, or perspectives and worldviews of people who are involved in research.<sup>[14]</sup> The participants consisted of 52 oncology nurses who were selected from eight specialized cancer treatment centers in cities from different regions of Iran (i.e., Tehran, Isfahan, Mashhad, Shiraz, and Babolsar). Purposive sampling was used to ensure diversity in terms of age, gender, geographical location of work environment, marital status, educational level, work experience in oncology wards, organizational position, and work shift. In purposive sampling, researchers deliberately select their participants using two criteria: the fit between participants' experiences and the research questions, and whether the participants qualify for being an informant.<sup>[15]</sup> Participants were recruited until data saturation was reached, that is, when no new information was obtained from the interviews. Data saturation was done after conducting 52 interviews. The inclusion criteria included a bachelor's degree or higher, at least 1 year of work experience in the oncology ward, and willingness to participate in the study. Data were collected using semistructured individual interviews conducted for approximately 8 months, from October 2018 to June 2019. All interviews were conducted face-to-face and at the participants' workplaces as they preferred by the first author with postgraduate qualifications. The first author (M.S) had previous training in interviewing techniques, qualitative researches, and experience with interviewing. Each interview duration was between 30 and 90 minutes and was recorded with a digital recording device. The interview started with a general question. It was then proceeded to more specific questions according to the purpose of the study (samples of interview questions are presented in Table 1).

The conventional content analysis approach proposed by Graneheim and Lundman was used for data analysis.<sup>[16]</sup> After

**Table 1: Samples of interview guide questions**

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What do you think mental health means in the workplace?
Has the workplace affected your mental health? How?
What do you think helps improve or worsen mental health in the workplace?
Please describe a working condition in which you felt stressed.
When does an oncology nurse enjoy mental health in his/her workplace?

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each interview, the researcher listened to the interview and transcribed it verbatim while having a general view of it. As a result, the unit of analysis was formed. Afterward, the transcriptions were read line by line, important sentences and phrases were determined, meaning units were condensed, and primary codes were achieved. Following that, similar codes were merged, and primary categorization was performed. Then the codes were reread to be placed under the main categories and subcategories based on similarities in the meanings. The data reduction continued in all units of analysis until the main categories were formed. Data were managed via the MAXQDA software (v. 10.0). The Lincoln and Guba criteria of credibility, dependability, confirmability, and transferability were used for rigor in this study.<sup>[17]</sup> Credibility was ensured through prolonged engagement with data collection and sampling with maximum variation. Moreover, several interview transcripts and their corresponding codes were provided to the participants, and they were asked to confirm the congruence between their own experiences and the generated codes. Codes which did not convey their experiences and perspectives were revised. To ensure confirmability, some interviews were independently analyzed by three authors. To ensure dependability, three external peers were provided with the data and the findings to check the accuracy of data analysis. Moreover, transferability was ensured through detailed description of participants' characteristics, sampling with maximum variation, and presenting some participants' quotations in the findings.

In order to determine the reliability, the data were provided to three external observers who were not members of the research group, and ambiguities in the coding and formation of categories were modified. The participants' selection was performed with maximum diversity. Some interview transcripts, along with the allocated codes, were provided to the participants to ensure the accuracy of the codes. The research team reviewed the interview transcripts and reached a consensus about the extracted codes and categories. In order to determine the transferability, an effort was made to record and report the stages and process of the study accurately.

## Ethical considerations

This study was approved by the ethics committee of Isfahan University of Medical Sciences with the code of ethics (IR.MUI.RESE.ARCH.REC.1397.234). Ethical considerations,

including obtaining permission from the administrators of the medical centers, providing a full explanation of the study goals, ensuring the confidentiality of personal information, and obtaining informed written consent, were observed.

## Results

At the end of the data analysis, 560 codes (after deleting duplicate codes), 17 subcategories, and three main categories were extracted. The findings regarding the participants' background characteristics are presented in Table 2. Three main categories including 'attention to nurses' occupational stress-provoking factors,' 'attention to emotional/psychological responses in the workplace,' and 'healthy mental atmosphere in the workplace and 17 subcategories emerged after analyzing the data. These categories and subcategories are explained as follows and presented in Table 3.

### Categories

#### *Attention to nurses' occupational stress-provoking factors*

This main category included five subcategories: "stress induced by threats to physical health," "worry about harming the patient while providing care," "fear of getting cancer," "high workload," and "facing the psychological reactions of patients and their families."

Most participants admitted that they had experienced degrees of occupational stress due to the stressful situations. From

the participants' point of view, threats to physical health due to exposure to chemotherapy drugs, fear of getting cancer, encountering psychological responses of patients and their families, the challenge of appropriate venous access in patients, high workload, and stress of medication error outcomes had led to their occupational stress.

One of the supervisors stated, "*Patients undergoing chemotherapy aren't like other patients that you inject a serum or medicine at a specific time. These are very complicated patients. If there's chemo, we have to constantly monitor them to prevent medicine's side effects because limb amputation is possible after extravasation. Whenever I did chemotherapy, I would check the patient repeatedly to see if anything was wrong or if there were any burns. Well, all this causes stress.*" (P 8)

One of the clinical nurses said, "*If there's any problem in our own body or our close relatives, the first thing we think of is cancer. When you think of the worst thing, unconscious anxiety and stress are created in you. The fear that you or your family may suffer from this problem always makes you anxious.*" (P 25)

#### *Attention to emotional/psychological responses in the workplace*

This main category included three subcategories: "behavioral changes compared to the pre-employment

**Table 2: Participants' characteristics**

Characteristics	Number of (percentage) participants=52	Features	Number (percentage) Of participants=52
age (years):		Gender:	
20-30 years	5 (9.61%)	male	11 (21.15%)
31-40 years	20 (38.46%)	female	41 (78.84%)
50-41 years	18 (34.61%)		
over 50 years	9 (17.30%)		
Employment Status:		Marital status:	
permanent	42 (80.76%)	single	12 (23.07%)
probationary	4 (7.69%)	married	40 (76.92%)
contractual	3 (5.76%)		
training	3 (5.76%)		
Shift type:		Education level:	
rotating	20 (38.46%)	BA's degree	49 (94.23%)
morning and evening	11 (21.15%)	MA's degree	3 (5.76%)
evening and night	1 (1.92%)		
morning fixed	18 (34.61%)		
night fixed	2 (3.84%)		
Work experience in the oncology ward:		Position:	
1-5	11 (21.15%)	matron	3 (5.76%)
6-10	21 (40.38%)	Supervisor	5 (9.61%)
11-15	8 (15.38%)	Head nurse	8 (15.38%)
16-20	8 (15.38%)	Staff or substitute head nurse	4 (7.69%)
21-25	4 (7.69%)	A nurse employed in the cancer ward	32 (61.53%)

**Table 3: Main categories and subcategories of mental health in the workplace from the perspective of oncology nurses**

Subcategories	Main categories
The stress induced by threats to physical health	Attention to nurses' occupational stress-provoking factors
Worry about harming the patient while providing care	
Fear of getting cancer	
High workload and inadequate time for tasks	Attention to emotional/psychological responses in the workplace
Facing the psychological responses of patients and their families	
Behavioral changes compared to the pre-employment status	
Fragility of nurses' feelings	Healthy mental atmosphere in the workplace
A sense of incompetence and frustration	
Receiving support from officials and senior managers	
Staff's support for each other in the workplace	
Cooperation in employee relations	
Opportunity to participate in decision-making and problem-solving	
Mutual respect and favorable interpersonal interactions with other employees	
Providing a cheerful and peaceful workplace	
Eliminating discrimination and establishing justice in the workplace	
Law and order and coordination between different work units providing the opportunity for individual promotion	

status,” “fragility of nurses’ feelings,” and “a sense of incompetence and frustration.”

The participants acknowledged that due to the psychological damage of working in cancer wards, they experienced behavioral changes. They also experienced feelings (such as a sense of inadequacy and frustration due to the failure of treatment, decreased life expectancy, a sense of the absurdity of life, and grief caused by the patient’s death) labeled as fragility of nurses’ feelings. *One of the clinical nurses stated in this regard, “I’m not the same person I was when I came here four years ago. I was happier and more energetic. My mood and my energy aren’t the same as before. I even feel that I easily lose my temper. I’m more anxious and jump into a conclusion. I quickly fall apart; I’m less patient, and my trust is weakened”. (P 35)*

Regarding the experience of grief caused by the death of patients, a head nurse said, *“Many times I’ve witnessed nurses cry during resuscitation. After a patient dies, the staff cries. I myself also cry despite working here for twenty-three years. We even sometimes attend the funeral of a patient”. (P 14)*

#### *Healthy mental atmosphere in the workplace*

This main category included nine subcategories: “Receiving support from officials and senior managers,” “Staff’s support for each other in the workplace,” “Cooperation in employee relations” “Opportunity to participate in decision-making and problem-solving,” “Mutual respect and favorable interpersonal interactions with other employees,” “Providing a happy and peaceful workplace,” “Eliminating discrimination and establishing justice in the workplace,” “Law and order and

coordination between different work units,” and “Providing the opportunity for individual promotion and development.”

Most participants pointed to the need for the staff’s support for each other in the workplace, and occupational support received from officials and senior managers. From the participants’ point of view, optimizing the provision of welfare services and providing financial support in order to reduce nurses’ economic and livelihood concerns as well as the adequacy of human resources in the organization were among the needs expressed by the participants.

One of the head nurses said in this regard, *“there’re some nurses that work in the public sector from morning to noon. They work in the office in the evening and take care of one or two patients at home at night. Well, they will surely be hurt in the long run and will be worn out early. When the nurse isn’t financially supported, she/he has to work hard, but if they have financial support, they don’t feel obliged to work in a doctor’s office in the evening.” (P. 33)*

One of the nurses with 14 years of work experience said, *“High-ranking officials should support nurses. not necessarily financially. They should at least, listen to them and their concerns; They should support us in special situations, which might happen to us.” (P 48)*

Another nurse said in this regard, *“The organization should definitely provide some support to the nurses. This support can be financial, or, for example, they can reduce our work shifts, increase our leaves, organize recreational camps for us once in a while, the number of nurses should be sufficient, and nurses’ welfare should be provided.” (P 17)*

Participants’ statements implied that working in a scientifically dynamic environment with the opportunity for

staff advancement and development plays a significant role in ensuring nurses mental health. The nurses stated that due to the sad and stressful working environment in which they are employed, there is a need for a positive and peaceful workplace. Moreover, from their point of view, managers should not discriminate between employees, and justice is required to be established in the workplace.

One of the nurses with 12 years of work experience stated, *“In my opinion, one of the important factors that affect mental health in the workplace is interpersonal interactions. If there’s hostility and conflict among staff in my workplace, I won’t have peace of mind.”* (P 28)

Another nurse stated in this regard, *“Our salaries aren’t paid justly. The nurse may get a negative score during evaluation because of a behavioral contact with the head nurse, while her performance is actually better than the others.”* (P 9)

## Discussion

This study was conducted with the aim of exploring the oncology nurses’ perceptions regarding mental health in the workplace. The findings indicated that one of the necessities of improving mental health in the workplace was paying attention to occupational stress-provoking factors. Participants emphasized on creating a peaceful and lowstress workplace. In their opinion, regarding the stressful work environment, it is needed to take into account the factors that cause job stress in them and adopt strategies to reduce these factors. According to participants, there should be counselors and psychologists in cancer treatment centers to provide psychological services to nurses. The results of the previous study by Soheili et al. (2021)<sup>[18]</sup> likewise showed that this group of nurses experienced high levels of occupational stress. This is while occupational stress negatively affects nurses’ health and well-being and can lead to physical-psychological disorders and behavioral problems.<sup>[10,19]</sup>

In contradiction with these findings, oncology nurses in another study did not consider their work to be stressful and had low levels of occupational stress.<sup>[20]</sup> This contradiction may be due to differences among different nurses respecting their personal characteristics, professional characteristics, and work environment characteristics.

The present study participants believed that they might have suffered from psychological injuries due to challenging working conditions in the oncology wards, whose consequences could be psychological-emotional responses. The participants in the present study stated that due to patients’ frequent hospitalizations and visits, they became emotionally attached to them, which was broken following the patient’s death. Because oncology nurses spend long periods of time in contact with the patients, they often feel the loss of the patient as if it were from someone in their own family. As a consequence, the suffering experienced by them is similar to the loss of someone they love very

much. The results of studies in this regard showed that when faced with the death of patients, oncology nurses experienced feelings such as inability, rage, mental fatigue, despair, worry, and helplessness in dealing with the ephemeral life.<sup>[21,22]</sup> So it seems to be necessary for nurses to have mentoring and psychological counseling after experiencing the death of patients. Oncology nurses also need adequate time for recovery after the death of patients.

The results of studies in this field similarly show that oncology nurses are faced with emotional demands of work; that is, they communicate with patients and their families beyond an interpersonal relationship and at the time of the patient’s death feel incapable due to the failure of the treatment, and the deep attachment can turn into a great sorrow.<sup>[10,22]</sup> Moreover, other researchers emphasized the need to receive psychological support, training, and counseling in stress management; have periodic ward rotations; and provide a pleasurable workplace for this group of nurses.<sup>[23,24]</sup>

The results of the present study likewise showed that a supportive environment is essential to improving mental health in the workplace. Positive relationships with managers, physicians, and other nurses play an essential role in the quality of oncology nurses’ workplace.<sup>[2]</sup> In other words, receiving support from colleagues and sharing common experiences with them have been reported to be one of the effective ways to reduce burnout<sup>[23]</sup> and occupational stress.<sup>[19]</sup> In contrast, poor communication and conflict with other members of the treatment team, particularly physicians, are known as the most significant source of stress for oncology nurses.<sup>[24]</sup> Nursing colleagues provided mentoring and offered support to one another in dealing with patients with complex clinical situations. They also supported one another through the emotional aspects of their work.

From the participants’ perspective, organizational policies should be aligned with caring for the workforce’s health. The results of a study in this regard show that the organization is required to provide financial support, medical evaluations, and occupational health assessments for nurses who are exposed to antineoplastic drugs yet are paid less income than other nurses despite more challenging working conditions.<sup>[16]</sup> Similarly, a former study in Jordan showed that healthcare organizations should provide the necessary support to these nurses by providing sufficient staff and equipment as well as providing financial resources to improve nurses’ psychological state.<sup>[9]</sup> Therefore, organizations should create optimal working conditions by reducing working hours and workload, increasing the number of leaves and income level and providing the necessary arrangements for recreation and sports activities. In the present study, the mental health of oncology nurses working in public hospitals was discussed, and the nurses working in private hospitals or clinics for outpatient treatment were not investigated. Therefore, it is suggested that in future studies, this issue be explained in different workplaces. Additionally, since this was a

qualitative study, some participants might have forgotten certain aspects of their experiences or been unwilling to express their true feelings.

## Conclusion

The findings indicate that oncology nurses need to be supported to enhance their mental health in the workplace. Regarding the stressful work environment, it is needed to take into account the factors that cause job stress in them and adopt strategies to reduce these factors. Considering the very important role of oncology nurses, it is recommended that the authorities pay attention to the importance of improving their mental health and due to the high work pressure reduce their job stress. In this regard, it is essential to make the necessary plans and scientific decisions to design and provide strategies to alleviate workplace problems and improve nurses' mental health. Mental health workshops should be provided to reduce the worries and tensions of the working of the nurses, and welfare and recreational facilities should be provided to improve mental health of the nurses.

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## Conflicts of interest

Nothing to declare.

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