

NURSE IN SRI LANKA; CANCER NURSES' PERSPECTIVE

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INTRODUCTION

Sri Lankan registered nurses work at public/government hospitals including the Cancer Hospital under the Ministry of Health. Nurses register under the Medical Council after their three year nursing course leading to a diploma which is conducted by the Ministry of Health. Due to lack of a regulatory body governed by nurses, they do not have any decision making power at establishing policies pertaining to the profession. Sometimes medical professionals make decisions on behalf of nurses by using the power of the Ministry of Health (Cameron, 2001; Fernando, 1999).

Jayasekara and McCutcheon (2006) explored the evolution of nursing services in Sri Lanka and have pointed out that the nursing profession has delayed in asserting its professional status when compared to other countries in the region. Though there are three Nursing Directors in the Ministry of Health representing nursing education, hospital services and public health services, they are positioned under three medical Deputy Director Generals. (Department of Health Services-Sri Lanka, 2003). Nursing Education in Sri Lanka is mainly focused on general nursing rather than specialization (Jayasekara & McCutcheon).

This paper stems from a larger ethnographic study that primarily explored nurses' cancer pain management in Sri Lanka. The findings presented in this paper report on one particular aspect revealed in that study: the current situation of cancer nurses in Sri Lanka.

METHODOLOGY

An ethnographic research design was chosen as it enables investigation into the context of nursing in Sri Lanka, as well as identifying the cultural components of practice and understanding the meaning of practice (Bloor, 2001). Ethical approval to conduct the study was granted from the Human Research Ethics Committee, Australian Catholic University and the Ethical Review Committee of Sri Lanka Medical Association.

As a qualitative study, ethnography utilising participant observation and semi-structured in-depth interviews as well as the researcher's reflective diary comprised the study method. Ten participants were recruited into the study. Those were registered general nurses who had at least two years experience working as cancer nurses in Sri Lanka. NVivo software for qualitative data management and analysis was used for this research study.

RESULTS AND DISCUSSION

The role of cancer nursing focuses on many areas including provision of support to patients with cancer (Grundty, 2006). The nurse in Sri Lanka has many roles identified in this study. They provide care by admitting patients to the ward, administering medications prescribed by the doctor, collecting specimens, ordering and handling drugs, coordinating paramedical services as well as supervising junior nurses and assistant staff members. This study that identified the role of nurses includes a heavy workload directed by other forces such as hospital administration and

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medical staff. Non-nurse related tasks are specimen taking, ordering drugs, stock maintaining, and preparations and many other documentation tasks from admission to discharge of the patients. There are no permanent ward clerks or paramedical services employed in the ward. The nurse is not able to work independently and is completely task-oriented. Sri Lankan nursing practice is still physician driven and treatment focused (Cameron, 2001) as a consequence of medical control of nursing curriculum, hospital management and the lack of professional development of the nurse.

A similar situation to what Size, Soyannwo, and Justins (2007) concluded occur in Sri Lanka. That is, health care facilities are often under staffed and it is not uncommon to have two nursing staff looking after a ward with 50 patients in Sub-Saharan Africa. The authors further pointed out many developing countries have a similar situation. This was evident in this study, with the overcrowding and patients being accommodated on chairs and the floor.

The nurses are tired and dissatisfied with rostering and the work but their work situation does not allow them any flexibility. Findings revealed that many of the nurses are doing extra or double duties. However, the nurses are very committed to their work and they do their best. This situation highlights nursing dedication for patient care at the hospital. However, job satisfaction was considered by Cummings et al., (2008) to not be enough to maintain and build an oncology nursing workforce if nurses continue to experience such burnout from workload demands. For nurses observed in this study, surviving the shift was all they could manage without additional tasks. Attendances at in-service lectures by nurses were spasmodic as has been identified in this study.

Findings of the study highlighted problems for nurses with the toxicity of drugs they reconstitute. Allergic reactions are common. The researcher observed that precautions for chemotherapy drug preparation such as goggles, masks and gowns are available for nurses. However, the nurses do not use them as recommended. These protective pieces of equipment were also observed not to be of good quality. Occupational health and safety areas were therefore not considered as important by hospital management to supervise and enforce safe practices. Kosgeroglu, Ayrançi, Özerdoğan, and Demirustu (2006) found a similar situation in Turkey. Due to the rush to finish the tasks, the nurses do not care about these precautions as they feel uncomfortable with goggles and gowns. They observed that nurses were generally aware of the measures required for protecting the environment and themselves, but they did not apply them in practice (Kosgeroglu et al.). Although many safety provisions were advanced to reduce workers' exposure in the 1980s, recent studies have shown that workers continue to be exposed to these drugs despite safety policy improvements (Connor & McDiarmid, 2006). A lack of concern by hospital management for the health and welfare of the important nursing workforce is evident in this study.

CONCLUSIONS/RECOMMENDATIONS

The nurses perform duties as required by hospital management and ward doctors. However, they put their health at risk by an excessive workload, increased work hours, lack of resources, large number of patients, shortage of nurses and poor occupational health and the lack of safety practices in the preparation of toxic chemotherapy drugs. It is not known if this is the situation throughout Sri Lanka for government employed nurses. However, the literature document that nurses in developing countries are being exploited and overworked.

An overall change is required in hospital administration to reduce nurses' workload, increase nursing staff and on-going nursing education. The professional status of the nurse in Sri Lanka requires consideration to develop a more equitable health system where all staff is afforded the recognition of the work they are doing. A professional nurse can contribute enhanced practice to a health system that will benefit patients, nurses and the system.

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