# Low Caring Morale: A Qualitative Study of Ghanaian Pediatric Oncology Nurses' Care Practice Challenges.

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# Abstract

**Background:** Pediatric cancer is a global problem, and some studies have highlighted that nurses in a low-income country experience work related challenges. Other studies have confirmed that nurses' caring work is often affected by several intrinsic and extrinsive factors which directly or indirectly influence the level of nurses' caring morale. But no study has explored this phenomenon among the pediatric oncology nurses in Ghana. The purpose of this study is to explore and understand the challenges that the pediatric oncology nurses experience when caring for children with cancer in Ghana.

**Methods:** A qualitative descriptive study was conducted from August 2019 - April 2020, among 14 Ghanaian pediatric oncology nurses who were purposively sampled. The data collection instrument was a face-to-face, in-depth, semi-structured individual interview. The interviews were recorded, transcribed verbatim, and analyzed inductively using Elo and Kyngas content analysis approach. The criteria proposed by Guba and Lincoln were used to ensure the validity of the research.

**Results:** The analysis of the interviews, suggests that the challenges that the pediatric oncology nurses experience are: Time-consuming care, Low Job motivations, Inadequate logistics, Work stress, Reduced labor force, Low knowledge level, Absence of team work and the Perception of contracting cancer.

**Conclusions:** The results point to a number of organizational and personal constraints that leads to low morale of nurses who work at the pediatric oncology ward. There is the need for the administrative managers of hospitals, government and other stake holders to invest in human, material and financial resources for delivering child hood cancer care services. It is hoped that by addressing this challenges, there would be improvement in the care that is provided to children with cancer and also positively improve the care giving morale of the nurses.


# 1. Background

Cancer is one of the leading causes of death among children and adolescents worldwide, with approximately 300,000 children from birth to 19 years old being diagnosed with cancer each year (1). Indeed, the nurse is viewed as a partner in the human care process with the high value placed on the relationship between the nurse and the nursed (2). Pediatric oncology nursing involves establishing intense interpersonal relationships, addressing the multiple complex needs of children and caregivers, and being in constant contact with people's suffering (3, 4). Low and middle-income countries (LMICs) are cancer care resource-limited and this makes many children with cancer to be left with terminal diagnoses and with unnecessary suffering (5). The pediatric cancer care challenges in LMIC include: low technology of care, inadequate cancer education (6, 7), and experiences of physical and psychological distress (8). This claim, is in line with the findings in a study conducted in Ghana, which opined that several factors within the work environment influences the performance of nursing care. The author stated that among all healthcare professionals in Ghana, nurses are the least satisfied with their remuneration, career development, management and work environment (9). Renner and McGill (2016),

also mentioned that in Ghana, the chances of survival for most cancers are usually bleak, being less than 20% (10). This is due to challenges which were not well explained in the study result of Renner and McGill. Other studies acknowledged that the challenges involved in caring for patients are more intense in the pediatric oncology ward than other units in a hospital (11, 12). Some studies have highlighted that in Egypt, nurses and pharmacists were exposure to hazardous drugs for cancer treatment, and also in Iran, nurses showed changes in their mitochondrial parameters and there was cytotoxicity of their lymphocytes due to exposure to chemotherapy inhalation (5, 13). These, unfortunate incidents occurred because the hospital where they worked did not have adequate personal protective Equipment's for the nurses to work with.

Similarly, Limited specialized nursing training and inadequate staffing result in longer hospital stays and more complications amongst patients in general (14, 15). However, another study mentioned that the challenges of the pediatric oncology nurses are close to minimal (16).

Only few researchers have examined this phenomenon in developing countries and just a few studies were found in industrialized nations (17–20). Nevertheless, no study has been conducted to investigate into details, the daily challenges that the pediatric oncology nurses face in the oncology care units in Ghana. Thus, this study aimed to explore and understand the challenges that the pediatric oncology nurses experience when caring for children with cancer in Ghana. It is hoped that the results and recommendations from this study would help us to better understand these complex challenges and inform solutions.

### Aim

To explore and understand the challenges that the pediatric oncology nurses experience when caring for children with cancer in Ghana.

## 2. Material And Methods

### Study Design

We used an exploratory qualitative design study. A qualitative method helps in bring out the

Subjective realities and truths about the meaning and expressions of participants (21). This method helped to better understand the challenges that the pediatric oncology nurses experience whiles caring for children with cancer in Ghana.

### Study Setting

The research was conducted at the Tamale Teaching Hospital (TTH), in Ghana. This hospital is a Tertiary hospital and referral center for the five Northern regions of Ghana. The Pediatric oncology unit was the center of the research and it is part and located in the Pediatric ward. The oncology unit has seven-bed

capacity out of the forty-two total beds in the pediatric ward. All the interviews were conducted at the nurses' private room.

### Sampling Technique

We used Purposive sampling technique to select participants who met the inclusion criteria. Data saturation (a point at which no new information emerges from the interviews) was reached by the time the 14th participant was interviewed.

### Inclusion Criteria

Nurses (male and female) who work at Pediatric/Hematology Cancer Unit. Participants with at least two (2) years work experience, participants who were willing to share their experiences and who voluntarily agreed to participate in the research.

### Data collection Tool

Data was collected by using a semi-structured interview guide to obtain an in-depth information. The guide was developed by the researchers based on the objective of the study. The questions asked were as following: "Can you please tell me about your thoughts and feelings about your work of caring for children with cancer?", "Tell me about the challenges you experience when taking care of children with cancer?" And probing questions such as "Could you please describe it more?", was used so that the participants could share their opinion about their perceptions of their care giving challenges and how these affected them in details.

### Data collection

Data collection lasted from August 2019-April 2020. We obtained formal permission from the authorities of the Tamale Teaching Hospital. The ward in-charge at Pediatric/Hematology Cancer unit was first contacted. The information about the study aims, and purpose was discussed with her. The in-charge assisted on recruiting the other participants based on the inclusion criteria of the study. All the potential participants identified were briefed about the purpose of the study and we invited to take part in the study, after which, oral and written consent were granted by the interviewees. The nurses' sitting room was used because it was a serene location in the ward. Time chosen was convenient for the participant and the Researches. The first author (who is a female PhD candidate with a qualitative research background) conducted the interviews in English and each interview lasted roughly 45–60 minutes.

Digital tape recorders (Dictaphone) was used with the consent of the participants for the recordings of the interviews. Field notes were taken during and after the interviews. At the end of each interview session, all recordings were anonymized by the use of the labels for the participants.

After the interview, demographic data such as: gender, age, education and number of years of experience were noted. Each interview conducted was immediately transcribed verbatim by the researcher. Data

Saturation was established when no new findings were generated after interviewing the 14th participant.

## Data Analysis

The average duration of interviews was 45–60 minutes. All interviews were conducted by the first author (RNN) and all interviews were recorded on a Dictaphone. The tape-recorded interviews were anonymized by the use of the labels (P1-P14) for the participants, and the interviews were transcribed verbatim. A content analysis method by Elo and Kyngas was used, this is a method that involves a systematic and objective process to describe a specific phenomenon (22). The three-stages of preparation, organization and reporting of results, based on inductive qualitative analysis as described Elo and Kyngas were followed (22). The three-staged analysis process helped to obtain a detailed comprehension of the participants experiences.

The first *preparatory stage*, deals with making sense of the data. Thus, the first author listened to the recorded participants data severally, and transcribed it verbatim immediately after each interview. The transcribed text was reviewed several times by the reserch team, so as to get a thorough understanding of the unit of analysis, that is “the challenges to pediatric oncology nurses care giving work”.

In the second *organization stage*, the meaningful units were clustered into codes by all the four authors (R.N.N.; A.N.N; F.K.F and M. H) so as to uncover similarities and discrepancies in the data. Coding, means that quotes that explained all aspects of the study’s aim were written down, so as to get an overview of the participants experiences. In addition, during the second stage, *describing claims* were formed from the quotes, after which the *describing claim* contents that were alike, were clustered together to form subcategories.

At the final, *reporting stage*, there was abstraction of findings. This was done by grouping subcategories with similar content to form generic categories. From the generic categories that were formed, a main category was created, as described here under the study’s “Results Section” section.

Throughout the process of analysis, subcategories, generic category and main category that differed were discussed among research team members, until consensus was reached. We kept an audit trails of all the process, including all the changes made during the analysis process. We also ensure that all this process stated by Elo and Kyngas, were followed diligently (22).

## Methodological Trustworthiness

Trustworthiness of a qualitative study is the extent to which the identified meanings accurately represent the participants perspectives (21). The Trustworthiness in the study was enhanced by enforcing the value of; credibility, confirmability, dependability, and transferability (23). Credibility means the degree of confidence that can be placed in the truth of the research findings(23). Credibility of the study was ensured by long engagement with the participants, Investigator triangulation (using a four members research team approach) in the analysis carried out. Reflexivity was fostered through the use of research

diary, use of the systematic analytical steps of Elo and Kyngas content analysis approach, and the use of in-depth Interview technique.

Confirmability refers to the degree of researcher's neutrality in the interpretations (23). This was achieved by the means of confirmability audit (audit trail of raw data, analysis notes, and Reflexive journaling) and using a purposefully selected participants (information-rich cases) for in-depth study of their care giving challenges.

Transferability shows how the qualitative researcher demonstrates that the research study's findings are applicable to other similar contexts[situations, circumstances, populations, and phenomena] (23). A thick description of the study settings and process involved in the study is provided, so as to enable transferability of the research findings to similar context.

Dependability is the extent that the study could be repeated by other researchers and that the findings would be consistent. (23). To ensure dependability of the study findings, the methodology steps (audit trail) used for data collection and analysis is adequately captured in the report, and also, we used the Standards for Reporting Qualitative Research (SRQR) which consists of 21 items in throughout the process of the study.

# 3. Results

### Demographic Representation of participant

Table 1, shows the demographics of the participants. The study participants were 14 group of state registered nurses who work at the Pediatric/Hematology Cancer Unit at the Tamale Teaching Hospital, Ghana. These nurses represent the demographic make-up of the region where this study took place. They were between the ages of 29 and 45 years. Three of them of them had master's certificate on pediatric Nursing and the rest had B.Sc. degrees in Nursing. Among the participants, their years of experiences in pediatric oncology care ranged between two to twelve years.

Table 1
Demographics of Participants

| Participants | Gender | Age | Education | Years of Experience |
|---|---|---|---|---|
| 1 | Male | 29 | B.Sc. Degree | 2 |
| 2 | Male | 34 | B.Sc. Degree | 6 |
| 3. | Male | 36 | B.Sc. Degree | 4 |
| 4 | Male | 40 | B.Sc. Degree | 12 |
| 5 | Female | 40 | B.Sc. Degree | 11 |
| 6 | Male | 35 | B.Sc. Degree | 7 |
| 7 | Female | 36 | Masters | 12 |
| 8 | Female | 45 | B.Sc. Degree | 9 |
| 9 | Male | 28 | B.Sc. Degree | 2 |
| 10 | Male | 36 | B.Sc. Degree | 6 |
| 11 | Male | 36 | B.Sc. Degree | 6 |
| 12 | Female | 34 | Masters | 11 |
| 13 | Female | 36 | Masters | 11 |
| 14 | Male | 34 | B.Sc. Degree | 9 |
| **Authors Construct (2020).** | | | | |

Analysis of the interviews led to identification of eight (8) identified challenges of the pediatric oncology nurses (Sub-categories), these challenges representing a main category termed “Low caring morale”. An overview of the findings is shown in Table 2

Table 2
Sub-Categories, Generic Categories and Main Category of the study

| Sub- Categories | Generic-Categories | Main- Category |
|---|---|---|
| ↴ Time-consuming care | Administrative-related constraints | Low caring morale |
| ↴ Low Job motivations | | |
| ↴ Inadequate logistics | | |
| ↴ Work stress | | |
| ↴ Reduced labor force | | |
| ↴ Low knowledge level | Personal constraints | |
| ↴ Absence of team work | | |
| ↴ Perception of contracting cancer | | |
| **Authors Construct (2020).** | | |

### Low Caring Morale

The participant experienced a work environment that was conceptualized as an environment with low caring moral. Within their stories, participants experiences focused upon “Time-consuming care”, “low Job motivations”, inadequate logistics, “work stress, “Reduced labor force”, “Low knowledge level”, “Absence of team work”, “Perception of contracting cancer”. From the data analysis, it can be saild that the type of environment the nurses worked in, was not an healthy working environment. Low caring Morale in this study, is defined as a health settings (environment) that does not promote good working conditions. A healthy work environment can be defined as a work setting in which nurses are able to both achieve the goals of the organisation and derive personal satisfaction from their work. A healthy work environment fosters a climate in which nurses are challenged to use their expertise, skills and clinical knowledge. It specifically linked the importance of hospital environment and a number of personal constraints and its effect on the concept of morale of nurses. It highlights the concept of the relationship between giving adequate pediatric oncology care and the morale of nurses. Thus, it encompasses a number of administrative work-related issues and personal challenges (Generic-Categories) of this current study.

### a.Administrative-related Constraints

Admirative-related constraints in this study refers to challenges in caring for children with cancer that results when the organization did not provide adequate structural and functional logistics to work with, in the hospital environment. Majority of the nurses experienced administration challenges such as: time-consuming care, low job motivation, scarce logistics, reduced labor force and work stress. And this, often leads to physical and psychological burnout for the participants, because of work overload, few

supporting staff, coupled with inadequate logistics for caring. These challenges all this contributed to a feeling of work dissatisfaction among the nurse.

# 1. Time-consuming Care

The participants mentioned about how intense the period used in taking for children with cancer takes. To care for children with cancer. Participants had to sometimes work over time.

A participant narrative concerning time-consuming care is as follow:

*"Sometimes, after a night shift a nurse has to overstay till about 12:00 pm because there is no ready nurse to a takeover the next shift. Some other times an off-duty nurse is compelled to report to work due to lack of staff." (P6)*

# 2. Low Job Motivation

Motivation is a concept used to describe the external state that stimulates a particular behavior and reveal the internal response of that behavior. In an organizational environment, motivation is interpreted as a stimulus to work behavior, which guides the efforts of workers to achieve organizational goals. The motivation of workers in this study, is the result of the interaction between individuals (internal psychological process), their working environment (transaction process) and the fit between these interactions and the social environment. Some participants mentioned that they experienced a low job motivation.

A participant also gave narratives about the *low Job motivations* by saying:

*"when it comes to motivation, we don't want to even talk about it because it's not just coming, apart from you getting self-motivated, nothing is forthcoming with regards to the facility, we haven't seen any support anywhere coming and sometimes apart from the fact that money is key that is not forthcoming." (P4)*

# 3. Inadequate Logistics

The availability of modern and adequate equipment and a separate structure dedicated to the pediatric cases is one of the essentials of providing useful pediatric oncology care. The lack of equipment can lead to work disruptions, delays and lack of care.

Some participants also gave narratives about inadequate logistics by saying:

*"And now we don't have well-structured unit for oncology patients." (P1)*

*“We don’t have the equipment to work with the patient. Like the face masks, gown, apron, wellington boot. Generally, we lack supply of safety gears and protective clothing” (P3)*

# 4. Work Stress

Job satisfaction

is considered a measurement of workers’ contentedness with their

The lack of equipment can lead to lack of care and emotional exhaustion for most nurses, as they had to struggle to thoroughly assess the oncology children condition, give chemotherapies and other routine therapies to the children with cancer and at the same time, listen and take care of the demand of the child’s family members. After wish, they still had to do other administrative work of documenting all care process carried out on the child.

Some participants gave narratives about *feeling stressed* by saying:

*“I will say it’s very laborious and so involving. Take an example like giving chemotherapy to some of patients especially at the time that they are many at the ward, spending about an hour or two on each patient means you have to stand the whole day without rest. After which you are required to do your documentation and monitoring as well. So, it’s so involving and labor-intensive.” (P9)*

*“It is tough, it is really tough, I don’t even know what to say, I have never pushed a truck, you have seen those truck pushers, pulling and pushing the truck, I can say caring for oncology case is like that. It is difficult.” (P11)*

# 5. Reduced Labor Force

Having sufficient human resources who are available to run shifts is very important because it significantly affect nurse’s morale. Most of the pediatric oncology nurses complained that they are not adequately staffed, this causes loads of work on the few staff in the ward that could contribute to their having a low caring morale.

*Some participant spoke about the reduced labor force by saying*:

*“Because the people in the team are few, we are not many, you can be away and they will be calling you, this child is going for chemotherapy, you have to be around, sometimes they come with problems, it has been hectic.” (P11)*

*“We don’t have adequate staff.” (P8)*

*“Most people do not willingly want to become Oncology staff.” (P10)*

### b. Personal Constraints

Personal constrains of the participants refers to the pediatric oncology care challenges that can be mitigates by to some extent by the nurses themselves. The personal constraint of the clients in this study includes their low level of knowledge, absence of team work and the perceptions of contracting cancer:

# 6. Low Level Of Knowledge

Having sufficient human resources with high clinical experience and high professional knowledge can be significant in improving the morale of the Nurses.

Some participants gave narratives about Low levels of knowledge by saying:

*"Do we have to put pressure on the eye a little bit? So how often are we going to be changing the dressing and how often are we going to be giving the morphine? how to even maintain the dressing was actually a problem." (P1)*

*"Not all the staff have the training or the knowledge on the cancer cases." (P8)*

*"So, what we do is, we have our number of nurses who have few numbers of workshops on cancer, that with the help of the current pediatric assistant head of department we are able to manage most of the cases, however, this knowledge is not enough." (P10)*

# 7. Absence Of Team Work

From the nurses' point of view, team work is a key issue for them in providing care and in some cases, it is not evident in their performance. They noted that having effective team work in caring for children with cancer could partly mirror their professional performance. From the participants view, most of the oncology nurses often do not have the zeal to go and administer the chemotherapy mediations to the children when the children are due to take their routine chemotherapy medications.

A participant also gave narratives about the *Absent of team work* by saying:

*"Pediatric nurses, they don't have interest in the oncology patient. So, when it happens that some body is in the oncology cubicle and it is time for serving medication, they totally opt-out. They don't have the zeal" (P10).*

# 8. Perception Of Contracting Cancer

Some nurses in this study also think that they could get cancer as a result of caring in an environment that is not so friendly about putting strategies in place so as to protect them from being exposed.

Some participants gave narratives about their *Perception of contracting cancer* by saying:

*"They say this patient is vomiting and you have to run back to see what is actually happening to that person and that anxiety of thinking that what if the drugs have splashed into your eyes? what is going to happen to you? What if the drugs get in touch with your skin, what will be the side effects and all that?" (P4)*

*"I personally had medication entering my eyes, I was sad thinking about what the outcome will be in the future, but then I am still moving on, it's a challenge. if we had a fume chamber where we could do all those, I think all these would not have happened, because it was in the process of mixing the chemotherapy medication that it splashed unto my eye." (P7)*

*"So, the challenges are so numerous when it comes to even your colleagues, sometimes assigning colleague nurses, to nurse some oncology cases its interesting you will hear somebody telling you that as for this case I'm scared to go near the person. So, you'll now ask yourself, if you are scared who should go? So that has been an issue."* (5)

# 4. Discussions

The present study aimed to explore and understand the challenges that the pediatric oncology nurses experience whiles caring for children with cancers in Ghana. The findings revealed that there are administrative-related and personal-related constrains that hinders the provision of curative, supportive/palliative, and end-of-life pediatric cancer care in Ghana.

The oncology ward environment is created so that the pediatric oncology nurses could work with a multidisciplinary team to create a curative, supportive/palliative and end-of -life care to children with cancer and their families. In such complex care environments, it is important that pediatric oncology nurses do not become task orientated, because of the challenges they face and lose sight of the holistic and human aspects of pediatric oncology nursing caring practice. Accordingly, it is necessary to pay attention to the barriers that affects oncology care, in order to improve the pediatric oncology patients and families care, as well as, the emotional, social, and educational needs of the nurses (24). In other words, all these challenges should be removed regardless of cultural, political, and social differences (25, 26).

In this current study, nurses stated that the administration asks them to be constantly available by the patient bedside to provide care services, but considering the amount of work that must be done in each shift, they often feel overworked and tired. This is because, most participants had to run extra unpaid duty because of the time demanding nature of the work. They also lamented on low job motivation, saying they don't receive support from management. They expected that some extra allowances would be provided, but they don't get that.

The results of this study also showed that the nurses in the oncology care unit acknowledge that there was no well-structured unit dedicated to only the oncology patients. In addition to this, participants complained about inadequate equipment such as face masks and other personal protective equipment. Others also complained of being stressed, saying that the pediatric oncology nursing work was very laborious, for example giving chemotherapy to some patients especially at the time when the ward is flooded with patients. They mentioned that such occasion demanded that nurses spend about an hour or two on each patient. Which meant, they had to stand the whole day. After this, they still had to do documentation and monitoring as well. To describe this stress, one of the participants linked it with the work of a truck pusher, because of how labor-intensive it was. Majority of the participants also complained about reduced labor force by saying that they were often called back to the ward when they were off duty to come and administer chemotherapy. In line with this current finding, a study also found out that there is a shortage of pediatric oncology nurses, as if that is not enough, there is also shortage of assistant ward aids, who are trained nurses to do nonspecialized work such as transportation of patients (27). Other studies have also confirmed, inappropriate work environments such: nurse shortages, no support to pediatric oncology nurses in achieving comprehensive care for children with cancer, workload, high nurse–patient ratio, overcrowded hospitals, burnout of nurses and lack of reinforcement of positive cancer supportive care behaviors and poor pediatric oncology care design (28–30). Implementing a minimum nurse-to-patient ratio, will improve patient outcomes, reduce hospital stays, and reduce admission rates. This will also reduce the burnout rate of nurses, because the shortage of nursing resulted in overworked nurses who are not able to effectively carry out the humanized pediatric care of communicating with patients and paying attention to patients and families care needs.

Participants also acknowledged experiencing some personal constraints, such as Low levels of knowledge on how to carry out some procedures such as the dressing the eye of some children with cancer of the eye (Retinoblastoma), with constant drainage from the eye. They had difficulty in controlling pain, because the children often cried. Nurses struggled with how frequent they needed to administer analgesics (Morphine) to such children. This was because of the fear of side effects of the medications. The participants in this current study also stated the challenges they had on how to carry out wound dressing of a children with an aggressive suppurating Retinoblastoma (cancer of the eye). These challenges, often creates emotional and psychological trauma to the nurses themselves.

Nursing shortage means that there is insufficient number of nurses knowledgeable in oncology to meet the needs of the growing number of patients with cancer. In addition, in most schools that train nurses, very little information is provided on oncology. Also in recent years, the number of nursing schools with oncology majors has been greatly reduced (31). A study also stated a lack of a knowledge, limited beliefs in cancer care, poor motivation by colleagues, low nurse income, job dissatisfaction, inability to give attention to all patients and family needs from admission to discharge (32). Other studies also stated, the lack of time to explain all information to patients' families (as a results of work overload) as the major challenges of nurses (5, 30, 32). However, contrary to these findings, other studies states that nurses around the globe are knowledgeable and play a vital and central role in the delivery of all cancer

treatment modalities, principally surgical, radiation, and medical oncology. For patients undergoing surgical intervention, nurses teach patients what to expect before, during, and after procedures (33, 34).

In this current study, pediatric oncology nurses also experienced the absence of teamwork. They shared experience of how most of them try not to assist each other by responsibility-sharing when it comes to the time to administer chemotherapy medications. This finding is in line with a study that acknowledged that there is a lack of interprofessional collaboration and there is lack of clarity and accuracy communication among oncology team members (25, 28). Participants also mentioned that they believe that their work makes them exposed to getting cancer. They narrated occasions when patient's vomitus splashing on their eyes. This ultimately results in anxiety and job dissatisfaction. A stressful work environment, increased rate of a medication error, and decreased quality of care provided to patients (35, 36). The pediatric oncology nurses in this current study, experienced perceived tendency that they could contract cancer as a result of caring for children with cancer. Some studies have highlighted that in Egypt, nurses and pharmacists were exposure to hazardous drugs for cancer treatment, and also in Iran, nurses showed changes in their mitochondrial parameters and there was cytotoxicity of their lymphocytes due to exposure to chemotherapy inhalation (5, 13). These, unfortunate incidents occurred because the hospital where they worked did not have adequate personal protective equipment's for the nurses to work with. It is a widely accepted culture to discuss any concerns relating to patients' and staff's safety (37). A shared understanding of challenges and appropriate communication of safety concerns among staff in oncology is the key to appropriate oncology care.

## Strengths of the Study



oncology nurses in Turkey. Cultural differences may affect these issues in pediatric nurses. In the future, different and wider groups should be studied. The results of this study could guide nursing practice in many aspects. Pediatric nurses have dif□culties in issues linked to communication, such as initiating and maintaining communication with children with a life-threatening disease and their families, as well as con□icts in communication. It is important that

orientation and in-service training of nurses working in

such clinics should be supported and regular meetings

should be organized in which they share their experiences

in a hospital environment

The strength of this report is that this is the rst

qualitative study examining communication dif culties

and empowerment perceptions of pediatric hematology

The qualitative approach of this study aided us to arrive at an in-depth understanding of the Pediatric Oncology Nurses' Care Practice Challenges in Ghana as a situation of "A low caring Morale". Thus, it points to the facts that the associated challenges need to be resolved so as to provide adequate care for the children with cancer and their families and help nurses to gain satisfaction from their work. Additionally, this study is the first qualitative study of this kind, that examined the challenges that the pediatric oncology nurses experience when caring for children with cancer in Ghana. The systematic content analytical steps of Elo and Kyngas, proved to be a helpful approach to analyze the research findings because it led to the systematic analysis of the data collected.

### Limitations of the study

The small number of participants in the study might be viewed as one of the study's limitations as generalizations cannot be made. Thus, replicating similar study in other parts of the country is critical, by using the audit trails of this research, so as to gain a wider understanding of the challenges of pediatric oncology care in other parts of the country. Furthermore, the meetings between the research analysis team and the PI during the process of analysis of the research were all conducted using virtual means, hence some critical interpretations about the research findings might have not been adequately discussed, and this might have created some levels of bias in the interpretations of the research findings. Additionally, because the other pediatric oncology team members, which includes: General practitioners, pediatricians, general surgeons, pathologists, play therapist and dieticians were not interviewed to know their opinions, this result cannot be translated to be the collective challenges experienced by the multidisciplinary pediatric oncology team members in Ghana.

## 5. Conclusions Of The Study

The findings revealed that, there are several administrative-related and personal constraints that hinders the provision of curative, supportive/palliative, and end-of-life pediatric cancer care in Ghana. This led nurses to create a view of the challenges in caring for children with cancer to be in this current situation to be "Low caring morale". Addressing these challenges may require developing strategies that

simultaneously address the challenges at the health system, interdisciplinary and individual levels. Such strategies may include strengthening health education and investing in human, material and financial resources for delivering child hood cancer services. Thus, reducing these challenges identified in this current study could result in improved survival and quality of life (QOL) for children with cancer and leads to nurse's job satisfaction.

### Recommendations

Based on the findings of this study, it is recommended that in future, different and wider groups should be studied. There is the perceived need to enforce strong advocacy policies at both organization and national level to secure fundings to improve the hospital working condition to equip it with care support logistics. There is a strong call to make the patients to nurse ratio (5: 1) on each shift. This would ensure nurses have adequate time to care for the clients and the patient's families. Consequently, nurses would feel less stressed in discharging their duties. Likewise, it is suggested that routine ward conferences should be organized so that administration can honor their hard-working staff so as to bring about job motivations. By implementing the aforementioned suggestions, it is anticipated that the pediatric oncology nursing profession would become more attractive for the labor market, as more people would be interested to join the pediatric oncology nurses' team. Therefore, the profession would be rich with adequate human resources that would be readily available to render care to children with cancer. Additionally, there is the need to organize care retreat workshop for the nurses, so that they can share their work experiences in the hospital environment. The conference should address the personal challenges that the pediatric oncology nurses describe, which includes, the educational needs of staff about pediatric cancer care and team coordination among other things.

## Declarations

### Ethical considerations

Ethical clearance was granted by the Research Ethics Board of School of Nursing and Midwifery & Rehabilitation, Tehran University of Medical Sciences Tehran, Iran, on July 11, 2019 (approval code: IR.TUMS.VCR.REC.1398.273) and in Ghana by the Korlebu Teaching Hospital Research Ethics Board on December 31, 2019 (approval code: KBTH IRB/000127/2019). The participants were told that about the purpose of the study and that participation in the study was completely voluntary. They were also told that the findings from the study would be published in a reputable Journal and their anonymity and confidentiality were protected during the study. They were also told that they had the right to withdraw from the study at any time without penalties and that the interviews will be recorded. After all these thorough explanations, all the participants gave oral and written consent before participating in the study. Each interview was immediately transcribed and all the transcripts were identified with number codes and are kept in locked files in the investigator's office. No ethical problem aroused during the course of the study.

### Data Availability

The analysised transcripts data set used for this study will be made available from the corresponding author upon resonable request.

### Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this current paper.


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### Authors' Contributions

The results of the study are part of a large PhD. Study. Data was collected by RNN. Data analysis by RNN; ANN; FKF and MH. The supervisors were ANN; FKF and MH. The drafted od the manuscript was by RNN. Afterwhich, ANN; FKF and MH revised it critically for important intellectual content. All authors have read and agreed to the final version of the manuscript. All authors read and approved the final manuscript.


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