DEVELOPMENT OF A WELLNESS RESOURCE TO STRENGTHEN RESILIENCE IN THE ONCOLOGY HEALTH CARE TEAM

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A report submitted to the School of Graduate Studies in partial fulfillment of
the requirements for the degree of

Master of Nursing

Faculty of Nursing
Memorial University of Newfoundland

May 2022

St. John's Newfoundland and Labrador

Abstract

Background: With continuing advancements in cancer screening and treatment, the patient population is growing and cancer care is becoming more complex. The oncology healthcare team works closely with patients through their, often, long-term cancer journey, which puts team members at high risk for occupational stress. To ensure patients receive optimal care, work-based interventions are needed to support health care providers to improve their resilience and decrease their risk of secondary traumatic stress. The project was guided by Peplau's Interpersonal Relations in Nursing Theory. **Purpose:** To identify, develop, and facilitate the implementation of evidence-informed interventions to optimize resilience and reduce work-related stress in oncology healthcare providers. **Methods:** An integrative literature review was conducted to identify best workplace practices for reducing stress. A consultation process (electronic survey and interviews) was initiated with members of the oncology program to collect their thoughts on work-related stress, as well as perceived strengths and barriers to wellness strategies. An environmental scan was also completed to identify current resources available through Eastern Health and possible resources in other national programs. **Findings:** Research evidence indicated the effectiveness of a multi-component approach with education on self-care, mindfulness training, and regular debriefing opportunities. The consultations and environmental scan provided the context and specific ideas for the resource. **Conclusion:** The oncology wellness resource included an interactive education session with a multi-faceted approach and a focus on resiliency. As well, a collaborative plan was developed with cancer care leadership and the health authority's Human Resource Department to implement a debriefing program that will provide support and promote resilience in the oncology interdisciplinary team.

Keywords: *secondary traumatic stress, grief, oncology, resources*.

Acknowledgements

To my supervisor Dr. Joy Maddigan, your guidance, support, and lightheartedness have made this experience so memorable and enjoyable!

To my partner Mark Billard, my parents, and close friends for their motivation.

To my colleagues and managers of the Dr. H. Bliss Murphy Cancer Center for making all of this possible. Thank you for encouraging and inspiring me, and for your participation in this project. This project and its potential is not only for you, but thanks to you.

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Introduction

Compassion fatigue is a term that has been developed over the last 25 years, and involves secondary traumatic stress (STS) and burnout (Potter et al., 2013). Burnout is work-related stress that results in high staff turnover rates and staff shortages. Meanwhile, STS is the result of health care professionals providing care to patients that are experiencing trauma (Quinal et al., 2009). Symptoms of STS can develop abruptly, which can include increased negativity, intrusive thoughts, difficulty with disconnecting work from home life, depression, dread when going to work, as well as a lower sense of satisfaction with work (Beck, 2011). Due to the close, trusting relationships between nurses and patients, STS is prevalent in nursing; as well, the literature has identified STS in the entire oncology healthcare team (Potter et al., 2013).

As outpatient oncology healthcare professionals support oncology patients, relationships are fostered through a patient's diagnosis, treatments, survivorship, and palliation (Quinal et al., 2009). The cancer journey for patients can be an arduous process and there is significant secondary traumatic stress related to witnessing and caring for patients as their precarious health status declines, whether from their disease or its treatment. Furthermore, when a patient passes away, there is little time to process or grieve as health care providers must go on to care for the next patient and family. The healthcare team needs an outlet for their grief and the chronic stress related to being present through patients' traumatic health and life experiences.

With clear evidence of the prevalence and impact of STS on nurses and other professionals within oncology, the need for interventions to support oncology staff to reduce their risk of developing significant stress is paramount. Resilience is important in preventing and reducing STS, as it involves successful coping in spite of adverse situations (Hart et al., 2014). There are many strategies identified in the literature to foster resilience. A range of interventions

have been identified; however, pinpointing the best approach for the oncology program required closer attention to the evidence. Wenzel et al. (2011), for example, identified barriers for healthcare professionals such as, being unaware of work-based resources, lack of knowledge on how to access them, or difficulty finding time to attend events when they were available. Staff members of the Newfoundland and Labrador Cancer Care Program, have raised the need for a debriefing program and an identified barrier to its implementation has been a lack of expertise in this area.

Timing is right to focus on the health and wellbeing of healthcare providers as the additional impact of the COVID-19 pandemic has compounded the usual work stressors for many. A research study comparing burnout in oncology inpatient staff and frontline emergency staff in Wuhan, China during the COVID-19 pandemic found that burnout was higher for the oncology inpatient staff (Wu et al., 2020). In order to provide patients optimal care, our oncology colleagues need the opportunity to grieve the loss inherent in cancer work and improve their health habits to better manage the trauma and stress that comes with caring for sick patients and their families. By collaborating with the interdisciplinary team of the cancer center, completing an environmental scan, and conducting a literature review, a needs-based resource was developed to support the staff of the provincial cancer care program, which will have a direct and positive impact on patient care.

Objectives

The overall goal of the practicum project was to strengthen the resiliency of nurses and all members of the interdisciplinary oncology team. This will be achieved through the development and implementation of a sustainable, holistic, evidence-informed strategy designed

to counteract the work-related stress and distress experienced by health care providers working in an acute oncology program.

The key practicum objectives are:

(i) To examine current evidence on the interventions used to foster resilience in health care providers using an integrative literature review methodology.

(ii) To identify the needs of oncology health care professionals regarding the work-related stress in their daily practice.

(iii) To develop and implement an evidence-based intervention to foster healthy coping and reduce occupational stress.

(iv) To demonstrate collaboration as an advanced nursing practice competency by seeking out members of the interdisciplinary team and key stakeholders to facilitate discussion to ensure an evidence-informed intervention is developed that aligns with their values and engages the oncology health care team in promoting healthy coping.

Overview of Methods

The completion of the integrated review was a foundational step in the creation of my practicum project. Through this practicum project, an integrative review was completed to determine types of strategies that may be effective in supporting oncology healthcare providers with stress related to the caring relationship developed between provider and patient. Next, consultations were completed that incorporated two methods of input. First, an electronic survey was distributed to all members of the oncology health care team at the Dr. H. Bliss Murphy Cancer Centre. In addition, in-person interviews were conducted with select members of the team for more in-depth feedback. An environmental scan was conducted and included a review of the resources that were currently available through the health authority Eastern Health and

other resources available through provincial and national programs. Through these methods, a wellness resource was developed for the Newfoundland and Labrador Cancer Care Program.

Summary of the Integrative Review

The research question posed for the integrative review, that is, what types of strategies are effective in supporting oncology health care providers with stress related to the caring relationship developed between provider and patient, resulted in 18 studies. The studies were identified strategies that offered an effective, holistic, sustainable approach for supporting the oncology health care team.

Peplau's Interpersonal Relations in Nursing was the theoretical framework selected to guide this review (D'Antonio et al., 2014). Peplau proposed that nursing is an interpersonal process with the nurse-patient relationship centralized in nursing practice as a "moral compass" that determines the satisfaction or distress experienced by the nurse (D'Antonio et al., 2014, p. 312). Through this framework, these relationships are transformative which effectively captures the complexity of oncology patient care, as nurses and providers can develop profound, caring relationships with their patients (D'Antonio et al., 2014). Throughout the review, close attention was given to interventions that highlighted the nurse-patient relationship and its influence on work-based stress (D'Antonio et al., 2014).

The literature revealed three distinct types of interventions: i) a combined or more holistic approach, ii) technology-based interventions, and iii) bereavement interventions. Peplau's relationship theory could be seen within these interventions as they addressed the impact that the therapeutic relationship has on the stress level of health care providers. There was a variety of outcomes measured that had relevance to the review and foremost, included compassion fatigue, STS, grief, and resilience.

Although the quality of the studies was generally low, there is a growing body of evidence that can inform the development of a holistic, wellness resource. For instance, the majority of studies provided educational materials to staff regarding compassion fatigue and self-care strategies, like mindfulness training and relaxation techniques. As well, offering information regarding current resources in the workplace to ensure staff are knowledgeable about how to access them was also recommended. Other strategies included debriefing programs with trained facilitators and utilizing a holistic approach by combining a variety of strategies (Nissim et al., 2019). It is important to note that shorter sessions were shown to be as beneficial as longer sessions (Pehlivan & Güner, 2020). Shorter sessions also have the advantage of making the programs accessible to staff and feasible for the work environment.

Summary of Consultations and Environmental Scan

Consultations were conducted with key stakeholders in the Cancer Care Program, as well as an environmental scan to determine available wellness resources that could be utilized. Both methods were integral to creating a resource that met the needs of staff and was feasible for implementation within the program.

Consultations

Two forms of consultation were utilized, an electronic survey and one-on-one interviews. All members of the Dr. H. Bliss Murphy Cancer Center received an electronic survey via email. There were nine questions in the survey that asked participants to select their discipline, and whether they understood the term STS. Moreover, they were asked if they experienced STS or grief related to their work, if they reported using healthy coping strategies, and if they were interested in work-based resources for stress. As well, questions were posed to identify their

availability during the work day, as well as which types of strategies and resources they preferred.

The one-on-one interviews were completed with individuals from different disciplines to gain a deeper understanding of staff members' values and identify possible barriers or concerns in developing this resource. Interviews were 20 minutes long, included open-ended questions, and were conducted with one clerical staff, one registered nurse, one radiation therapist, and one program manager.

Results of the Survey

An electronic survey software program, Qualtrics, organized the survey data. Ninety-six staff members responded to the survey, resulting in a response rate of 64 percent. There was participation from all disciplines. Sixteen percent of participants reported that they experienced STS and 13% of participants agreed that they experienced grief after the death of a patient. When these answers were compared by discipline, STS and grief were more common in front line staff like registered nurses, physicians, and clerical staff. This aligned with the literature that identified up to 37% of oncology nurses identified signs of STS (Quinal et al., 2009). Over half the respondents reported that they did not have healthy coping strategies. Regarding their interest in a work-based resource, about one third of participants showed strong interest and about one third indicated passive interest. Additionally, the participants' preferred strategies and resources were closely aligned with the findings from the integrative review. Many participants highlighted the need for in-person supports and expressed less interest in virtual resources. In addition, participants identified preferences for early mornings or lunch times during the workday for wellness activities to take place.

Results from the Interviews

The results of the interviews conveyed concerns with accessibility and disengagement. This illustrated the importance of promoting collaboration between staff members and leadership to ensure time is available for self-care strategies and to confirm staff are knowledgeable in how to access these resources. A common understanding amongst the interviewees was that it is likely that not all staff will use the resources initially, but it is important for staff to know that they are available when needed. Overall, there was consistent, positive feedback for this resource to include education on self-care, mindfulness training, and a debriefing program. Similar to the surveys, participants noted the importance for interventions to be in-person as it was felt that strengthening the connections among program staff will cultivate a more supportive work environment.

Environmental Scan

The environmental scan helped determine the resources that were currently available to staff who were experiencing work-related stress within Eastern Health, as well as other programs throughout the province and country. Through this scan, it was determined that there are many resources available in Eastern Health but many are not being used to their full potential. The key resources identified by the organization's Peer Support Coordinator including the Rapid Response Team which is a debriefing program for critical events, and Team Check-ins which are informal team discussions regarding work-related stressors. Due to the high demand for Team Check-ins, a new program is underway to train frontline staff as psychological safety leaders (PSLs). PSLs will facilitate Team Check-ins and provide one-on-one support (Eastern Health, 2021). As well, the Employee and Family Assistance Program (EFAP) is available to provide fully covered private counselling to health care providers or their families (Eastern Health, 2021).

Provincial and national program websites were identified and those directed toward health professionals were reviewed. These programs provided self-care education, mindfulness training, various webinars, and links to mental health phone apps. The strategies were used to promote self-care and mindfulness as well as to strengthen resilience. In all, results from the consultations and environmental scan highlighted the needs of staff and potential resources for incorporation into the development of a wellness resource that closely aligned with the integrative review findings.

Summary of the Wellness Resource

The wellness resource aimed to meet the needs of the outpatient oncology health care team to reduce stress related to caring for patients with cancer. Creating this resource involved developing an education session and doing the groundwork for the implementation of a program-wide debriefing program. The education session will provide awareness of compassion fatigue and STS, as well as promote self-care through a review of various stress reduction strategies. A debriefing program has recently been introduced by Eastern Health, and approval has been given for implementation in the Cancer Care Program. Moreover, the initial implementation and evaluation plans for both aspects of the wellness resource in the Dr. H. Bliss Murphy Cancer Center were developed.

Part 1: Self-Care Education

The first aspect of the wellness resource is the education regarding self-care strategies to ensure health care providers have information on the signs of STS and ways to reduce or manage it. The evidence provided by other similar programs in the research literature guided the development of this education session.

Development of the Oncology Program Education Session

As this education session focuses on examining a difficult topic, it is important to consider a number of principles in preparing for a safe and comfortable environment for health care staff to participate in the session (Phillips, 2020). All staff will be encouraged, and provided opportunity to participate; however, the session will not be mandatory and confidentiality is expected. The education is developed for a diverse population with varying educational backgrounds and learning styles, therefore it is important to use a multi-style approach to engage and improve learning outcomes (Lockhart, 2006). As a result, the education session uses various strategies to create meaningful experiences that promote discussion, collaboration, and learning.

Bloom's four knowledge dimensions include factual, conceptual, procedural, and metacognitive knowledge. This knowledge framework was applied to the education session to reflect different types of knowledge in the presentation (Phillips, 2020). The session includes strategies for factual, procedural, and metacognitive knowledge. The one-hour, interactive slide presentation promotes group discussion. Activities are included for on-the-spot practice of self-care strategies as information combined with activities encourage learning and motivate participation (Phillips, 2020). A case study is included as a means to analyze a real life situation in a relaxed setting, and as a low-fidelity simulation, it provides the opportunity for peers to compare what they would do to improve their professional practice (Phillips, 2020). Furthermore, modern, lighthearted visuals are incorporated throughout the presentation to stimulate interest and relaxation (Kosslyn, 2007). The presentation will encourage humor and light heartedness.

This education session uses the learnings from previous programs that integrated a multifaceted approach. Programs such as, the THRIVE program for self-care (Blackburn et al., 2010), the cognitive behavioral skill building program, MINDBODYSTRONG (Sampson et al.,

2020), a program developed by the Wellspring center (Edmonds et al., 2012), and the Compassion, Presence, and Resilience Training Program (Nissim et al., 2019) all contributed to aspects of the oncology wellness education session.

Learning Objectives. Six SMART learning objectives guide the learner as to what they will know by the end of the education session:

1) The learner will be able to recognize common signs of compassion fatigue.
2) The learner will be able to discuss the relationship between compassion fatigue and resilience.
3) The learner will be able to identify personal, professional, and organizational self-care strategies.
4) The learner will be able to demonstrate at least one of the self-care techniques reviewed.
5) The learner will be able to locate Eastern Health employee resources. And,
6) The learner will be able to relate workplace wellness with the importance of team building and fostering a supportive practice environment.

Self-Care Strategies. The aim of the session is to promote thoughtful discussion and participation by providing the opportunity for staff to try different, evidence-informed, self-care strategies. As self-care can be different for each person, staff may determine strategies that they prefer or want to learn more about. In the session, the discussion of the strategies are based on three categories: personal, professional, and organizational (Hart et al., 2018). Personal strategies highlighted in the session include physical activity, mindfulness, relaxation techniques, journaling, art therapy, and healthy eating. Professional strategies involve peer mentoring and organizational strategies focus on debriefing programs and other supports for staff.

There will be opportunities during the presentation to try short examples of mindfulness, guided imagery, acupressure, and aromatherapy. Furthermore, current organization-based resources (Eastern Health, 2021) available for staff will be reviewed including Employee and Family Assistance Program (EFAP), Peer 2 Peer, Employee Virtual Assistant (EVA), Rapid Response, Navigator Line, Team Check-ins, and Psychological Safety Leaders (PSLs). Moreover, there is a quiet area available to staff to collect their thoughts and promote mindfulness, called the Quiet Room.

Throughout the presentation, stickers will be distributed to incorporate humor and self-care positivity (see Appendix C). A brochure will be provided at the end of the session with a summary of the information from the presentation. Additionally, posters will be placed in areas where only staff congregate (see Appendix C). These posters will be lighthearted and humorous to promote self-care and mindfulness.

Implementation Plan

Findings from the consultations held with key stakeholders indicated that in-person group learning was the preferred approach for education. Thus, the self-care session will be group-based and presented once on a Thursday morning and twice at lunchtime, to provide options and accessibility for staff. At the conclusion of these sessions, a review of the evaluations will determine how oncology staff responded to the session, and what changes, if any, are suggested. The outcome of the evaluation will be shared with staff and the leadership team and a decision about further sessions will be made. In the meantime, this session is to be included in new staff orientation and will be facilitated by the clinical educator and myself. Collaboration with the clinical educator and management is key to ensure sustainability, feasibility, and accessibility of these sessions.

This presentation will focus on promoting awareness of compassion fatigue and self-care, as well as general information on self-care. In future, it is important to continue to facilitate wellness presentations that focus on different strategies in more detail, like guided imagery, mindfulness, aromatherapy, acupuncture, physical health, healthy lifestyle, and more. Moreover, the healthy workplace committee can organize different, creative competitions to promote healthy lifestyle, like drinking more water, step counting, or a healthy exercise bingo card. This can be maintained with active collaboration between frontline staff, the clinical educator, leadership, and the healthy workplace committee.

The aim of the wellness education is to inform staff and foster a supportive, caring environment for health care workers. To help with work life balance, these sessions can act as a form of self-care and a prompt to staff to take a moment for themselves.

Evaluation Plan

An evaluation of the education session will determine its efficacy, as well as, identify ways to improve the session in the future. The evaluation survey is composed of two parts. Part 1 contains four statements answered using a Likert scale. Part 2 contains four open-ended questions (see Appendix C). Questions will assess if staff enjoy the session, learn something from the session, are interested in future sessions, and have suggestions for what they would like to see. The survey is voluntary, confidential, and acts as a means to collaborate with staff to encourage engagement. Evaluation data will be collected via an electronic survey. Data will be described using descriptive statistics and graphs. The findings will be presented to the Director of the Cancer Care Program and the management team. By demonstrating the benefits and feasibility of the education session, the aim is to advocate for the sustainability of initiatives that promote self-care in the healthcare team.

Part 2: Debriefing Program

Jarrad and Hammah, (2020) discussed the importance of a combined approach, i.e., using both education and counselling, when supporting healthcare providers. Thus, the second aspect of the wellness resource is the debriefing program. Debriefing sessions should involve a trained facilitator guiding thoughtful discussion and promoting peer support, which in turn can strengthen an individuals' resilience (Hart et al., 2014). Throughout the literature, there are strong recommendations for organization-based programs like counselling or debriefing for staff to develop their self-reflection, mindfulness, and team-building (Grafton et al., 2010). Moreover, cancer care staff have advocated for a debriefing program to support them as they provide care to patients experiencing trauma related to their cancer journey.

In April 2021, Eastern Health developed a program to train volunteer frontline staff as Psychological Safety Leaders (PSLs) to better support health care workers' mental health. Currently, the program is operational in only two programs within Eastern Health. The role of the PSL includes providing one-on-one support to peers as needed, and facilitating team check-ins as a form of debriefing. The PSLs also collaborate with the Psychological Safety Coordinator and promote continuing education in the field of psychological wellness. As workplaces are diverse within Eastern Health, PSLs can shape the debriefing program to meet the needs of their staff. Additionally, in person or virtual support is available. As this program is in its early stages of implementation, it has not yet been introduced in the cancer center. In preparation for its implementation in the oncology program an initial implementation plan is outlined. This will need further development through collaboration with leadership, Human Resources, and frontline staff. An evaluation plan is included to help sustainability and improve the functionality of the resource.

Implementation Plan

Director-level approval was required to initiate this program in the Dr. H. Bliss Murphy Cancer Center; therefore, I met with the Director of the Cancer Care Program, who provided support for this program. Next, the human resources representative for the Cancer Care Program was contacted. I notified him that the Director had approved the debriefing program and was interested in moving quickly with implementation. Then, I met directly with the Psychological Safety Program Coordinator to express our interest. The next steps involve the human resources representative meeting with the Director and Program Coordinator, and identifying frontline staff that are interested in this training. These staff members will be involved in a four-hour training seminar about psychological first aid.

After healthcare provider training, it will be important to establish a debriefing program schedule. This will require collaboration with leadership and staff to meet the goal of a regularly scheduled debriefing session every 6 months and spontaneous sessions as needed. Regularly scheduled sessions will focus on general well-being while as needed sessions will occur for specific situations that have been particularly distressing for staff. Additionally, one-on-one support will be available through the PSLs, and all oncology staff will be advised of the PSLs in their program. These debriefing sessions are available to all staff within the Cancer Care Program, and include virtual sessions for health professionals in the cancer centers across the province. To maintain communication between leadership and frontline staff, debriefing will be part of the staff meeting agenda and will be one way for leadership to check in with staff. Moreover, staff will be encouraged to notify their manager when a session is needed.

Evaluation Plan

Once the debriefing program is operational, an ongoing evaluation process will be established to ensure the sessions are beneficial to staff and meet their diverse needs. Collaboration with the Psychological Safety Program Coordinator will identify any currently-developed evaluation plans and the need to include additional, program-specific indicators. The finalization of the evaluation process will be done prior to the implementation of the debriefing program. In the interim, a draft evaluation plan is available that outlines the basic information requirements of the Oncology Program (see Appendix C).

In order to safeguard the needs of staff, evaluation surveys will be distributed following the initial session and after every other session. These surveys will be confidential and voluntary. The survey will include four statements that are answered using a Likert scale. Subsequently, there will be two open-ended questions. These statements and questions will determine if staff report the sessions as helpful, if they report feeling supported by management, and if there are ways to improve the sessions to better meet their needs. Information from these surveys will be presented to leadership to advocate for the sustainability of the program.

Overall, a wellness resource was developed from evidence-based literature, an environmental scan, and in collaboration with the health care team of the Dr. H. Bliss Murphy Cancer Center. This resource combines education focused on self-care and a debriefing program that will provide support to our health care team members so that they are better equipped to continue caring for their patients.

Discussion of Advanced Nursing Practice Competencies

This practicum challenged me to enhance my professional competencies in a variety of ways. The three advance nursing practice competencies that were most valuable in completing this project were: i) research utilization, ii) leadership, and iii) collaboration. Research utilization involves reviewing, critiquing, and synthesizing current literature, as well as applying the results

of consultation (Canadian Nurses Association, 2019). My research utilization skills were developed by conducting an integrative literature review and completing consultations that involved the use of research methods, to determine whether the values of health care providers aligned with the literature findings.

The ANP competency, leadership, means empowering and encouraging advanced nursing practices by facilitating change and actively monitoring for innovative ways to improve health care practice (Canadian Nurses Association, 2019). By working with oncology staff to identify their needs, and develop a needs-based wellness resource to support the interdisciplinary team, applied leadership skills to manage a successful process. Through the creation and use of a resource that can educate and promote self-care, an empowering and engaging work environment will be facilitated.

In addition, collaboration is an ANP competency that involves the process of communicating and collaborating with patients, the interdisciplinary team, and key stakeholders (Canadian Nurses Association, 2019). This competency was evidenced by seeking out key stakeholders of the interdisciplinary team for consultation. Through the surveys and one-on-one interviews, I worked with members of the interdisciplinary team and leadership to gain an understanding of their values and needs for stress support. Communication and collaboration are key to developing a resource that will effectively meet the needs of healthcare workers.

Next Steps

Once the wellness resource was developed, the next steps involve implementing the debriefing program and education session. Although the initial steps have been taken, a more detailed plan will be developed when broader planning is in progress.

Implementation of a Debriefing Program

In order to initiate the debriefing program in the Cancer Care Program, leadership and the Human Resources representation must collaborate with the Psychological Safety Coordinator to nominate employees for PSL training. These meetings have begun; however, further discussions will occur. Once this is completed, I will continue to collaborate with leadership and the Psychological Safety Coordinator to further develop the implementation and evaluation plan.

Once PSLs are established, they will provide Team Check-ins and one-on-one support to all staff in the Cancer Care Program across the province through in-person and virtual sessions. This service will also extend to the inpatient hematology-oncology unit. It is important to note that Team Check-ins are considered informal discussions and are not considered as a complete debriefing. However, the aim of the PSL program is to continue to expand training to PSLs in rapid response and debriefing after they have been established in the role.

Implementation of Education Sessions

Next, to introduce the education session, I have begun collaboration with the Clinical Educator of the Cancer Care Program. Further meetings are required to review the developed implementation and evaluation plan for the education session to all staff, as well as incorporating it into the orientation for new employees. Further planning is required for future education sessions that focus on different aspects of wellness and self-care to ensure staff are provided diverse experiences. Many additional resources from the environmental scan are available for use future sessions. Evaluations from both the debriefing program and the education sessions will be collected and presented to leadership to advocate for sustaining and improving these resources.

Expanding to Other Programs

Although the goal of this project was to support oncology health care staff, this project can meet the needs of other areas. I received an invitation to present my practicum project at Oncology Grand Rounds to further promote the need for self-care support. In addition, one of my colleagues has approached me to look at how this project can be applied to the medical residents program. As well, a colleague working on an inpatient unit has shown interest in applying my project to the "Fitness for Nurses" program. This is a private program tailored for nurses that focuses on healthy eating, fitness, and wellness. Compassion fatigue is not unique to oncology; as well, self-care and resilience are universal to all healthcare fields. Thus, the value of this project transcends oncology and can be effective in every healthcare program.

Conclusion

A multidimensional wellness resource was developed from evidence-based literature, an environmental scan, and in collaboration with the interdisciplinary team of the Dr. H. Bliss Murphy Cancer Center. This resource combines self-care education and a debriefing program to support healthcare professionals so that they are better equipped to continue caring for their patients. This information is transferable to other areas in healthcare. In the wake of the COVID-19 global pandemic, healthcare providers are pushed to a breaking point. In order to provide them with the support they require, it is essential that we, as a society, shift from viewing healthcare providers as heroes and martyrs, in order to see them for what they truly are, people.

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Appendix A

Interventions to Reduce Stress in the Oncology Interdisciplinary Team

Integrative Review

Abstract

Background: With continuing advancements in cancer screening and treatment, the patient population is growing and cancer care is becoming more complex. The oncology team works closely with patients through their, often, long-term cancer journey, which puts these health care professionals at a high risk for stress. To ensure patients receive optimal care, work-based interventions should be utilized to support health care providers to improve their resilience and decrease their risk of secondary traumatic stress. The review was guided by Peplau's Interpersonal Relations in Nursing Theory. *Purpose:* To explore effective workplace interventions that help reduce stress in oncology care providers. *Methods:* A literature search was conducted using Memorial University OneSearch, CINAHL, PubMed, and Google Scholar. Eighteen relevant articles were identified and research studies were critically appraised. The quality of the literature was low and strengths and weaknesses were identified. *Findings:* Research was analyzed and organized into three types of interventions: interventions that used a combined approach, interventions that were technology-based, and bereavement interventions. . *Conclusion*: There are findings that can be taken from these intervention studies to develop a multi-faceted approach to improve resilience and stress in the oncology interdisciplinary team. Evidence suggested the positive effect of providing oncology professionals with educational materials on compassion fatigue with self-care strategies and mindfulness techniques that can be easily applied in the workplace. In addition, readily accessible information on available workplace resources for stress, as well as a formal debriefing program are beneficial in helping employees manage their stress.

Keywords: *secondary traumatic stress, grief, oncology, resources*.

Interventions to Reduce Stress in the Oncology Interdisciplinary Team

Oncology nurses along with the oncology interdisciplinary team face a growing demand due to advancements in screening and treatments that have led to a higher incidence of cancer diagnoses and improvement in survivorship (Wenzel et al., 2011). Outpatient oncology has become more complex due to these changes, and a team-based approach is essential (Bunnell et al., 2013). Evidence is accumulating that oncology nursing, as part of a holistic team approach, improves the quality of cancer care and positively impacts patient outcomes (Wenzel et al., 2011).

While there are many demands that an oncology interdisciplinary team must balance, one of the most arduous and stressful aspects of patient care is coping with patient loss (Zheng et al. (2018). Every discipline within the oncology team supports each patient through their cancer journey, from being newly diagnosed, to undergoing life-altering treatments, to surveillance, and through palliation and end of life care (Quinal et al., 2009). Naturally, nurses along with other members of the team foster bonds and relationships with patients who are undergoing significant trauma, which can make health care providers more vulnerable to compassion fatigue (Wu et al., 2016). Johnson (1992) was the first in nursing to develop the term compassion fatigue and it was described as a distinct type of burnout whereby caregivers lose their capacity to nurture. There are two aspects to compassion fatigue, first, burnout which focuses on stress related to the work environment, and next, secondary traumatic stress (STS) which occurs when health care providers care for patients that are suffering trauma (Brint, 2017). It is important to note that the terms compassion fatigue and STS will be used interchangeably as supported by multiple sources (Beck, 2011; Brint, 2017).

Secondary Traumatic Stress

Beck (2011) explained that even though STS is considered secondary exposure, the trauma can affect the health care provider similarly to how the oncology patient experiences the trauma firsthand. STS develops as a result of a health care member providing care or wanting to be able to care for a suffering patient. Symptoms of STS can develop abruptly and can include increased negativity, intrusive thoughts and difficulty with disconnecting work from home life, easily frustrated and increased episodes of sudden anger, feelings of hopelessness, depression and of dread when going to work, as well as a lower sense of satisfaction at work (Beck, 2011). Oncology nurses and health care professionals are at an increased risk for STS due to the empathy they experience for their patients, and they are more at risk if they have had previous trauma in their lives (Beck, 2011). In addition to STS, grief is an added stress in caring for cancer patients as health care professionals work closely with their patients, and can experience stress related to end of life care as well as to the patient's passing (Hildebrandt, 2012). Nursing is especially at risk for this due to the relationships that are cultivated in cancer care; thus, it is important to consider bereavement support for nurses and the interdisciplinary team (Hildebrandt, 2012).

Secondary Traumatic Stress in Disciplines

The two largest oncology disciplines in the cancer care team are oncology nurses and radiation therapists, and these health providers commonly interact closely with patients throughout their treatments (Poulsen et al., 2014). Although both groups are at risk for STS, Poulsen et al. (2014) explained that because nurses connect emotionally with their patients more so than other disciplines, they are at an increased risk for stress related to their patients' outcomes. Oncology nurses reported that in order to connect with their patients, it was important to empathize and feel what patients were feeling, which at times could feel like physical pain

(Brint, 2017). One study determined up to 37% of oncology nurses were experiencing symptoms of STS (Quinal et al., 2009). Yu et al. (2016) reported risk factors for higher rates of compassion fatigue amongst oncology nurses with more years of experience, passive coping strategies, neuroticism, and working on inpatient units. Meanwhile, Grafton et al. (2010) highlighted in the evidence that novice nurses are also at risk for compassion fatigue due to adjusting to the realities of health care, and novice oncology nurses are especially vulnerable as they reported poor coping in relation to caring for their patients' multifaceted psycho-social, spiritual needs. Compared to other disciplines, oncology nurses are uniquely at risk for compassion fatigue due to the nature of oncology patient care (Jarrad & Hammad, 2020).

Oncologists and other members of the interdisciplinary team are at high risk for compassion fatigue as they experience grief and a sense of failure as they have reported that about half of their patients pass away and they bear witness to their patients' emotional and physical suffering (Laor-Maayany et al., 2020). Support staff have been identified as the discipline with least job satisfaction and control in their role (Jones et al., 2013). These include clerical staff, secretaries, phlebotomists, and personal care attendants, who were reported to be the least acknowledged members of the interdisciplinary oncology team in regards to compassion fatigue research; however, these staff members are essential to cancer care, and are sometimes the first to interact with patients receiving oncology services (Cashavelly et al., 2008).

Resilience

Resilience is an important aspect to consider in regards to compassion fatigue as it is defined as successful coping in spite of adverse situations (Hart et al., 2014). Grafton et al. (2010) discussed that through the literature it has been identified that "it is not so much the actual stress but an individual's response to the stress that affects physical, psychological, and spiritual

well-being" (p. 699). Moreover, the authors described resilience as finding a positive way to learn from the experience (Grafton et al., 2010). Specifically, the authors described resilience as an innate life force as it is "an accessible inner strength or resource within the individual that enables a positive stress response that can be enhanced or supported by external resources" (Grafton et al., 2010, p. 700). One study explored resilience in resident physicians on a hematology-oncology inpatient unit, and concluded that physicians who were measured to have higher resilience had less likelihood of experiencing distress (McFarland & Roth, 2017). It is essential that leadership fully understand how to foster resilience in health care providers with strategies like "cognitive reframing, toughening up, grounding connections, work-life balance and reconciliation" (Hart et al., 2014, p. 720). Moreover, reflection, humor, and support from colleagues with a team-based approach were identified as factors in developing resilience (Hart et al., 2014). Mindfulness is another key technique to develop resilience that can be fostered through reflection and introspective discussion (Rishel, 2015). It is important to add that resilience is not just having a positive viewpoint, but a willingness to adapt and prosper (Zander & Hutton, 2013).

Problem Identification

There is sufficient literature to show the prevalence of STS and how it presents in members of the oncology health care team. Although resources may be available, Wenzel et al. (2011) identified concerns as health care professionals were not made aware of these options, how to access them, or provided the time to attend. Moreover, there are recommendations in the literature for possible strategies to reduce the risk for STS and foster resilience in health care professionals. Strategies for STS in oncology team members include a team-based approach, with strong, positive leadership, as well as providing mentorship to novice staff members (Wu et

al., 2016). Beck (2011) discussed the importance of dividing strategies into three sections, personal, professional, and organization. Personal include self-care strategies like physical exercise, volunteering, and social gatherings (Hart et al., 2018). Professional strategies primarily involved mentoring, and the importance of a mentor program that provided opportunity to exchange ideas on coping strategies and discuss how to maneuver through challenging situations was highlighted (Zheng et al., 2018; Hart et al., 2018). Organizational strategies focused on ways the organization could improve the working environment, such as providing spaces for peer consultation, resources for support, and cultivating a healthy work culture. Organizations that provide training and support can better protect the health of health care providers (Yu et al., 2016). Recommendations for organization-based programs included counselling or debriefing programs for staff to develop their self-reflection and mindfulness (Grafton et al., 2010). Jarrad and Hammad (2020) highlighted the urgent need for "staff-oriented services that offer comfort, reward, leisure, screening, consultation, and support" (p. 1).

Thus, members of the Newfoundland and Labrador Cancer Care program oncology team advocated for strategies to reduce stress and foster resilience in their workplace. With appropriate supports in place, health care professionals will be better equipped to provide optimal care to their patients. Research shows the prevalence of STS in oncology health care providers, and recommendations for the types of interventions that may be beneficial; thus, there is a need to examine the literature to see the efficacy of interventions to reduce or prevent stress and improve resilience in the oncology interdisciplinary team.

Theoretical Framework

Peplau's Interpersonal Relations in Nursing was the theoretical framework that guided this literature review (D'Antonio et al., 2014). Peplau proposed that nursing is an interpersonal

process with the nurse-patient relationship centralized in nursing practice and "the quality of the nurse–patient relationship has become a moral compass by which nurses find their way to experiences of satisfaction or distress in their work" (D'Antonio et al., 2014, p. 312). Peplau described relationships in nursing as transformative, and this captures the complexity of oncology patient care, as nurses and providers care deeply for their patients and develop profound relationships (D'Antonio et al., 2014). Thus, as nurses and providers are witnesses to their patients' trauma and grieve their loss, it highlights the power of interpersonal relationships and is an appropriate framework for this paper.

Purpose

The research question posed to guide this review was "What types of strategies are effective in supporting oncology health care providers with stress related to the caring relationship developed between provider and patient?" Through this literature review, the efficacy of interventions to reduce stress related to caring for oncology patients will be reviewed to determine a holistic, sustainable approach for supporting the oncology health care team as part of the Newfoundland and Labrador Cancer Care Program.

Methods

The integrative review methodology of Whittemore and Knafl (2005) was chosen for this review. The research included in this review incorporates both non-experimental studies like quality improvement projects, and experimental studies like randomized control trials (RCT); therefore, it is beneficial to utilize the integrative approach for a review of the literature with varying methodologies. Peplau's relationship theory guided this review to ensure close attention was given to interventions that highlighted the nurse-patient relationship and its impact on work-based stress (D'Antonio et al., 2014).

Search Strategy

The databases used for the literature search were CINAHL, PubMed, Google Scholar, and Memorial University Library OneSearch. The literature reviewed was obtained using the Boolean search terms “oncology”, “nurse”, “staff”, “support”, “intervention”, “debriefing”, “resilience”, “compassion fatigue”, “secondary traumatic stress”, and “burnout”. As compassion fatigue is a more recent term first introduced in the early nineties, only studies from the last fifteen years were included (Beck, 2011). Studies were included if they evaluated an intervention for compassion fatigue or secondary traumatic stress for oncology staff. Studies were excluded if they were not written in English, and if the sample was not health care professionals as some studies focused on nursing students.

Twelve studies were found from this search, but sufficient literature was not identified using this criteria. Therefore, the inclusion criteria were expanded to find studies with interventions that focused on grief and bereavement. Additional searches were conducted using the search terms “grief”, “bereavement”, “counselling”, and “nurses”. Select studies with samples of non-oncology health care professionals were included if aspects of the research had relevance to the oncology setting. This resulted in six additional studies.

Data Evaluation

This search yielded 18 studies for inclusion in the review. A range of designs were used including: four program evaluations (Blackburn et al., 2020; Fetter, 2012; Lim et al., 2016; Potter et al., 2013b), two pre-test/post-test designs (Flarity et al., 2013; Poulsen et al., 2015), two pilot studies (Edmonds et al., 2012; Potter et al., 2013a), two RCTs (Pehlivan & Güner, 2020; Sampson et al., 2020), one non-randomized controlled trial (Jakel et al., 2016), one mixed-methods study (Rice et al., 2014), one descriptive repeated measures study (Macpherson, 2008),

four quality improvement projects (Azizoddin et al., 2020; Keene et al., 2010; Michael et al., 2019; Zajac et al., 2016), as well as one qualitative pilot study (Nissim et al., 2019).

Data Analysis

Data analysis was conducted to gather information from the literature that was applicable to the research question. Findings were analyzed and then arranged thematically to summarize the data. Studies were grouped by type of intervention as the majority of interventions had a holistic or combined approach; as other interventions were either technology-based or focused as bereavement interventions. Once grouped, studies were reviewed to determine similarities and differences in the strategies used within each study. This included a comparison of the length or frequency of interventions and who was included in the samples. Outcomes were reviewed and summarized by type. By organizing studies by intervention type, it was easier to compare the findings to determine strategies that were most effective.

Assessment of Study Quality

The Public Health Agency of Canada (PHAC) (2014) critical appraisal tool and Critical Appraisal Skills Programme (CASP) (2017) qualitative research checklist were used to appraise the research literature. Overall, the quality of the studies was low. Eight of the studies were quality improvement studies or program evaluations; thus, they were not critically appraised. Among the ten research studies, there were three with strong designs and each were medium quality (Pehlivan & Güner, 2020; Poulsen et al., 2015; Sampson et al., 2020). There were five weak designs, and three of them were low quality (Jakel et al., 2016; Macpherson, 2008; Potter et al., 2013a) and two were medium quality (Edmonds et al., 2012; Flarity et al., 2013). There was one mixed-methods design (Rice et al., 2014). PHAC (2014) was used to determine both had weak quantitative designs, while Rice et al. (2014) was medium quality. From a qualitative

perspective, CASP (2017) was used for the qualitative designs, as Rice et al. (2014) had high credibility and was trustworthy. Finally, there were one qualitative design which was trustworthy (Nissim et al., 2019).

Strengths and Weaknesses

In regards to the eleven research studies, there are many strengths and weaknesses identified. Most studies had selection bias as participants self-selected to take part in the intervention, which may mean they were more amenable to change. Some interventions were held in larger centers with more resources, which would not be possible to replicate in other settings due to funding and accessibility. As well, there was a lack of diversity in the samples as most participants were female and did not capture a wide range of nursing experience, like novice or more experienced nurses; thus, leading to homogeneity. Overall, most samples did not include the different types of disciplines like physicians, clerical, and allied health professionals. It is important to consider the limitations to interpreting results due to small sample sizes throughout many of the studies. Moreover, most interventions had a shorter time span so the sustainability of the interventions was not measured.

Many studies incorporated valid and reliable data collection tools that have been commonly used to measure compassion fatigue, such as, the Professional Quality of Life (ProQOL) Version IV and V. Many interventions evaluated in the studies were developed from established programs and had trained facilitators that were equipped to support staff. It is important to note that efforts were made to ensure accessibility of the interventions to staff. All studies made note of ethical considerations and ensured confidentiality was upheld to protect participants. Most of the interventions received generally positive feedback from participants' surveys, and they felt better equipped to manage stress or process grief.

Through the seven quality improvement and program evaluation studies, there are many limitations to these types of studies as they are restricted to one area or setting. However, many of these studies promoted employee engagement and reported improvement in their workplaces. Therefore, these studies provided valuable perspectives on ways to promote strategies to reduce stress and compassion fatigue.

Future Study Recommendations

In future studies, it is important to have stronger designs and include more diversity in samples to ensure generalizability and transferability. Moreover, interventions that are holistic and cost-effective would be most appropriate to evaluate over longer periods of time to determine sustainability and feasibility. Additionally, interventions need to be accessible to health care providers as it is difficult to get time from work and full day events may not always be possible; therefore, more focus should be placed on shorter sessions with emphasis on self-direction (Potter et al., 2013a). Rice et al. (2014) identified the need for further research to better understand grief processes in oncology nurses in order to develop more effective interventions. Most interventions were complex and had multiple aspects, yet more research can be conducted to determine which elements of the interventions had a positive impact on the outcomes. Although some studies did include all members of the interdisciplinary team, there should be more effort to include support staff as they are an integral part to cancer care.

Results

Three distinct types of interventions were found in the literature. These included: i) a combined or more holistic approach, ii) technology-based interventions, and iii) bereavement interventions. Peplau's relationship theory was present within these interventions as they were developed with the understanding that the nurse-patient relationship has an influence on health

care providers' stress. A variety of outcomes were measured that had relevance to the review and the main ones were compassion fatigue, STS, grief, and resilience.

Holistic or Combined Approach

There were ten studies that implemented an intervention with a holistic approach. These studies combined education on compassion fatigue with self-care strategies like mindfulness, yoga, guided imagery, aromatherapy, journaling, and relaxation techniques (Blackburn et al., 2020; Edmonds et al., 2012; Flarity et al., 2013; Lim et al., 2016; Nissim et al., 2019; Pehlivan & Güner, 2020; Potter et al., 2013a; Potter et al., 2013b; Poulsen et al., 2015; Sampson et al., 2020). Seven studies included participants working in oncology programs and three studies were not oncology focused (Flarity et al., 2013; Potter at al., 2013b; Sampson et al., 2020). Of the seven oncology studies, two incorporated both inpatient and outpatient oncology nurses (Blackburn et al., 2020; Pehlivan & Güner, 2020); two included inpatient oncology nurses (Edmonds et al., 2012; Lim et al., 2016); one included outpatient oncology nurses (Potter et al., 2013a); one included both oncology nurses and radiation therapists (Poulsen et al., 2015); and one included the entire interdisciplinary team from two cancer centers (Nissim et al., 2019).

A notable difference across the studies was the variation in program length. The majority of the studies delivered one-day programs ranging from two, four, and eight-hour sessions (Blackburn et al., 2020; Edmonds et al., 2012; Flarity et al., 2013; Lim et al., 2016; Potter et al., 2013b; Poulsen et al., 2015). Three of the studies provided programs between five and eight weeks in length, with 30-to-90-minute sessions (Nissim et al., 2019; Potter et al., 2013a; Sampson et al., 2020). Meanwhile, Pehlivan and Güner (2020) compared a short-term program of two five-hour days, to a long-term program of five two-hour weekly sessions. Through a comparison of program lengths, all programs demonstrated effectiveness whether it was one

session or multiple sessions, and through the RCT conducted by Pehlivan and Güner (2020) both experimental groups were equally effective.

All studies had interactive presentations that included self-care strategies, followed by smaller group work to promote practice of skills and discussion. Some sessions focused on the practice of relaxation and resilience techniques (Flarity et al., 2013; Lim et al., 2016; Potter et al., 2013a; Pehlivan and Güner, 2020). Both Flarity et al. (2013) and Lim et al. (2016) used case studies and role-playing. Flarity et al. (2013) incorporated a documentary video and interactive slideshow, with facilitated group discussion that was followed by guided imagery exercises. Participants were also provided with resources, such as, printed information, an educational DVD, a guided imagery CD, and website access for further resiliency and compassion fatigue information. Poulsen et al. (2015) concentrated on peer-mentoring, and Blackburn et al. (2020) included private group discussions via social media. Four of the studies were based on formalized programs, which included the nursing-developed THRIVE program for self-care (Blackburn et al., 2010); as well, a cognitive behavioral skill-building program named MINDBODYSTRONG (Sampson et al., 2020), a program based at the Wellspring Center (Edmonds et al., 2012) and a mindfulness-based program known as Compassion, Presence, and Resilience Training (CPR-T) (Nissim et al., 2019). A key element of CPR-T focused on integrating “mindfulness micro-practices” into daily work life. For example, red-dot stickers were placed in various locations throughout the work environment as a prompt for participants to take a moment to breath and reflect on how they felt in that moment (Nissim et al., 2019, p. 31).

Outcomes of the Combined Approach to Stress Reduction

Two main outcomes were measured in studies that used a multidimensional intervention. Changes in secondary traumatic stress (STS) levels as well as increases in resilience were examined to determine the effectiveness of the intervention.

STS Outcomes. Stress was measured in a variety of ways in six of the ten studies. Four studies measured STS using ProQOL R-IV, IV, or V. Both the quality improvement (QI) project by Potter et al. (2013b) and the uncontrolled before and after study (UCBA) by Flarity et al. (2013) found improvements in STS. The risk of STS improved ($p < .01$) in the QI study and was maintained at six months (p = <.05). A significant decrease in STS symptoms (p = 0.001) was also found in the UCBA. Contrarily, in the RCT by Pehlivan and Güner (2020) no statistical significance in STS was found as a result of the intervention.

In a program evaluation that measured STS using the Compassion Fatigue Short Scale (CFSS), STS scores improved (p = .004) from pre-test to post-test (Blackburn et al., 2020). In an RCT, Sampson et al. (2020) used the Perceived Stress Scale (PSS), the Personal Health Questionnaire-9 (PHQ-9), and the Generalized Anxiety Disorder Scale (GAD-7) to measure changes in the symptoms of stress. The intervention was successful in lowering participants' perceived stress ($p = .022$), anxiety symptoms ($p<.001$), and depression symptoms ($p<.001$). Depression improvements were maintained for six months (p=.031).

Resilience Outcomes. Four studies included resilience as an outcome. The program evaluation by Lim et al. (2016) measured the correlation between knowledge, attitudes, and practice behaviors (KAPb) and resilience with a nonparametric correlation matrix. The authors determined that improvements in KAPb were positively correlated with resilience (r=.29, $p \leq .001$), theoretical knowledge (r= .23, $p \leq .01$), applied knowledge (r=.15, $p \leq .05$), attitudes (r=.12, p=xx), and practice behaviors (r= .18, $p \leq .05$). The program evaluation by Blackburn et

al. (2020) measured resilience with the Connor-Davidson Resilience scale (CD-RISC) and significant improvements were noted (p=.03). Pehlivan and Güner (2020) measured resilience in their RCT with the Resilience Scale for Adults but no significant improvements were found.

Finally, one qualitative study (Nissim et al., 2019) used semi structured interviews to explore the experience of the resiliency program, CPR-T. Participants identified a range of benefits such as "learning to pause, acquiring a working definition of stress and self-care, becoming fully present, building self-compassion, and receiving organizational acknowledge and recognition of stress" (Nissim et al., 2019, p. 30). The challenges were identified as "sharing vulnerability within inter-professional teams, and committing to a sitting meditation practice" (Nissim et al., 2019, p. 30).

Other Outcomes. Edmonds et al. (2012) used the Maslach Burnout Inventory (MBI) to measure emotional exhaustion. They found that exhaustion was significantly improved at 1-month (p = .003), and at 7-months (p = .002) following the intervention. Meanwhile, the randomized pre-test post-test by Poulsen et al. (2015) found that participants made significant post-intervention improvements in perceived sleep quality (F = 9.965, p = .002), and satisfaction with self-care practices (F = 8.738, p = .004). The program evaluation by Potter et al. (2013a) measured the STS symptoms of avoidance, intrusions, and hyperarousal using the Impact of Event Scale-Revised (IES-R). Intrusions ($p \leq .001$) and avoidance ($p \leq .01$) improved after 3 months (Potter et al., 2013a). Meanwhile, hyperarousal ($p \leq .01$) and the IES-R total score ($p < .05$) improved immediately after the intervention, as well as at three-month follow up ($p \leq .001$) and six-month follow up ($p \leq .01$) (Potter et al., 2013a). The RCT by Pehlivan and Güner (2020) measured compassion satisfaction through ProQOL-IV and the two experimental groups showed higher compassion satisfaction compared to the control group ($p < .001$). Although the outcomes

vary, all were statistically significant. However, it is important to note that a number of the studies were program evaluations and pilot studies which decreases the strength of the findings. The randomized pre-test post-test did show that the strategy did improve sleep quality and self-care practices, as well, the RCT did show improvement in compassion satisfaction.

Overall, the outcomes measured for the holistic or combined approach interventions were shown to decrease STS and increase resilience. The combination of education and small-group simulations was a well-rounded approach for training and educating participants. Shorter and longer sessions were shown to be beneficial, therefore shorter sessions can be easier to implement as they are more accessible for staff. Thus, these interventions may be effective in reducing stress and improving resilience in members of the oncology health care team.

Technology-Based

Four studies were technology-based interventions (Azizoddin et al., 2020; Jakel et al., 2016; Michael et al., 2019; Rice et al., 2014). Both Jakel et al. (2016) and Michael et al. (2019) included inpatient oncology nurse participants, Rice et al. (2014) incorporated inpatient and outpatient oncology nurses, and Azizoddin et al. (2020) encompassed the emergency department interdisciplinary team.

Jakel et al. (2016) utilized the Provider Resilience Mobile Application (PRMA) to improve compassion fatigue in oncology nurses working on inpatient units. PRMA included information on compassion fatigue, built-in reminders regarding self-care, and a means for self-evaluation of compassion fatigue. Two of the studies used virtual reality interventions. Michael et al. (2019) had a virtual reality intervention to strengthen resilience. For six weeks, a participant could go to one of two private rooms, and select from eight different virtual experiences, and the session ended with a breathing exercise. Additionally, Rice et al. (2014)

used a three-dimensional virtual program, Second Life, which was accessed through the internet as a bereavement intervention. There were five one-hour sessions facilitated by a bereavement counsellor whereby participants created avatars, avoided using their actual names, and were encouraged to share stories of patients who had passed (Rice et al., 2014). On the other hand, Azizoddin et al. (2020) held an inter-professional web-based nightly debriefing program at 2100 hours for all health care providers working at the emergency department at the beginning of the COVID-19 global pandemic. The 37 sessions were facilitated by either a nurse, physician, or psychologist who worked in the department, and they encouraged sharing of clinical experiences, reflection, and discussion amongst peers to foster interpersonal connection.

Outcomes of Technology-based Interventions

Two studies did not use strong statistical analysis to measure specific outcomes. Azizoddin et al. (2020) evaluated the debriefing program by measuring the attendance. The daily debriefing sessions were used by 51% of eligible staff during weekdays and 36% on weekends. All disciplines with the exception of resident physicians were represented, and sessions lasted up to 50 minutes. Forty-seven percent of sessions had at least one participant with one facilitator. Although no statistical analysis was conducted, the facilitators noted higher volumes of participants when the number of COVID-19 patients in the emergency department was high. No participant requested a referral for specialized counselling. Next, Michael et al. (2019) conducted an improvement project which used survey evaluations, and 53% of participants reported improvement in their mood after the VR sessions. The majority of participants noted difficulty with incorporating sessions into their work breaks. Conversely, the non-randomised controlled trial by Jakel et al. (2016) measured STS using ProQOL V. However, no significant changes were found, which may have been impacted by participants' low levels of STS in the pre-test.

In addition, the mixed methods study by Rice et al. (2014) measured self-reported grief with a professional loss survey at baseline, and then measured professional losses at different points in time during the study. The exchange of support during the intervention sessions and meaning-making were evaluated with a 20-item survey and a focus group. No significant findings were reported. The qualitative results were organized into three themes: "cognitive readiness to learn about death, death really takes death experience, and emotional resilience" (Rice et al., 2014, p. 551).

In summary, the outcomes for the technology-based interventions did not show improvement. These interventions were not shown to be largely beneficial to participants and further research is required in this area. Therefore, these strategies may not be useful for the oncology interdisciplinary team at this time.

Bereavement Interventions

Four studies explored the impact of a bereavement intervention on inpatient oncology nurses (Fetter, 2012; Keene et al., 2010; Macpherson, 2008; Zajac et al., 2017). Three studies used debriefing sessions as a form of bereavement intervention (Keene et al., 2010; Macpherson, 2008; Zajac et al., 2017). Zajac et al. (2017) held debriefing sessions over three months every time a patient passed away, close to shift change to make it available to more staff. A member of nursing management or pastoral care was always available to facilitate the sessions. Similarly, Keene et al. (2010) held debriefing sessions after a patient had passed; however, these sessions were held for three years for all disciplines working at a palliative pediatric unit. Sessions were facilitated by a bereavement coordinator, more than one session could be held for a deceased patient to ensure staff could attend, and open-ended questions were posed to the group to include discussion on the case, responses to the death, memories of the patient, as well as coping

strategies and what was learned (Keene et al., 2010). The authors noted that nurses were the team members that most often attended these sessions, even though it was open to the interdisciplinary team (Keene et al., 2010). Macpherson (2008) utilized peer-storytelling as a form of debriefing. Nurses were paired up for two sessions and each took a turn listening and sharing a story of a patient who had passed. To make participants more comfortable, they were able to choose their partner and were provided prompts to facilitate discussion and to reflect on the experience (Macpherson, 2008).

Fetter (2012) conducted an evaluation of ongoing bereavement interventions on an oncology inpatient unit, and the vast majority of nurses reported positive outcomes. Interventions such as a remembrance tree display on the nursing unit that was updated with patients that had passed promoted sharing and discussion among staff. Adding memories of a patient in a journal that was then sent to the patient's family with a bereavement card helped nurses work through their grief and re-connect with family. Over 85% of staff reported that the interventions helped them with closure as well as morale (Fetter, 2012).

Bereavement Outcomes

To evaluate the effectiveness of these bereavement interventions, two central outcomes were measured. One outcome involved how well grief was managed by participants and another focused on changes in STS.

Grief Outcomes. Two studies focused on outcomes of managing grief, however different data collection tools were used. First, Keene et al. (2010) completed surveys for a quality improvement project to measure managing grief and maintaining professional integrity. More than 97% of participants reported that sessions were helpful, informative, and meaningful. Both study outcomes were significant; nurses reported better management of their grief ($p = .003$) and

an increased ability to maintain their professional integrity (p = .005). Moreover, the descriptive study by Macpherson (2008) utilized the Professional Losses questionnaire, an end-of-study evaluation questionnaire, the Hogan Grief Reaction Checklist (HGRC) and an inventory of social support to measure outcomes for support exchanged in sessions, grief, and meaning-making. Overall, there was a positive correlation between participant report of number of special patients' deaths during career and impact of sessions on grief (Spearman r = .93, p = .01).

STS Outcomes. Additionally, Zajac et al. (2017) conducted a mixed methods study that measured STS using ProQOL V and there were no significant results. However, compassion satisfaction was shown to be significantly higher for those that did attend debriefing sessions compared to those that did not attend (p=.002). Also, through the evaluation survey, 60% of participants found the sessions helpful.

Through these studies, it was shown that bereavement interventions may benefit participants as outcomes in managing grief improved and one study showed an increase in compassion satisfaction (Zajac et al., 2017). Strategies for managing grief are an important aspect of reducing stress and improving resilience in oncology health care professionals due to the relationships formed between provider and patient.

Conclusion

Although the quality of the literature was low, there are several types of strategies taken from the findings that can be effective in supporting oncology health care providers with stress related to the caring relationship developed between provider and patient. For instance, providing educational materials to staff on the nature of compassion fatigue and encouraging self-care strategies that employees can include in their day to day work has shown effectiveness. Also important is providing information on how to easily access counselling and other workplace

resources when necessary (Blackburn et al., 2020; Edmonds et al., 2012; Potter et al., 2013b; Sampson et al., 2020). As well, incorporating education on aspects of the CPR-T would be beneficial as it provides easy ways to incorporate mindfulness into the work day (Nissim et al., 2019). Implementation of a debriefing program with trained facilitators to guide discussion can help staff process their grief and foster connections between team members (Keene et al., 2010). Through these strategies, self-reflection and resilience can be promoted (Grafton et al., 2010). Additionally, developing a work culture that promotes mentorship is key to support novice health care professionals (Wu et al., 2016). To be successful, it is important to combine approaches so that the workplace offers their staff "comfort, reward, leisure, screening, consultation, and support" (Jarrad & Hammah, 2020, p. 1). Utilizing a combination of these strategies in shorter sessions can guide the development and implementation of a stress-reduction program to equip oncology professionals in caring for themselves and as a result, they will be at their best to care for their patients who need it most.

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Legend: BO (Burnout), CF (Compassion fatigue), GAD-7 (Generalized anxiety disorder scale), HGRC (Hogan Grief Reaction Checklist), IES-R (Impact of Event Scale-Revised), MBI (Maslach Burnout Inventory), NLRN (Newly licensed registered nurses), onc (Oncology), PHQ-9 (Personal Health Questionnaire-9), ProQOL IV (Professional Quality of Life Version IV), PSS (Perceived stress scale), RT (Radiation Therapist), RCT (randomized controlled trial), REQ (Recovery Experiences Questionnaire), RN (Registered Nurse), STS (Secondary traumatic stress), UCBA (uncontrolled before and after).

Appendix A: Literature Summary Tables

Key Question: What strategies are effective in supporting oncology providers with stress related to the caring for patients?

Study/Design	Methods	Key Results	Comments
Authors: Edmonds et al. (2012) Design: Nonexperimental, pre-/post-test (UCBA) Purpose: To assess changes in the central component of burnout, emotional exhaustion, as assessed by the MBI.	N: 182 RNs, 4 groups were nurse managers (n = 24), pediatric onc nurses (n = 88), surgical onc nurses(n = 37), and onc nurses (n= 33) Country/Setting: 2 major city hospitals, Southern Ontario 1-day session, 10 to 16 participants per group, two leaders, and one yoga teacher. Post 6-month booster session, half of subjects randomly selected (n= 41 of 56 attended) Data Collection (1-month and 7-month): MBI General health questionnaire Marlowe-Crowne social desirability short form Outcomes: 1. Burnout/Emotional exhaustion 2. Depersonalization/Personal accomplishment 3. Psychological morbidity/Social desirability	*p* value = .05 is significant **1. Emotional Exhaustion** • 1-month follow-up (*p* = .003, Wilcoxon signed rank test) • 7-month follow-up (*p* = .002) **2. Depersonalization/Personal Accomplishment** • 1-month follow-up (*p* = .03, regression analysis) • 7-month follow-up (no significance) **3. Psychological morbidity/Social desirability** • 1-month follow-up (*p* = .003, regression analysis) • 7-month follow-up (no significance) *At 7-month follow-up, it was shown no significance between those that completed the booster sessions and those that did not.*	Strength of Design: **Weak** Quality: **Medium** Comments: • 98% of nurses indicated satisfaction with program • 7-month follow-up 43% participation (79 of 182 participants) • Lower participation than predicted • Change at 1-month (25% SD) and 7-month (28% SD), thus unknown if reflects actual change. • 98.4% participants were female, homogeneity of sample

Authors: Flarity et al. (2013) Design: Pre-test/post-test Purpose: To examine the treatment effectiveness of a multifaceted education program to decrease CF and BO	N: 73 emergency department RNs Country/Setting: 2 Emergency departments, United States 4-hour interactive group seminar, and provided multimedia resources. Data Collection: Pro-QOL (Version 5) Outcomes: 1. Compassion satisfaction 2. Burnout 3. Secondary traumatic stress	Mean (Standard Deviation), *p*-value (Wilcoxon signed-rank) **1. Compassion Satisfaction** Pre-test mean 40.3 (5.6 SD) Post-test mean 42.2 (4.6 SD) Increase in compassion satisfaction • *p* value = 0.004 **2. Burnout** Pre-test mean 23.9 (5.1 SD) Post-test mean 20 (3.3 SD) Decrease in burnout symptoms • *p* value ≤ 0.001 **3. Secondary Traumatic Stress** Pre-test mean 23.5 (5.3 SD) Post-test mean 21.4 (4.6 SD) Decrease in secondary traumatic stress symptoms • *p* value = 0.001	Strength of Design: **Weak** Quality: **Medium** Comments: • Convenience sampling • 59 of 73 post-tests submitted • All participants rated seminar as excellent • Almost half of participants had short tenure in ED • Short time frame to return post-tests • 3 to 4 weeks between pre and post tests • Participants self-selected, at risk to be more amenable to intervention

Authors: Macpherson (2008) Design: Descriptive repeated measures design Purpose: To examine peer-supported storytelling for grieving pediatric oncology nurses.	N: 6 Pediatric Oncology RNs Country/Setting: Tertiary care pediatric hospital, inpatient oncology unit Participants met in self-selected dyads for informal biweekly storytelling sessions for 2 months. Data Collection: Baseline (within 2 weeks of starting) Midpoint (midpoint week) End (within 2 weeks after final session). Open-ended Questions Demographic and professional losses questionnaire Report of professional losses during study questionnaire End-of-study evaluation questionnaire HGRC Inventory of Social Support Outcomes: 1. Support exchanged in sessions 2. Grief 3. Meaning-making	Mean visual analog scale score (Standard deviation) **1. Support exchanged in sessions** • Support received 8.45 (.80) • Support provided 7.47 (1.23) • Mean ISS score of social support for expression of grief 22.83 (SD = 2.86) (potential max. score of 25) **2. Grief** • Impact on grief 4.52 (1.09) • HGRC scores were low, no significance at any point (2-tailed Wilcoxon signed ranks test, $P<$ .05) **3. Meaning-Making** • Help in making sense 5.52 (1.91) • Help in identifying benefit 6.98 (.99) • HGRC Personal growth, no significance (2-tailed Wilcoxon signed ranks test, $P<$ .05) *Positive correlation between participant report of number of special patients' deaths during career and impact of sessions on grief.*	Strength of Design: **Weak** Quality: **Low** Comments: • Participants self-identified, may be more amenable to change • Nurses volunteered dyads (not chosen randomly) • 100% (n=6) participation • Small sample size • Sample homogeneity limits generalizability • Participants reported difficulty meaning with conflicting work/life schedules • HGRC was an inadequate construct validity for nurse grief and meaning-making

Authors: Nissim et al. (2019) Design: Qualitative Pilot Study, Phenomenology Theoretical approach: Utilization-focused qualitative evaluation approach Purpose: To understand the subjective experiences of the Oncology health care providers who participated in the first two Compassion, Presence and Resilience Training groups.	N: 16 participants, two oncology interdisciplinary teams Country/Setting: Large cancer center, Canada CPR-T intervention Data Collection: 30 to 90-minute Semi-structured interviews within 1 to 5 months of completing the training.	10 of 16 participants interviewed, as data saturation was achieved. **1. Participant-identified Benefits:** • Learning to pause • Acquiring a working definition of stress and self-care • Becoming fully present • Building self-compassion • Receiving organizational acknowledge and recognition of stress **2. Participant-identified Challenges:** • Sharing vulnerability within interprofessional teams • Committing to a sitting meditation practice	Rating: Trustworthy High Credibility (member checking), High Transferability (thick description), High Dependability (inquiry audit), and High Confirmability (auditing and reflexivity) Comments: • Recommended further quantitative research to determine which elements of CPR-T led to specific themes. • No investigation for follow up post five months. • Transferable only to like-motivated participants.

Authors: Pehlivan & Güner (2020) Design: RCT Purpose: To conduct a short and long-term Compassion Fatigue Resiliency Program and compare its impact on nurses' professional quality of life, perceived stress, and resilience.	N: 125 oncology-hematology RNs Country/Setting: Inpatient and outpatient units of three private hospitals, Istanbul Experimental I: n=34, short-term program (5 hr per day for 2 days, 10 hr total) Experimental II: n=49, long-term program (5 weeks, 2 hr per week, 10 hr total) Control: n=42, no intervention Data Collection: Measurements pre, post, follow ups at 3, 6, and 12 months. ProQOL-IV, Perceived Stress Scale, Resilience Scale for Adults Outcomes: 1. Compassion fatigue 2. Burnout 3. Compassion satisfaction 4. Perceived stress 5. Resilience	Multilevel analysis conducted. Mean (SD) $p < .001$ **1. Compassion Fatigue** • No statistical significance between groups. **2. Burnout** • No statistical significance between groups. **3. Compassion Satisfaction** • Experimental I (mean = 37.84, SD 8.05) • Experimental II (mean = 39.49, SD 7.14) • Control (mean = 33.84, SD 8.85) • p-value < .001 **4. Perceived Stress** • No statistical significance between groups. **5. Resilience** • No statistical significance between groups.	Strength of Design: **Strong** Quality: **Medium** Comments: • 54% participants completed 1-year follow-up • Greater workload demands at private hospitals may have impacted results. • Sample homogeneity limits generalizability

Authors: Potter et al. (2013a) Design: Descriptive pilot study, UCBA Purpose: To evaluate a resiliency program designed to educate oncology nurses about compassion fatigue.	N: 13 oncology RNs Country/Setting: Outpatient infusion center, United States Five 90-minute sessions on compassion fatigue resiliency for five weeks. Data Collection: ProQOL IV, MBI-Human Services Survey, IES-R, Nursing Job Satisfaction Survey. Measured before, immediately after, 3-and 6-months after. Outcomes: MBI: 1. Emotional exhaustion 2. Depersonalization 3. Personal accomplishment ProQOL IV: 4. Compassion satisfaction 5. Burnout **6. Secondary trauma** IES-R: **7. Avoidance** **8. Intrusions** **9. Hyperarousal** **10. IES-R Total**	Mean (Mean Difference) with significant p-values only. These values showed improvement in the symptom measured. **Secondary trauma:** 6 months after 16.23 (3.54), p-value<.05 **Avoidance:** 3 months after .71 (.57), p-value ≤ .01 **Intrusions:** 3 months after .75 (1.03), p-value ≤ .001 6 months after 1.03 (.76), p-value ≤ .01 **Hyperarousal:** Immediately after .8 (.58), p-value ≤ .01 3 months after .58 (.8), p-value ≤ .001 6 months after .74 (.64), p-value ≤ .01 **IES-R Total Score:** Immediately after 3.21 (1.24) p-value < .05 3 months after 2.05 (2.4), p-value ≤ .001 6 months after 2.68 (1.77), p-value ≤ .01	Strength of Design: **Weak** Quality: **Low** Comments: • Small sample size. • Self-selection could mean participants were amenable to learning coping strategies. • Time demands may have been barrier.

Authors: Poulsen et al. (2015) Design: Equivalent, randomised comparison, pretest-post-test intervention Purpose: To evaluate the effects of an educational intervention to improve recovery from job stress, increase satisfaction with current self-care practices and improve sleep quality.	N: 70 participants, consisting of 33 RNs and 37 RTs Country/Setting: Inpatient and outpatient oncology, Australia Experimental: n=30, 1-day workshop with written educational materials regarding coping strategies. Control: n=40, Written education materials alone. Data Collection: REQ, Satisfaction with self-care practices, perceived sleep quality. Taken before, and at the end of each week for six weeks. Outcomes: 1. REQ total 2. Perceived Sleep Quality 3. Satisfaction with self-care practices	Means (SD) and MANOVA **1. REQ Training** Pre-training: Experimental: 59.467 (1.126) Control: 58.075 (8.754) (*F*=.379, *P*=.540) Post-training: Experimental: 61.7 (8.566) Control: 55.450 (9.052) (*F*= 8.553, *P*=.005) **2. Perceived Sleep Quality** Pre-training: Experimental: 7.1 (2.122) Control: 6.9 (2.205) (*F*= .146, *P*=.704) Post-training: Experimental: 8.2 (1.730) Control: 6.7 (2.127) (*F*=9.965, *P*=.002) **3. Satisfaction with Self-Care Practices** Pre-training: Experimental: 7.433 (1.906) Control: 7.1 (1.905) (*F*= .524, *P*=.471) Post-training: Experimental: 8.166 (1.599) Control: 6.85 (2.001) (*F*=8.738, *P*=.004)	Strength of Design: **Strong** Quality: **Medium** Comments: • Possible selection bias due to self-selection by participants to participate in study • Randomization with use of computer-generated random integers to experimental or control group.

Authors: Sampson et al. (2020) Design: RCT Purpose: To evaluate the more long-term effects of a cognitive behavioral skill-building program MINDBODYSTRONG for healthcare professionals on perceived stress, anxiety, depressive symptoms, job satisfaction, and healthy lifestyle behaviors in a nurse residency program.	N:89 NLRNs Country/Setting: Large, Midwestern academic medical center Intervention group: n=34, Eight 30-to 35-minute weekly sessions as part of the MINDBODYSTRONG program. Control group: n=39, Eight weekly 30-to 35-min debriefing sessions as part of the normal nurse residency program. Data Collection: Baseline, Immediately post, 3- and 6-months post. PSS, GAD-7, PHQ-9, Job satisfaction, and Health Lifestyle Behaviors scale. Outcomes: 1. Stress 2. Anxiety 3. Depressive symptoms 4. Job satisfaction 5. Health lifestyle behaviors	Statistically Significant Results: **1. Stress** • Immediately Post (ANOVA): ($F[1, 87]=5.459$, $p=.022$, $n^2p=.059$) • Effect size from 3-month to 6-month (Cohen's d): d = 4.99 **2. Anxiety** • Immediately Post (ANOVA): ($F[1, 86]=17.469$, $p<.001$, $n^2p=.167$) • Effect size from 3-month to 6-month (Cohen's d): d = 2.37 **3. Depressive symptoms** • Immediately Post (ANOVA): ($F[1, 87]=15.63$, $p<.001$, $n^2p=.152$) • 6-month post (independent sample t test): (t[1,71]=2.20, p=.031, CI .221-4.46) • Effect size from 3-month to 6-month (Cohen's d): d = 2.55 **4. Job Satisfaction** • 6-month post (independent sample t test): (t[1, 71] = 2.29, p = 0.25, CI -3.18-0.22) • Effect size from 3-month to 6-month (Cohen's d): d = 1.05 **5. Health Lifestyle Behaviors** • Immediately Post (ANOVA): ($F[1, 87]=2.54$, $p=.015$, $n^2p=.029$)	Strength of Design: **Strong** Quality: **Medium** Comments: • Generalizability may be limited due to using one center/setting. • Interactions between groups may have occurred, risk of contamination • 82% (n=73) completed 6-mont post intervention assessment

Appendix B

Environmental Scan and Consultation Reports: Resources to Support Oncology Staff with Stress

Environmental Scan Report: Resources to Support Oncology Staff with Stress

While there are many demands that an oncology interdisciplinary team must balance, coping with patient suffering and loss is one of the most difficult aspects to patient care (Zheng et al., 2018). Every discipline within the oncology team supports each patient through their cancer journey, from being newly diagnosed, to undergoing life-altering treatments, to surveillance, through palliation, and end of life care (Quinal et al., 2009). Naturally, nurses along with other members of the team foster bonds and relationships with patients who are undergoing significant trauma, which can make health care providers more vulnerable to compassion fatigue and secondary traumatic stress (Wu et al., 2016). Secondary traumatic stress is the result of health care professionals providing ongoing care to patients experiencing trauma (Quinal et al., 2009).

Health providers need an outlet for their grief and the chronic stress related to being present through patients' trauma. Through the healthy workplace committee meetings at the Dr. H. Bliss Murphy Cancer Centre, members of the oncology interdisciplinary team have advocated for a debriefing program. One key barrier to the implementation of this program has been a lack of experience and resources to develop this program. A literature review was conducted to determine evidence-based strategies. Consultations were performed with key stakeholders to promote collaboration and ensure the oncology team's values were considered in order to develop an accessible and sustainable resource. Subsequently, an environmental scan was conducted to determine what resources were available that aligned with the results of literature review and consultations.

Literature Review and Consultations Summary

An integrative review of the literature was conducted to determine "What types of strategies are effective in supporting oncology health care providers with stress related to the caring relationship developed between provider and patient?" Although the quality of the literature was low, there were findings that can contribute to the development of a work-based resource. Strategies included providing educational materials to staff regarding self-care strategies and mindfulness training that they can include in their day-to-day, as well as information on how to access counselling and other workplace resources (Potter et al., 2013). Also, the implementation of a debriefing program with trained facilitators can guide discussion to help staff process their grief and foster connections between team members (Keene et al., 2010). Overall, these strategies were reviewed through the consultations process and it was determined that they aligned with the values of key stakeholders. Therefore, an environmental scan was needed to determine the types of resources available through Eastern Health and other associations provincially and nationally.

Objectives

The overall goal of the environmental scan was to determine the resources currently available through Eastern Health and the Cancer Care Program to support staff in reducing stress, and to explore the potential for other resources that could be utilized. The objectives for this environmental scan were to identify resources that are currently available in the cancer care program, and to identify resources that could be implemented in the cancer care program and determine possible barriers to their implementation.

Recruitment and Data Collection

Sources of Information

There were multiple sources of information identified and this included the Peer Support

Coordinator with Eastern Health that facilitates self-care seminars and provides debriefing sessions. Also, online resources provided through Eastern Health were included, such as the Employee and Family Assistance Program (EFAP) (Eastern Health, 2021a); as well, the online self-directed learning program known as LEARN (Eastern Health, 2021b). Program websites included the Canadian Cancer Society (2021) and Wellspring (2021). After contacting these programs, other resources were recommended, such as de Souza Institute (2021), Canadian Virtual Hospice (2021), Canadian Association of Nurses in Oncology (CANO) (2021), and Canadian Mental Health Association Newfoundland and Labrador (CMHA-NL) (2021). In addition, a search through Google was used to find other mindfulness and self-care resources that may be transferable to oncology health care professionals.

Data Collection

Data was collected by reviewing program websites and Eastern Health resources. This included contacting programs or organizations for further information. Resources were included if they involved supports for oncology health care professionals regarding compassion fatigue, secondary traumatic stress, burnout, grief, or self-care.

Program Websites

Data was collected by visiting and reviewing program websites for possible resources that fit the criteria. Email or telephone were used to contact programs to determine if they had further information that was not visible on the website. These programs either provided information within their websites or recommended other programs and resources. These other program websites were reviewed and contacted for further information. An online search was conducted using Google with key words “debriefing program information”, “mindfulness training”, “self-care resources”, and “health care professionals”.

Eastern Health Supports

As an employee of Eastern Health, I reviewed the intranet for resources available to employees that fit the criteria. The online self-directed learning program LEARN was reviewed to determine what learning modules were available (Eastern Health, 2021a). Email was used to contact the Peer Support Coordinator and the Employee and Family Assistance Program. Through these communications, I introduced myself, described my project, and asked for further information on the processes of each program, such as what resources were available as well as how staff would avail of these supports and to describe the process. A meeting was arranged with the Peer Support Coordinator to have a more in-depth discussion, and permission was obtained to take notes during the interaction.

During the consultations, a colleague discussed that they were a member of the Learner Well-Being and Success office in the Faculty of Medicine at Memorial University where they have created the Well-Being Network to promote peer support and debriefing. A meeting was arranged but needed to be delayed due to unforeseen circumstances. Therefore, the information from this meeting will be included in the final report of the practicum project.

Data Analysis

Through descriptive analysis, each source of information was organized in a table with the strategies or resources provided (see Appendix A). Each resource was analyzed to determine if it was feasible to incorporate into the cancer care program and whether it aligned with the values of the interdisciplinary team and corresponded with the findings from the literature review. The strengths and barriers of each resource were reviewed and identified.

Ethical Considerations

The ethical considerations involved in this environmental scan included a review of the

Health Research Ethics Board approval (HREA) screening tool (see Appendix B). Through this screening, it was determined that this project was exempt. Permission was not needed to contact these programs as they are public, and as an employee of Eastern Health I have access to the programs available to staff. When contacting these programs, I included a description of who I was, the focus of the practicum project, and the intent of the environmental scan. As well, I ensured that information was confidential and only to be shared between myself and my professor.

Results

Through the environmental scan, many resources were found. There were several online resources available. Moreover, there were some virtual and in-person strategies provided through Eastern Health. These interventions were reviewed and discussed to determine which would be best to implement or better utilize within the cancer care program.

Online Programs

Many online programs had a focus on self-care strategies in the workplace, as well as an emphasis on health care professionals and cancer care. There was one provincial program, CMHA-NL (2021). Several national program websites were identified and involved the Canadian Cancer Society (2021), Wellspring (2021), CANO (2021), Canadian Virtual Hospice (2021), and the de Souza Institute (2021). Additionally, a general search of resources via google was conducted.

Provincial

One provincial program website was identified, CMHA-NL (2021) which provided contact information for the Mental Health Crisis Line. There was a list of mental health resources provided through this website as well. These included the BounceBack program which was a

complimentary, self-help program with an online guide. Additionally, there were several self-help tools and some that concentrated on mental health in the workplace. As well, there was a link to mental health phone apps.

National

Through a review of the national program websites, some were beneficial, while others were more focused on patient and family supports. For instance, the Canadian Cancer Society (2021) website, primarily focused on patients and their families. An email was sent to through the website's "Contact Us" section asking for possible resources for oncology health care professionals. Although the program did not have any resources for providers, they were able to provide other program websites to review. This involved de Souza institute, Wellspring Cancer Canada, CMHA-NL Provincial Office, and Canadian Virtual Hospice. Similarly, de Souza institute (2021) provided online courses for health care professionals, and their courses were focused on patients and their families. However, they did recommend another program, CANO.

The website for Wellspring (2021) was reviewed, and there were posts that referred to tools for health care professionals, but nothing accessible through the site. Therefore, the Wellspring office was contacted via telephone. A representative from Wellspring identified that their primary focus was supporting patients and their families, but they have started developing support resources for health care professionals. However, there was nothing available at this time.

Through the CANO (2021) website, there were regularly scheduled webinars, and most recently there a webinar regarding self-care strategies was presented. These webinars were available to members and non-members, and included recorded versions of the webinars. Furthermore, the Canadian Virtual Hospice (2021) provided resources that were focused on grief

and have tools specific to health care professionals. The program was contacted via email and they provided instructions on available resources through their website. There was a module for self-care education directed for paramedicine but can be transferable to other health care providers. Furthermore, they recommended UPAYA Institute and Zen Centre (2021) for mindfulness and meditation webinars.

Online Search

Additionally, a general search of programs via the Google search browser was conducted for other resources available for self-care, mindfulness, and debriefing. There were many resources available online for self-care and mindfulness, including phone apps and YouTube videos for mindfulness training. Although there weren't many useful resources targeted for debriefing, there were some websites that reviewed important questions to incorporate into debriefing sessions.

Eastern Health

Through a review of resources available in Eastern Health, there were many strategies and interventions available. This included the Employee and Family Assistance Program (EFAP) (Eastern Health, 2021a) and resources available through the Peer Support Coordinator; as well, the online self-directed learning program LEARN (Eastern Health, 2021b).

EFAP

The representative of EFAP was contacted by email, and they provided the process for staff who avail of this program. Staff are required to email or call the EFAP representative, then they are scheduled for a telephone assessment. Afterward, a referral is sent to a private counsellor. EFAP providers full coverage for an employee or their family member to attend six 1-hour counselling sessions.

Peer Support Coordinator

There is a Peer Support Coordinator with multiple resources targeted at supporting health care professionals in Eastern Health as well as provincially. Through a discussion with this coordinator, the available resources were reviewed. A navigator phone line is available for staff to contact for answers to questions related to COVID-19, human resources, and psychosocial support. This phone line is available every day from 0800 to 2200.

There are two types of debriefing programs available, one is the Rapid Response Team which provides urgent psychological support to health care members after a critical event. This is accessed through the navigator line and is available every evening for any health care providers across the province that have experienced a critical event. The other debriefing program is Team Check-ins which promotes more general debriefing discussions between members of a health care team regarding workplace stressors, and these can be arranged by contacting the Peer Support Coordinator. Due to the overwhelming demand from this program, a decentralized approach has been applied and they have started training frontline employees as psych safety leaders. Each program has several volunteers that can represent different disciplines and ensure continuity in spite of staff turnover. These employees volunteer as peer support and provide one-on-one support to their colleagues, as well support is integrated into meetings and groups huddles. By collaborating with the program director and human resources representative, staff can be self-appointed for this training.

There were two virtual programs known as Employee Virtual Assistance (EVA) and Peer 2 Peer (P2P). EVA is an artificial intelligence “chat bot” where employees can search for resources online (wwwcheckwitheva.ca). Additionally, P2P is accessed through the EVA website, and connects health care professionals with trained employee volunteers that can meet

virtually for support.

LEARN

The Eastern Health (2021b) online self-directed learning program LEARN provided three learning modules with an emphasis on health care professionals and stress related to caring for patients. Unfortunately, there was nothing designed specifically for oncology health care providers. There were two modules that were estimated to take about 45 minutes each to complete, titled “Mental Health for Employees” and “Managing Stress in the Workplace”. Another module titled “Trauma, Post-Traumatic Stress Disorder and the Healthcare Workplace” was estimated to take about 90 minutes to complete.

Strengths and Limitations

There were definite strengths noted through the online programs and Eastern Health resources identified. Moreover, limitations were also identified in some of these strategies. It is important to note that there are many beneficial interventions that can be incoporated.

Online Programs

Overall, some of the websites provided useful resources that can be utilized through the cancer care program. CMHA-NL (2021) provided useful tools for the workplace as well as a list of phone apps; thus, this information may be useful to incorporate into the education strategy. The webinars through CANO (2021) can be presented to the interdisciplinary team as education sessions, and recorded versions can be made available for staff to attend at a different time. The Canadian Virtual Hospice (2021) and UPAYA Institute and Zen Centre (2021) had many resources that can be applied to the development of the educational strategy that includes information on self-care and compassion fatigue, as well as the development of the mindfulness training strategy. Results from the Google search can be incorporated into the education packet if

needed as well for further mindfulness and self-care strategies.

Through the consultations, key stakeholders emphasized the need for in-person support, therefore it is important to ensure these strategies are incorporated and developed to coincide with the values of the interdisciplinary team.

Eastern Health

In regards to the Eastern Health resources, the majority of these strategies were not being used to their fullest potential, and can be better utilized through the cancer care program. Through the consultations process, some key stakeholders reported confusion with accessing these resources. There were handouts available online that describe the EFAP programs; thus, these can be easily distributed to staff (Eastern Health, 2021a). Although there are many virtual supports available, they do not coincide with the values of stakeholders, and the main focus should be in initiating the psych safety leaders as part of the Team Check-ins resource that is provided through the Peer Support Coordinator.

The LEARN online modules can be better utilized in the cancer care program as some of the interdisciplinary team may be interested in taking the courses as part of their continuing education (Eastern Health, 2021b). There are limitations to this mode of support, as accessibility is impacted. Staff may have difficulty accessing LEARN from home and may not have the time to dedicate to this outside of work. Moreover, leadership has a responsibility to ensure staff have time in their work day for continuing education and emotional support, as well as to promote these learning modules as staff may not know they are available. Conversely, these presentations can be reviewed with larger groups during assigned time for meetings or education sessions. In addition, this resource should not be used exclusively, as it is important to consider that the stress related to caring for cancer patients may also require in-person or team-based support.

Conclusion

The environmental scan was effective in identifying resources that are currently available to staff, and some that may be under-utilized. Furthermore, other resources were found through online programs that can be incorporated into the needs-base resource. The Team Check-in program and psych safety leaders is a great program that can be implemented in the cancer care program (Eastern Health, 2021a). Moreover, there were many resources available online and through Eastern Health that can be applied for mindfulness training, as well as developing an educational resource on compassion fatigue, secondary traumatic stress, self-care strategies, and information on how to find added resources when needed.

In order for this needs-based resource to be effective, clear and effective communication must be maintained between the interdisciplinary team and leadership. Health care professional and leadership have unique responsibilities to ensure the sustainability of this resource; thus, it is necessary to continue communication and collaboration. The interdisciplinary team must identify and verbalize when they need support, and leadership must provide accessibility for these supports. Through this, a needs-based resource can be developed to better support the interdisciplinary team of the cancer care program.

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Appendix A: Summary of Sources of Information

Source of Information (Strategies/Resources Available)		Focus of Strategy/Resource	Implement (yes/no)	Strengths	Barriers
1. Canadian Cancer Society	Patient-focused interventions only; Recommended other resources: a. de Souza institute b. Wellspring Cancer Canada c. CMHA-NL Provincial Office d. Canadian Virtual Hospice	**N/A**	**N/A**	**N/A**	**N/A**
2. Employee and Family Assistance Program (EFAP) **(Eastern Health)**	100% coverage for employee or their family for six 1-hour counselling sessions through a private counsellor. Employee contacts EFAP, scheduled telephone assessment, referral to a private counsellor	Individual counselling	Yes -To include in education packet -Recommend that management promotes	-Straight-forward process -Confidential -For family as well	-Staff may not be aware, or unsure -Staff may require leave for appointments. -short-term
3. Peer Support Coorinator **(Eastern Health)**	a. Navigator Line	Phone line available 0800-2200 every day to help staff with questions. Can trigger a Rapid Response Team	Yes -Include in education packet -Recommend that management promotes	-Accessible	-May have limited information to provide to staff

		assessment.			
	b. Rapid Response Teams (RRT)	Urgent psychological staff support after a critical even. Call Navigator Line	Yes -Include in education packet -Recommend that management promotes	-Accessible	-Will not be required often.
	c. Team Check-Ins and Psych Safety Leaders	Form of debriefing, to check-in and reflect with staff -Frontline staff trained in peer support and debriefing	Yes -Debriefing program -Identify staff for the Psych safety leaders program	-Accessible -Promotes debriefing -Team-based -In-person -Sustainable	-some may not be interested in attending
	d. Employee Virtual Assistant (EVA)	Artificial intelligence, connects employees with most appropriate mental health support	Yes -Include in education packet -Recommend that management promotes	-Always available	-Artificial intelligence, may not be able to support all concerns
	e. Peer 2 Peer (P2P)	Connect with a peer (trained employee volunteer) virtually for support.	Yes -Include in education packet -Recommend that	-Accessible -Outside person may be beneficial	-Virtual -Unknown person

			management promotes		
4. LEARN **(Eastern Health)**	Online Self-Directed Learning Modules.	a. Mental Health for Employees (45min) b. Managing Stress in the Workplace (45min) c. Trauma, Post-Traumatic Stress Disorder and the Healthcare Workplace. (90min)	Yes -To include in education packet -Recommend that management provides time for self-directed learning	-accessible to all staff from intranet	-not in-person -self-directed, people may not have the time at work to complete
5. Wellspring Cancer Canada	No available supports for staff at this time.	**N/A**	**N/A**	**N/A**	**N/A**
6. de Souza Institute	No courses pertaining to this topic available for health care professionals. Recommended: a. Canadian Association of Nurses in Oncology (CANO)	**N/A**	**N/A**	**N/A**	**N/A**
7. CMHA-NL Provincial Office	Mental Health Crisis Line	Phone line	Yes, include in education	-Majority of staff aware of	-EFAP provides a

				this program	lot of support
	Mental Health in the Workplace Tools for Self-Care	Resources and strategies for self-care	Will consider including.	-resources may be transferable to health care	-not specific to health care
	Mental Health Phone Apps	Phone Apps focused on mental health	Yes, include in education handouts	-accessible -easy to use, on phone	-virtual, some prefer in-person
8. Canadian Virtual Hospice	Tools for practice: Self-Care	Self-care strategies for health care professionals	Yes, can be included in education	-Online -Accessible -Self-care information -Can be incorporated into education sessions	
	"My Grief Tool Box"	-Developed for Paramedics. -Module 7 focuses on techniques to understand work-related grief, stress, and personal growth.	Will be considered as possible education session.	-Online -Accessible -Can be applied to any health care provider	-not in-person
	Recommended UPAYA website.				

9. UPAYA	Meditation and mindfulness programs offered online.	Meditation and mindfulness programs available: -"Being with Dying" -"G.R.A.C.E."	Will be considered for possible education sessions for mindfulness training.	-Online -Accessible	-Not in-person
10. CANO	Webinars (live or recorded) available to members and non-members.	Aug. 4 "How to Harness the Grit of Wonder Woman While Embracing the New Normal" (Webinar for stress, self-care)	Yes -Important for leadership/educator to monitor webinars and provide accessibility to staff	-recorded webinars improves accessibility	-not in-person
11. General Online Search (Google)	Mindfulness Training	Mindfulness training via phone apps and YouTube Videos.	Yes, include links in education.	-great for individual use	-may not be useful to everyone
	Self-Care Strategies	Many self-care resources available.	Will consider, may not need.	-Some tailored to Health care professionals.	-may not require, as other websites provide resources.
	Debriefing	Information to include in debriefing sessions	Will consider, may not need.		

Appendix B: Health Research Ethics Authority (HREA) Screening Tool

Student Name: Leslie Higdon

Title of Practicum Project: Developing a resource for stress in outpatient oncology staff

Date Checklist Completed: July 9, 2021

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/

Consultation Report: Resources to Support Oncology Staff with Stress

One of the most demanding aspects to caring for patients with cancer is coping with patient suffering or loss (Zheng et al. (2018). Every discipline within the oncology team supports each patient through their cancer journey, from being newly diagnosed, to undergoing life-altering treatments, to surveillance, and through palliation and end of life care (Quinal et al., 2009). Naturally, nurses along with other members of the team foster bonds and relationships with patients who are undergoing significant trauma, which can make health care providers more vulnerable to compassion fatigue and secondary traumatic stress (STS) (Wu et al., 2016). STS is the result of health care professionals providing ongoing care to patients experiencing trauma (Quinal et al., 2009).

Health providers need an outlet for their grief and the chronic stress related to being present through patients' trauma. Through the healthy workplace committee meetings at the Dr. H. Bliss Murphy Cancer Centre, members of the oncology interdisciplinary team have advocated for a debriefing program. One key barrier to the implementation of this program has been a lack of experience to develop this program. A literature review was conducted to determine types of strategies that reduce stress in oncology health care professionals. Then, consultations were performed with key stakeholders to promote collaboration and ensure the oncology team's values were considered in order to develop an accessible and sustainable resource.

Literature Review Summary

An integrative review of the literature was conducted to determine "What types of strategies are effective in supporting oncology health care providers with stress related to the caring relationship developed between provider and patient?" Although the quality of the literature was low, the findings can be applied to develop a work-based resource; such as,

providing educational materials to staff compassion fatigue as well as self-care strategies and mindfulness training that can be included in the work day (Blackburn et al., 2020; Edmonds et al., 2012; Potter et al., 2013; Sampson et al., 2020). It is important that staff are provided information on how to access counselling and other workplace resources. Implementation of a debriefing program with trained facilitators to guide discussion can help staff process their grief and foster connections between team members (Keene et al., 2010). Overall, these interventions were applied to the consultation process to determine whether the values of key stakeholders aligned with the findings from the literature review.

Consultations

The overall goal of the consultations was to gather information from members of the oncology interdisciplinary team regarding stress related to caring for patients with cancer. By consulting key stakeholders, it promoted collaboration and engaged them in a workplace improvement project. First, a short survey was provided to all staff at the Dr. H. Bliss Murphy Cancer Centre to gather general information regarding values of the key stakeholders. This was followed by four one-on-one interviews with members from the various disciplines and leadership to determine whether the strategies supported in the literature can be tailored to our cancer care program and meet the needs of our team. The objectives of the consultations were:

1. To identify the understanding and prevalence of secondary traumatic stress and grief in members of the oncology interdisciplinary team.
2. To determine the interest amongst the oncology team in a work-based resource for stress reduction, and what types of strategies were preferred.
3. To identify barriers to the accessibility of the resource and how to overcome them.

Recruitment and Data Collection

Recruitment

The setting was the Dr. H. Bliss Murphy Cancer Center at the Health Sciences Center in St. John's, Newfoundland. The sample for the survey focused on the interdisciplinary team of the cancer center, which involved registered nurses, pharmacists, radiation therapists, social workers, dietitians, personal care attendants, clerical, and physicians. An email was sent to all staff with a link to the survey and a short description of the practicum project. Next, interviews included select members of the interdisciplinary team and leadership, including a registered nurse, a radiation therapist, a clerical staff member, and a provincial program manager of the Cancer Care Program. They were recruited by emailing them to confirm their interest and availability. After agreeing to the interview, further details about the project and interview were sent to participants.

Data Collection

Survey

The survey was provided via Eastern Health email in order to ensure accessibility to all staff. Staff members were provided a two-week period to complete the survey in order to provide ample time for a diverse number of staff to complete the survey and increase response rates (Suhonen et al., 2015). A reminder email was sent to all staff prior to the completion of the survey to encourage participation.

At the beginning of the survey, there was a short letter with an explanation of the survey, followed by nine questions (see Appendix A). The first question asked participants to select their profession. The next set of questions involved statements with answers on an attitude scale with a Likert scale. Although it was recommended to include at least 10 statements, only five were used due to the specificity of the objectives, and an equal number of positive and negative items were provided to prevent bias (Halstead, 2020). The first statement was centered on the

definition of secondary traumatic stress and if participants were knowledgeable about this term. The following statement reviewed the symptoms of secondary traumatic stress and whether participants experienced this. Another statement focused on whether participants experience grief in the workplace, and was followed by a statement about whether they had healthy coping strategies. The next statement was to determine if participants would attend an activity if it was developed at their workplace. Finally, three questions were select all that apply, and asked participants to select what times would work best for them for a work-based resource, which types of resources they preferred, and which types of strategies they preferred. By having a variety of questions, it provided richer data and highlighted participants' values and interests.

Interviews

Interviews were conducted with each individual separately, and were only 20 minutes long. This made it easier to schedule a time during participants' lunch time and make it more accessible for participants. Interviews were held in a quiet, private area where there were no interruptions or distractions. Permission was obtained from the participants for note-taking. During the interviews, I provided information on the suggestions accumulated from the literature review, and asked open-ended questions (see Appendix B). I provided ample time for participants to answer questions. To confirm understanding, I repeated their answers back and asked follow-up questions. The aim of these questions was to gather an understanding of whether team members would be interested in these work-based programs, and determine if they had any suggestions to improve the accessibility and sustainability of the program.

Data Analysis

Survey

The Qualtrics program was used to create the survey and this program automatically

collected and summarized the data. As this survey did not include open-ended questions, and questions used an attitude scale with Likert scale or select all that apply, descriptive statistics was used for analysis. Through the reports section of the Qualtrics program, each question was reviewed to ensure results were presented in a clear and concise manner.

Interviews

The interviews consisted of open-ended questions. Therefore, content analysis was used to analyze the data. Handwritten notes that were taken during the interviews were then typed out and organized. Then, the notes were reviewed, organized, and summarized into main points (see Appendix C).

Ethical Considerations

Ethical considerations were an important aspect of the consultations (Polit & Beck, 2020). Permission was obtained from management to contact staff members regarding this project. To maintain privacy and confidentiality, the survey and the interviews were confidential and did not include for any personal identifiers. An explanation of the project was provided at the beginning of the survey and also attached to the email sent to staff for interviews. These explanations informed participants that the survey and interview were voluntary, they were not required to answer any or all of the questions, and the information would only be shared between myself and my advisor. In addition, the Health Research Ethics Board approval (HREA) screening tool was reviewed and this project was exempt (see Appendix D).

Results

The results from the survey were summarized into a report (see Appendix E), and the interview responses were compiled, organized, and summarized to reflect the points made by key stakeholders. Through these results, a deeper understanding was attained to ensure the needs-

based resource will be developed to represent the values and needs of oncology health care professionals.

Survey

There was a great response to the survey with a total of 96 responses. There is an estimated total of 150 staff at the Dr. H. Bliss Murphy Cancer Center, and roughly 30 registered nurses and specialized nursing positions, 25 radiation therapists, 30 physicians, 30 clerical and secretary staff, ten clinical pharmacists and pharmacy technicians, five social workers, three dietitians, five personal care attendants, six dosimetrists, six physicists, and 5 leadership positions. Therefore, approximately 64% of staff participated in the survey. It is important to note that staff were not required to answer all questions in the survey, but at least 85% of participants completed the first six questions of the survey. It is unclear how many participants completed the last three questions of the survey as it was select all that apply; however, at least 48 participants (50%) answered question seven, at least 61 (64%) answered question eight, and at least 71 (74%) answered question nine.

Disciplines

The first question asked participants to identify their discipline. This was advantageous in confirming whether each discipline was well-represented. The majority of responses came from registered nurses (30.34%) and radiation therapists (21.35%). There was a wide variety of disciplines represented in the survey and many disciplines had high participation with a minimum of 50% participation rate. The lowest participation rates were from physicians and pharmacy.

Work-Related Stress

The five questions with the Likert scale focused on whether participants were knowledgeable in STS, experienced STS or grief, and interested in a work-based resource to reduce stress. The Likert scale was from zero to ten, with zero meaning strongly disagree and ten meaning strongly agree. The Qualtrics program automatically divided the numerical answers into detractor, passive, and promoter which aligned with disagree, neither, and agree. The second question on the survey asked participants whether they agreed with the statement that they had an understanding of term STS, and the mean response was 7, with a minimum response of zero and maximum response of ten. 32% reported poor understanding, 34% passive, and 34% reported strong understanding of STS. Overall, participants had a mixed understanding of the term, which shows there is knowledge surrounding STS but more education could be beneficial.

The third question asked participants whether they agreed with the statement that they experienced symptoms of STS. The mean response was 5.47 with a minimum response of zero and a maximum response of 10. 56% of responses disagreed with the statement, 27% passive, and 16% agreed. The majority of participants self-reported that they did not experience symptoms of STS. Further analysis was completed to compare the responses to the disciplines selected, and disciplines with reports of experiencing STS included clerical, registered nurses, physicians, dietitians, personal care attendants, and physicians.

The fourth question asked participants whether they agreed with the statement that they frequently experienced grief after a patient passes away. The mean response was 5.41, the minimum response was zero, and maximum response was ten. There were 65% responses that disagreed, 22% passive, and 13% agreed. When compared to discipline, registered nurses had the most responses agreeing, followed by clerical, physicians, personal care attendants and dietitians.

The fifth question asked participants whether they agreed with the statement that they had developed healthy coping strategies. The mean response was 6.21, minimum response was zero, and maximum was ten. Thus, 51% of responses disagreed, 28% passive, and 21% agreed. The majority of responses identified that participants do not have health coping strategies, and when compared to disciplines, registered nurses were the highest, followed by radiation therapists. Overall, all disciplines reported disagreeing except social workers.

The sixth question asked participants whether they agreed with the statement that they would be interested in a work-based resource for stress reduction. The mean response was 7.61, minimum response was two, and maximum response was ten. Thus, 24% of responses disagreed, 39% passive, and 38% agreed. The majority of responses were passive and agreeing, therefore there is interest in a program. Of the disciplines, registered nurses showed the most interest, followed by clerical, personal care attendants, and physicians.

Types of Work-Based Strategies

The three select-all-that-apply questions were focused on determining what participants valued in a work-based resource. The seventh question on the survey asked participants to select times they would prefer for a work-based resource. The majority of staff preferred lunch times (38.4% of responses) or Thursday mornings (33.6%), as Thursday mornings is a designated time for staff for meetings or education sessions. 15.2% of responses were for after work hours in the evenings and 12% for after work hours in the mornings. Therefore, the most desirable times were lunch hours and Thursday mornings.

The eighth question asked participants which types of resources they preferred, and the majority of responses were for peer discussion (n=61, 36.09% of responses). This was followed by written information, individual counselling, and a phone app.

The ninth question asked participants which self-care strategies they preferred. The majority of participants (n=71) selected debriefing sessions, followed by exercise, relaxation techniques, mindfulness training, peer storytelling, and journaling or self-reflection.

Implications of Survey Results

Through this survey several findings were identified. In general, members of the oncology team have an understanding of STS and some report experiences of grief and STS as well as poor coping strategies. These reports were more pronounced in registered nurses, clerical, personal care attendants, radiation therapists, dietitians, and physicians. This is expected as these are primarily front line roles where there is consistent contact with patients. Moreover, it has been shown in the literature that these types of disciplines are at risk for STS. Additionally, the findings highlighted that members of the interdisciplinary team wanted a work-based resource that is made available at lunch times and Thursday mornings. The results showed a preference for types of resources that focused on peer discussion and written information, as well as a high interest in specific strategies like a debriefing program, exercise, relaxation techniques, and mindfulness training. There was less interest in a phone app or journaling, therefore only interests that received higher preference will be incorporated to meet the values of staff.

Interviews

Four interviews were conducted with key stakeholders, one with a clerical staff member, a registered nurse, a radiation therapist, and a provincial program manager. Four sets of questions were posed through the interview including questions regarding the types of strategies, the frequency of strategies, the engagement for strategies, and general interest for the strategies.

Types of Strategies

The first set of questions asked during the interview reviewed the three types of strategies that were found through the literature review: education, mindfulness training, and debriefing sessions. Participants were asked "What are your thoughts on having interventions like these implemented in our program? What one is most important? What challenges can you identify with the implementation of these initiatives?" All participants reported that each strategy was important and agreed that all strategies must include all staff.

Mindfulness. They reported that mindfulness training may get some interest, and one participant discussed how they valued mindfulness as they felt it strengthened their resilience while working here. Another participant suggested that mindfulness education can alternate topics or strategies, and all topics would relate to wellness and being mindful of one's body, such as healthy eating, healthy exercise, and breathing techniques.

Education. Education regarding self-care strategies was also identified as important, and one participant reported wanting information that clearly explained how to access resources. They noted that they had tried to access resources before and found it very complicated. One participant stated "You don't want to have to work to get help." Education posters may be helpful, but one participant identified that it is important for them to only be in staff areas, and currently there isn't a designated break room. Conversely, one participant noted that education regarding available resources was not as important, as resources are easy to access to staff, and emails are sent regularly.

Debriefing. Overall, debriefing was identified as highest importance by the majority of participants and that it must be available to all staff as this can promote team building. One participant discussed how the focus is always on the patient. Staff and leadership do not always think to check in with one another to see how staff are coping when caring for patients.

Debriefing sessions could create an opportunity for staff to connect and check in with one another, as well as provide a means for management to check it. Participants reported that sessions would be beneficial after traumatic experiences or a patient death, as well as general sessions without a specific patient focus. One comment made was that it can be difficult for health care professionals to talk about their work day with their families, as often times family do not understand or are unable to discuss. Thus, debriefing sessions are seen as an opportunity and a comfort to talk freely with people who can understand. Several participants reported that it would be nice to have the option to have some sessions within their own discipline as they would feel more comfortable discussing some concerns.

Challenges. The main challenge identified for all of these strategies was availability. Participants identified concerns regarding finding the time for these resources during the work day with staff shortages and increased workload. Another concern was how staff will communicate to leadership that they require support. One suggestion was for managers to have debriefing added as an item to staff meeting agendas as a prompt to check in with staff. Through this, they can determine if a session needs to be arranged and if it should include the interdisciplinary team or one discipline. Thus, it is important for management to check in with staff. This can promote an environment where staff feel confident in communicating their needs to communicate with management.

Frequency of Strategies

The second question asked "In your opinion, how frequent should education, mindfulness, and/or debriefing sessions be?" Participants reviewed each strategy and how often they should be implemented.

Mindfulness. Several participants suggested that mindfulness training and self-care education should occur routinely, similar to CPR training. Some ideas were annually, twice yearly, or quarterly. Regardless of the frequency, participants agreed it was important to have a routine refreshers on mindfulness and self-care. Sometimes sessions could be included as part of mental health awareness week or Bell Let's Talk Day. One participant discussed evaluating post-training to determine if the strategies were beneficial, and if there was high interest, then to repeat it. Other participants reported that the programs would need to continue to be evaluated to determine if they were working, accessible, and beneficial.

Education. Education regarding available resources for staff and education for self-care strategies should be included in orientation for all staff. Also, it can be reviewed quarterly, such as in staff meetings. Moreover, it can be incorporated into mental health awareness week or Bell Let's Talk day as well. Written information or in-person instruction should be provided instead of emails.

Debriefing. Debriefing sessions were suggested by all participants to be set up routinely and to be available as needed. For routine sessions, one participant suggested having someone responsible to check in a week prior to determine if many people were interested in attending. If responses were low then it could be cancelled for that time. Some participants wanted routine sessions to be available once monthly and another said yearly. All participants stated that it was important to have the option and people to know that the resources are available. Another suggestion made was that debriefing sessions could also be held for quality improvement or changes to practice. This would be a great way to work through staff concerns with leadership to improve practice. Additionally, debriefing sessions could be arranged for specific situations,

such as radiation treatment for pediatric patients as it is not a common treatment at the center and it can be very stressful for health care providers.

Engagement for Strategies

Next, participants were asked "What can be done to engage colleagues to take better care of themselves in the work environment? What types of incentives could be used to help with this?" One participant reported that people are motivated by food, and sessions could be held as 'Lunch and Learns" where a lunch is provided or a morning session with coffee and muffins. Another participant reported that food brings people together and can act as a great incentive.

Another point made by all participants was that management needs to make this a priority and work to make time available for employees. Some disciplines do not have assigned time for education sessions and some lunch times are spread throughout the day. Therefore, it is important that management works with staff to find time within the work day as after-hours will not be a preferred time for staff. If all staff are not available at the same time for an education session, one solution is recording the session and making it available at another time for staff. One participant added that sending reminders of education sessions through email is not effective, and it is better when someone goes around the units to remind people of upcoming events.

Other incentives identified by participants included team building exercises like health lifestyle challenges with prizes, like a steps competition to promote staff to go for walks on their lunches, as well as a water drinking or healthy eating challenge. Another idea was to have a suggestion box for healthy workplace committee ideas.

General Interest in Strategies

Participants were asked “Do you think your colleagues would be interested in learning more about managing work-related stress like compassion fatigue? Can you identify concerns?” Overall, participants reported that some staff will not be interested, but these resources can be beneficial for those that are interested. One concern identified by a participant was that engagement or disengagement can be a barrier. As staff can experience burnout from staff shortages and higher workload, they may be disengaged and not interested in these types of resources. Therefore, it is important to consider this when promoting strategies and ensure resources are accessible.

Another participant stated the concern that we rely on technology a lot, and when connecting about trauma and stress, it is better in-person so staff can sit and connect with one another. Also, participants liked the idea of alternating between having some debriefing sessions with a trained facilitator, and some without a facilitator where questions are provided to self-direct. One participant discussed that health care professionals in oncology can feel like they have to defend their job to others who say that it must be sad or difficult to work in cancer care. They feel a need to respond that it is a rewarding job and that it is not always sad. However, in doing this, oncology professionals do not give themselves the credit that this profession can be sad and hard sometimes. Thus, these strategies will provide an opportunity for oncology health care professionals to work through their feelings and stress, as well as highlight the great things about cancer care. At the end of the interview, participants were asked if they had any further comments or questions, and they were thanked for their participation.

Implications of Interview Results

Findings from the interviews coincide with and reinforce the results of the survey. It is clear that the participants were interested in resources that are in-person. As health care providers

that working closely with patients, it makes sense that they prefer to connect with their colleagues through in-person discussion and team building. Thus, strategies should be focused on being in-person and fostering connections. Furthermore, education and self-care training should be held routinely as a means to reinforce and promote healthy coping in the oncology team. Written information must be developed to provide to staff with clear and easy instructions regarding how to access resources within Eastern Health. Health care providers focus on caring for their patients as well as their own families, therefore self-care strategies need to be easy and accessible so that they can be integrated into the providers' day to day.

Conclusion

By collaborating with the interdisciplinary team at the Dr. H. Bliss Murphy Cancer Center, a deeper understanding of their values was gathered through a survey and interviews to ensure the work-based resource is reflective of their needs. Strategies from the literature review that focus on self-care education, mindfulness training, and debriefing sessions were important to the oncology health care team. Sessions must be held during the work day and need to be accessible to staff. Education should include how to access resources within Eastern Health. Further education should focus on STS and its symptoms as well as self-care strategies like relaxation techniques and mindfulness training. These education sessions should be repeated routinely. Facilitated debriefing sessions must be provided regularly and as needed when required by staff.

The main barriers to these programs are accessibility and disengagement, as staff are often overworked and overwhelmed, making it difficult to find time in the day for education and stress-reduction strategies. It is the responsibility of management and health care professionals to collaborate and communicate. Utilizing time for lunches or making time within the work day for

education sessions are ways to improve accessibility. Having someone designated to facilitate these sessions, such as the clinical educator and departmental managers, can communicate or check in with staff, as well as promote these resources and ensure staff are notified of the times.

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Appendix A: Survey Questions

1. Please select your discipline.

   a. Dietitian

   b. Clerical

   c. Personal Care Attendant

   d. Pharmacist

   e. Physician

   f. Radiation Therapist

   g. Registered Nurse

   h. Social Worker

   i. Other:

Please indicate your level of agreement with the following statements from zero (strongly disagree) to ten (strongly agree):

2. "Secondary traumatic stress develops in response to exposure to patients' traumatic events, and its symptoms include intrusive thoughts, avoidant behavior, and high levels of tension" (Laor-Maayany et al., 2020). I am familiar with the term secondary traumatic stress and its symptoms.
3. I experience secondary traumatic stress in my workplace, such as intrusive thoughts, angry outbursts, increased frustration, feelings of hopelessness and disconnectedness, or unable to disconnect work from home life.
4. I frequently experience grief after a patient passes away.
5. I have developed healthy coping strategies for grief related to patients' passing and do not require any further support with coping.

6. If a strategy was developed in my workplace to reduce secondary traumatic stress, I would be interested in availing of this.

Please select all that apply for the following questions:

7. If a strategy was held at work, what time would work best for you?
   a. After hours - Evening
   b. After hours - Morning
   c. Lunch time
   d. Thursday morning
   e. Other:
8. Of the examples listed below, which types of resources would you be interested in?
   a. Written information
   b. Discussion with peers
   c. Individual counselling
   d. Phone App
   e. Other:
9. Studies show that different self-care strategies are beneficial, which types would you be interested in?
   a. Mindfulness techniques
   b. Exercise
   c. Journaling (Self-Reflection)
   d. Relaxation techniques
   e. Debriefing sessions
   f. Peer Storytelling

g. Other:

Appendix B: Interview Questions

1. I completed a literature review to determine interventions that were effective in improving secondary traumatic stress in health care providers. Three strategies, in particular, have demonstrated success:
    a. **Education.** For example, providing educational materials to staff on work-related stress including compassion fatigue and the self-care strategies they can practice on a daily basis to help manage troubling professional situations as well as providing information on how to access counselling (e.g., employee assistance program) and other workplace resources is necessary.
    b. **Mindfulness.** Mindfulness involves "as awareness—a personal understanding of how the mind works" (Rishel, 2015, p. 199). Meditation, yoga, reflection, or introspective discussions can develop one's mindfulness. Incorporating education on mindfulness techniques that can incorporated into the work day.
    c. **Debriefing.** Debriefing is group sessions usually led by a trained facilitator to discuss significant workplace challenges (Sampson et al., 2020). Developing a debriefing process that can be implemented as needed, and when requested by employees. One way might be to train interested oncology professionals to facilitate debriefings to help staff process their grief as well as promote peer storytelling and reflection which can lead to fostering connections between team members and mentoring relationships.

    What are your thoughts on having interventions like these implemented in our program? What one is most important? What challenges can you identify with the implementation of these initiatives?

2. In your opinion, how frequent should education, mindfulness, and/or debriefing sessions be?
3. What can be done to engage colleagues to take better care of themselves in the work environment? What types of incentives could be used to help with this?
4. Do you think your colleagues would be interested in learning more about managing work-related stress like compassion fatigue? Can you identify any concerns?

Thank you for taking the time to answer my questions.

Appendix C: Interview Notes

"What are your thoughts on having interventions like these implemented in our program? What one is most important? What challenges can you identify with the implementation of these initiatives?"

Some interest in Mindfulness. Something clearly laid out for how to access resources (education posters may be helpful in areas with just staff). Debriefing would be good, not always for a specific patient. Benefit to sessions with entire interdisciplinary team, as well as within own discipline (people in common with for general concerns). "You don't want to have to work to get help", caring for patients all day, difficult to also work to care for self as well.

Self-care education important, mindfulness is important to improve resilience (Andrew Safer does mindfulness training programs; wrote a book), debriefing is most important for traumatic experiences/patient death for interdisciplinary team. Connect and build relationships. Main challenges are scheduling/availability/staffing.

Education on employee resources are already easy to access, and the hurdle may be related more so to stigma and negative connotations with mental health. Emails are sent regularly. Debriefing would be great, no negative connotation or stigma associated to debriefing, more of a positive reaction to it. How do you know if people are struggling or need help, I think it's important for management to check-in with staff, as a meeting agenda item, and staff can ask manager for support. Improve communication. As there is a lot of disengagement.

Mindfulness or self-care training/education is also important and easy to implement. Mindfulness doesn't have to just be breathing exercises, can include wellness in general.

All initiatives must be available for all staff.

"In your opinion, how frequent should education, mindfulness, and/or debriefing sessions be?"

Mindfulness and self-care strategies twice a year or quarterly. Evaluate post training to determine if it was beneficial, and if there is interest in repeating it. Debriefing monthly (set up routine time that can be cancelled if RSVP low) and also available on an as needed basis (agreed on by all participants). Important to have the option, and make the tools available. Team building once or twice monthly. Important to keep evaluating programs, are they working/accessible/beneficial, need a refresher sometimes (mindfulness and self-care). Debriefing can also be done for stressful situations, quality improvement, if staff are in a stressful situation, work through how to make it better in future, doesn't have to just be for when patients pass away or traumatizing events.

Debriefing should be yearly (like a yearly check-in), and provided for ad hoc situations, and specific patient situations i.e. Radiation therapy for pediatric patients, it doesn't happen often and when it does, it can be hard on staff.

Mindfulness or self-care education or overall wellness education can be done more often, minimum yearly, include resources available within cancer center (i.e. healthy eating discussion by dietitians, compassion fatigue and mindfulness by social workers, even healthy exercise could be taught by some staff members. Could be included during Bell Let's Talk day or Mental health awareness week. Can have recorded options for those that can't attend specific time. Can be incorporated as education sessions.

Education regarding available resources can be incorporated in orientation and staff meetings as well as mentioned during different points in the year. Not just through emails.

"What can be done to engage colleagues to take better care of themselves in the work environment? What types of incentives could be used to help with this?"

Lunch and learns or mornings with coffee/muffins, people are motivated by food, important for management to make the time available. Not just send around reminder emails, important for people to come around and remind staff of upcoming events and ask "do you want to attend", some disciplines do not have carved out time for education sessions, important for management to provide this. After hours won't work.

Other incentives: competition for steps/walk on lunches with an incentive to win, water drinking/healthy eating challenges, suggestion box = healthy workplace committee ideas.

"Do you think your colleagues would be interested in learning more about managing work-related stress like compassion fatigue? Can you identify concerns?"

Some will and some won't. Can be beneficial for those that are interested.

Engagement/disengagement can be a barrier. Needs to be accessible. Avoid technology, better for in-person, sit and connect with one another. Option to have outside member facilitate discussions to help work through the grief/stress, but might be nice to have sessions without an outsider, could have a list of questions to work through as a group (can alternate or choose preference). Some interest in mindfulness.

Health care professionals in oncology feel they have to defend their job to others who says "oh it must be sad in cancer care all the time", and say that the job isn't sad and hard, and it's rewarding. Doesn't give ourselves credit that this job is sad and it is hard sometimes.

Appendix D: Health Research Ethics Authority (HREA) Screening Tool

Student Name: Leslie Higdon

Title of Practicum Project: Developing a needs-based resource for stress in outpatient oncology staff.

Date Checklist Completed: May 18, 2021

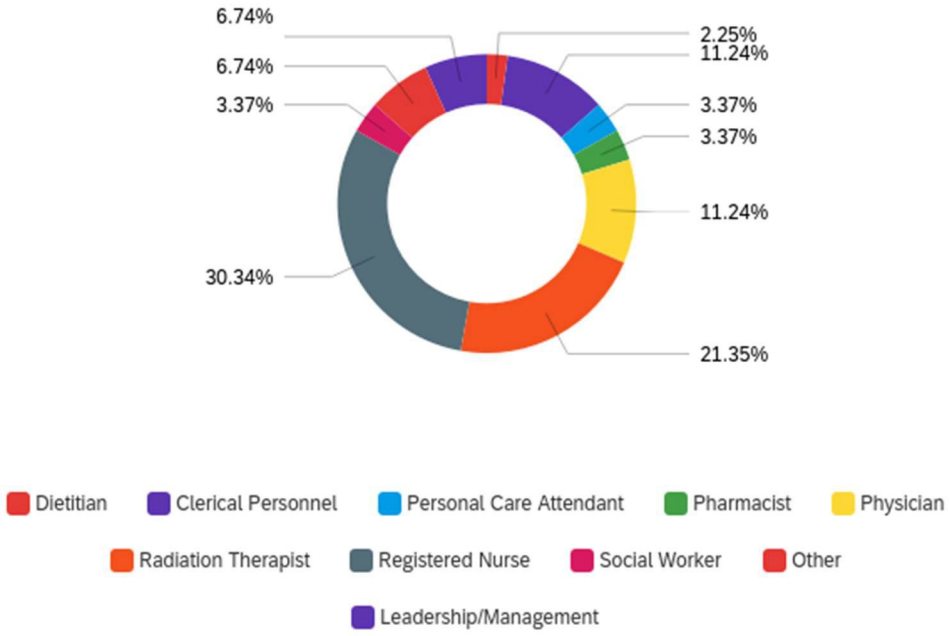
This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

9. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
10. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
11. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
12. Research based on review of published/publicly reported literature.
13. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
14. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
15. Case reports.
16. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/

Appendix E: Cancer Care Work-Related Stress Survey Results

Question 1 - Please select your discipline.

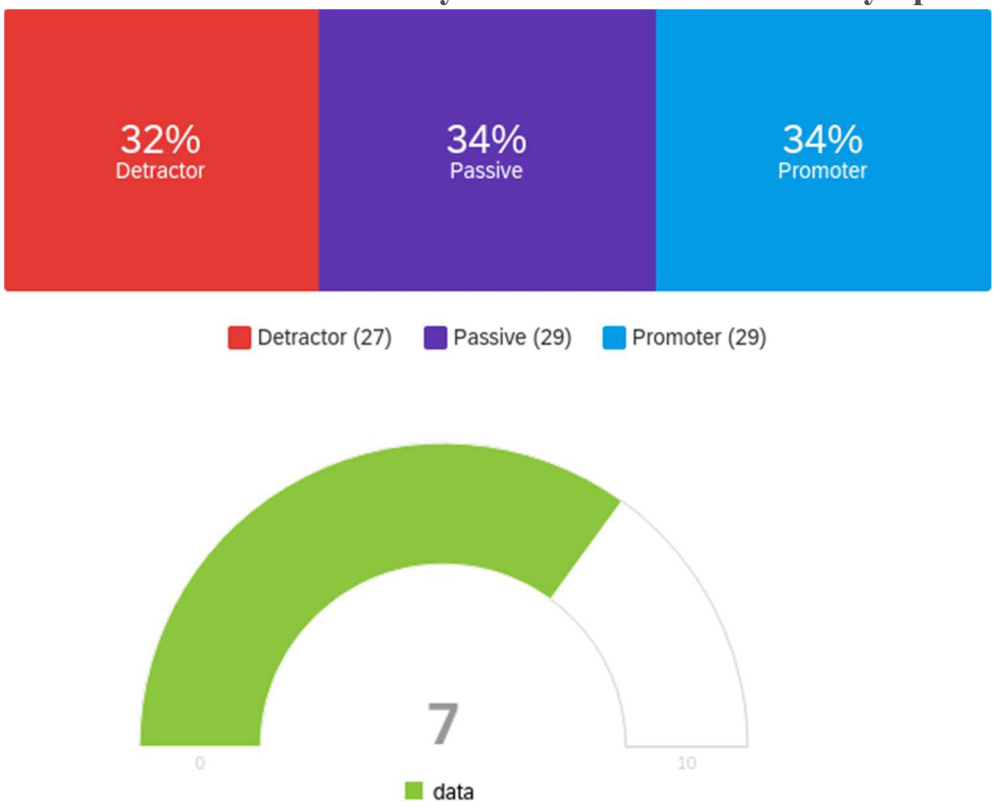


#	Answer	%	Count
1	Dietitian	2.25%	2
2	Clerical Personnel	11.24%	10
3	Personal Care Attendant	3.37%	3
4	Pharmacist	3.37%	3
5	Physician	11.24%	10
6	Radiation Therapist	21.35%	19
7	Registered Nurse	30.34%	27
8	Social Worker	3.37%	3
9	Other	6.74%	6
10	Leadership/Management	6.74%	6
	Total	100%	89

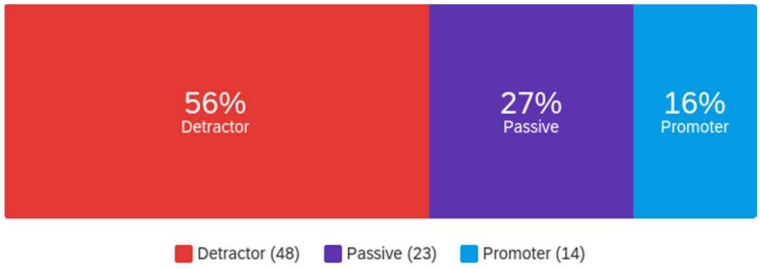
Question 1 – Other:

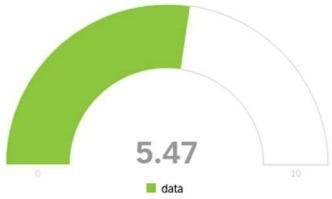
Other - Text
Physicist
Certified Medical Dosimetrist
Dosimetrist
Physicist

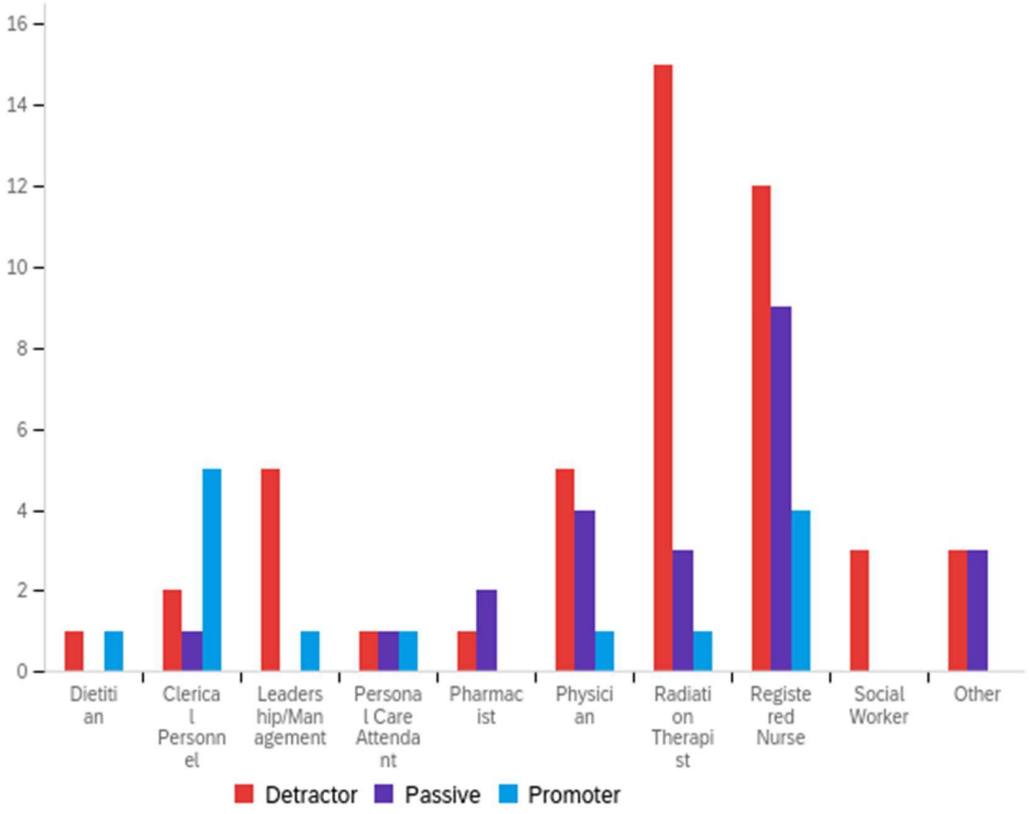
Question 2 - Please indicate your level of agreement with the following statement: "Secondary traumatic stress develops in response to exposure to patients' traumatic events, and its symptoms include intrusive thoughts, avoidant behavior, and high levels of tension" (Laor-Maayany et al., 2020). I am familiar with the term secondary traumatic stress and its symptoms.



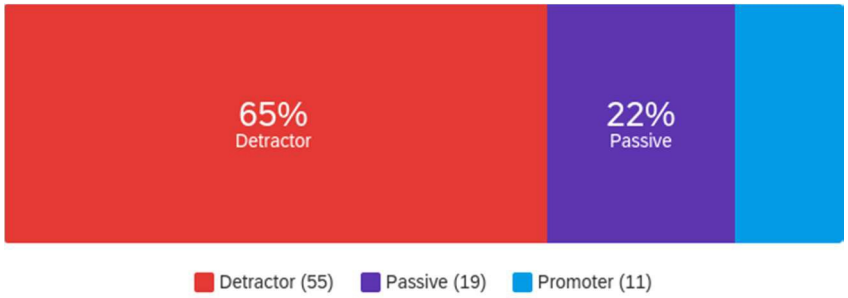
Question 3 - Please indicate your level of agreement with the following statement: I experience symptoms of secondary traumatic stress in my workplace, such as intrusive thoughts, angry outbursts, increased frustration, feelings of hopelessness and disconnectedness, or unable to disconnect work from home life.

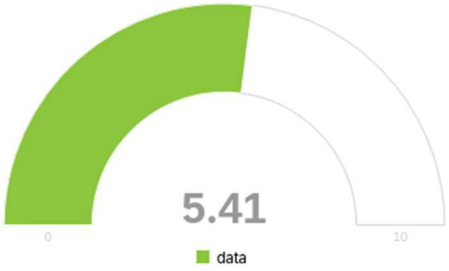


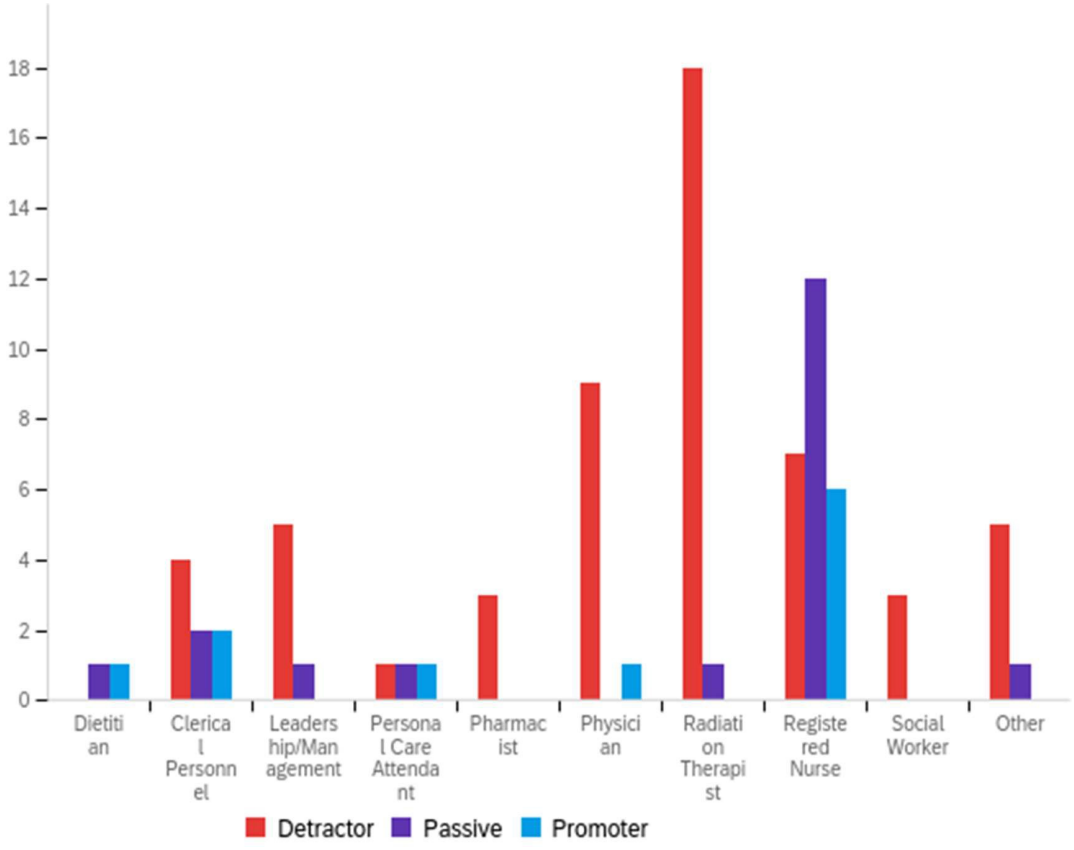




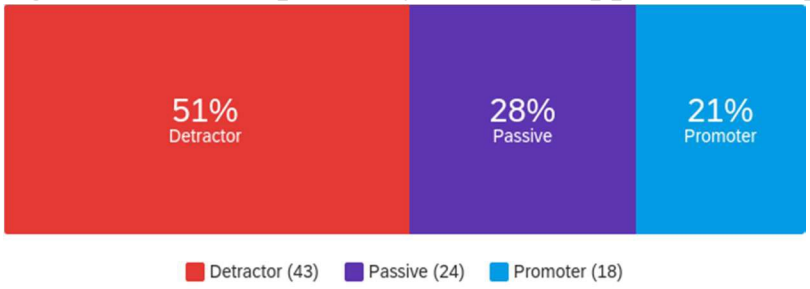
Question 4 - Please indicate your level of agreement with the following statement: I frequently experience grief after a patient passes away.

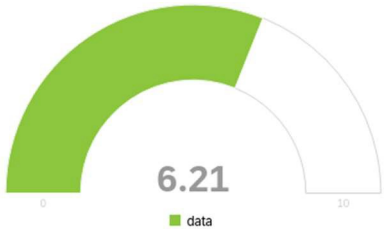


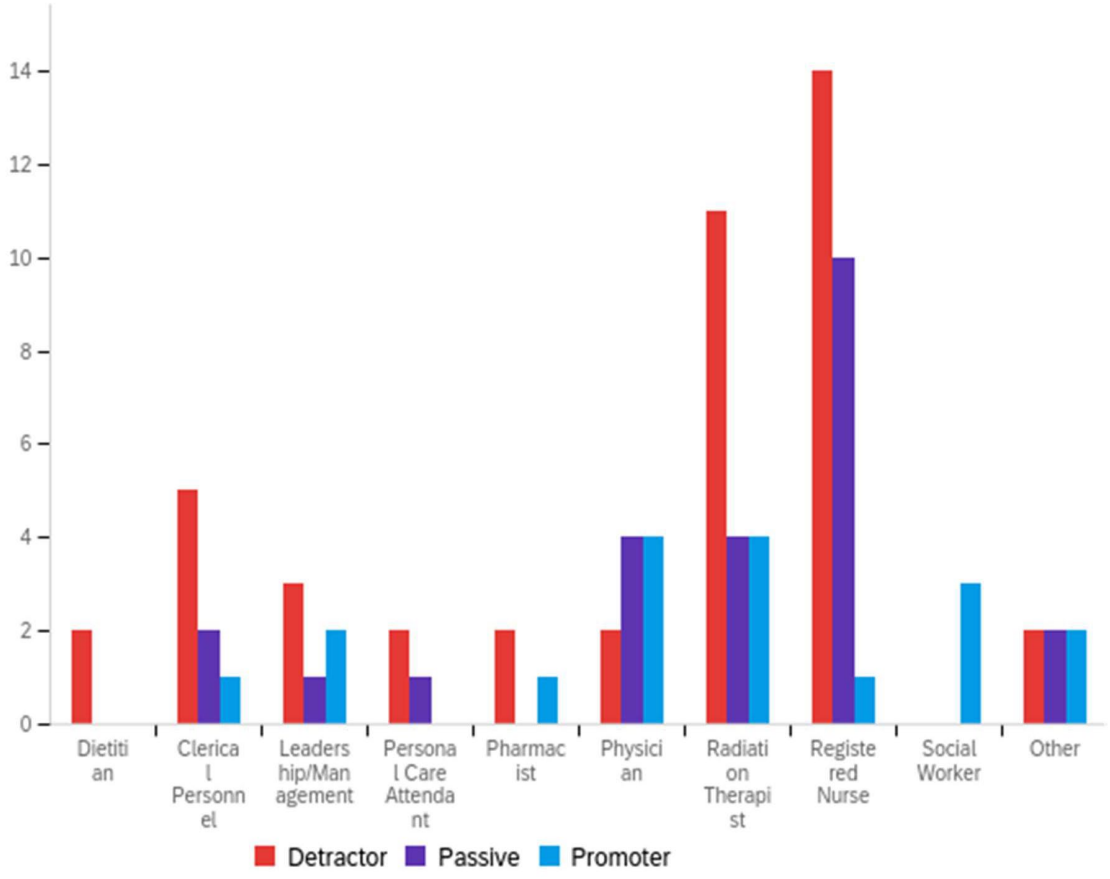




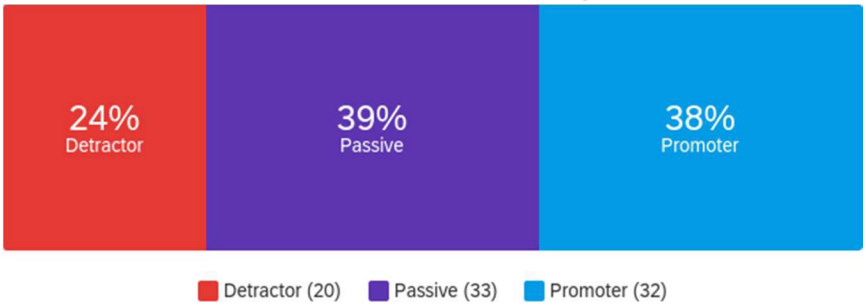
Question 5 - Please indicate your level of agreement with the following statement: I have developed healthy coping strategies for grief related to patients' passing and do not require any further support with coping.

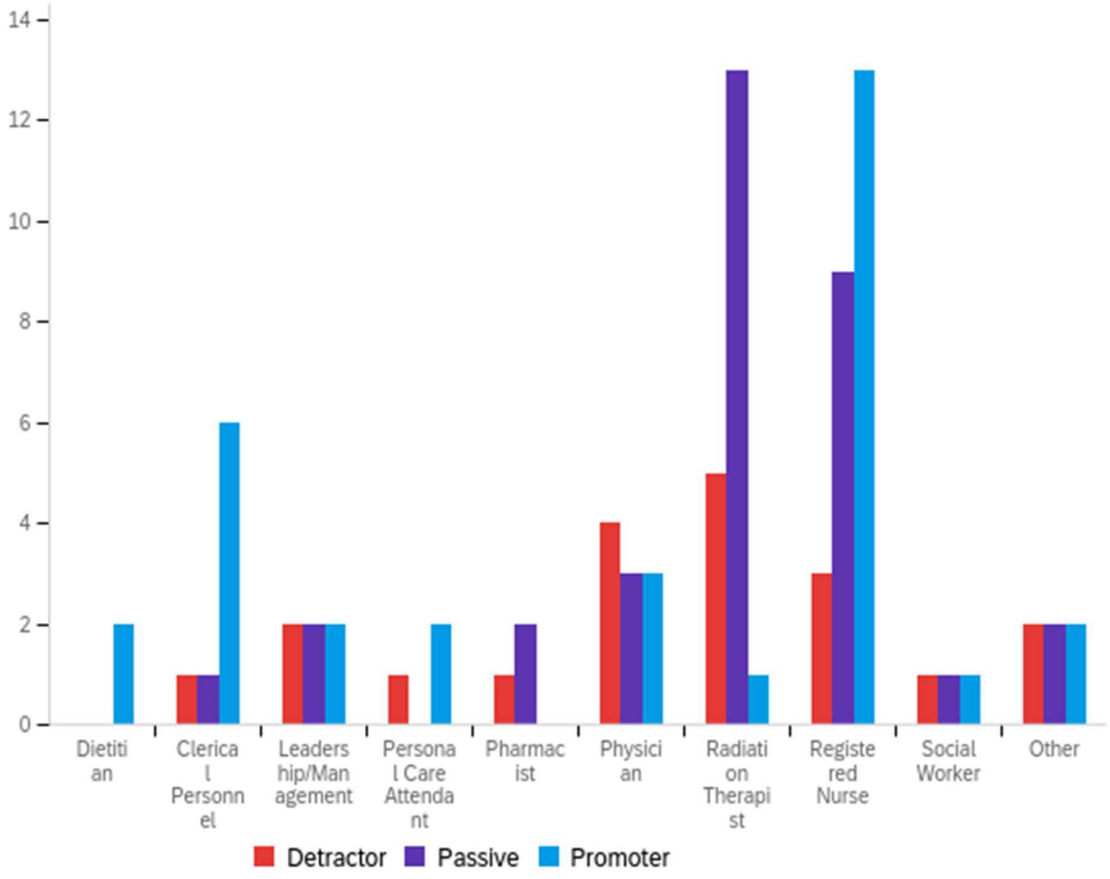




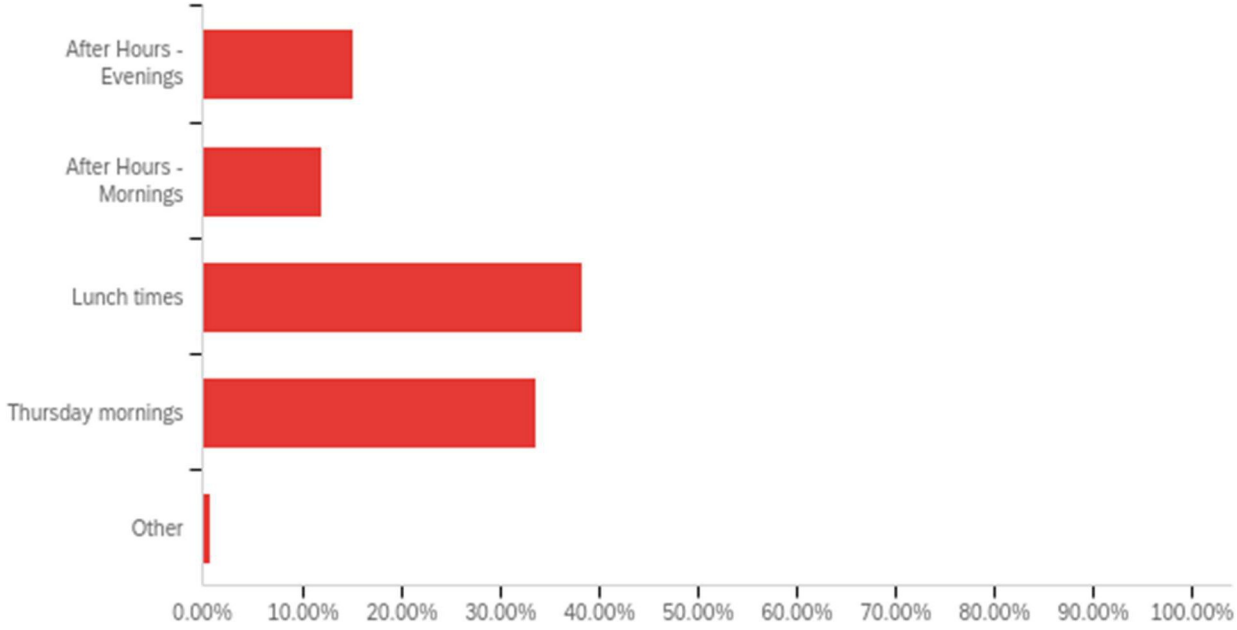


Question 6 - Please indicate your level of agreement with the following statement: If a strategy was developed in my workplace to reduce secondary traumatic stress, I would be interested in availing of this.





Question 7 - If a strategy was held at work, what time would work best for you? Select all that apply.

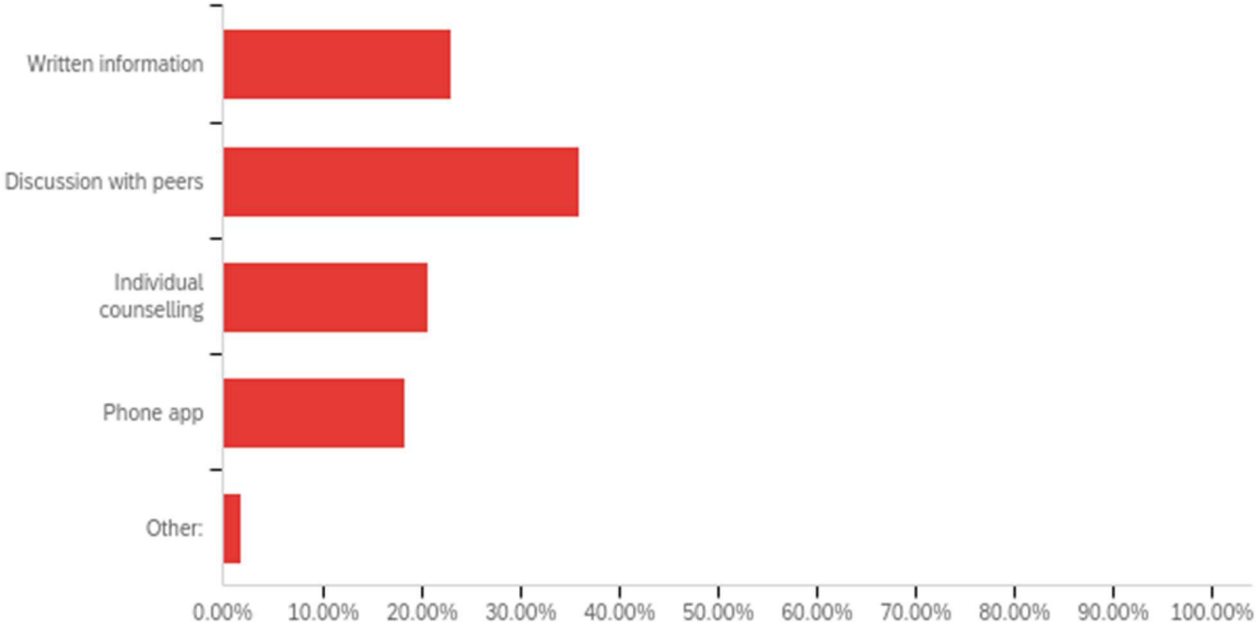


#	Answer	%	Count
1	After Hours - Evenings	15.20%	19
2	After Hours - Mornings	12.00%	15
3	Lunch times	38.40%	48
4	Thursday mornings	33.60%	42
5	Other	0.80%	1
	Total	100%	125

Question 7 – Other:

Other - Text
during working hours

Question 8 - Of the examples listed below, which types of resources would you be interested in? Select all that apply.

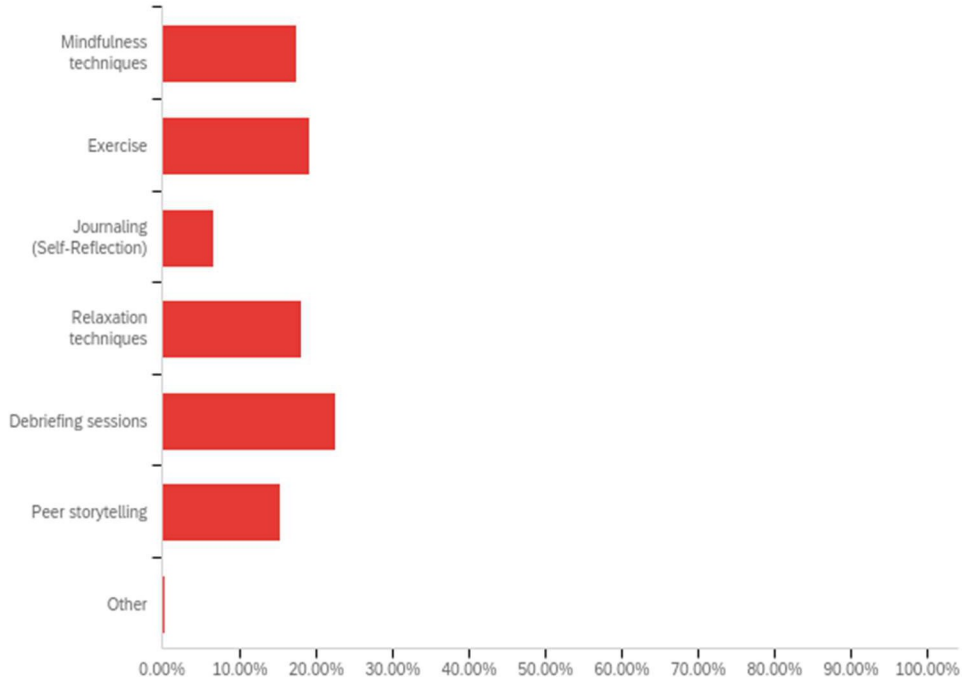


#	Answer	%	Count
1	Written information	23.08%	39
2	Discussion with peers	36.09%	61
3	Individual counselling	20.71%	35
4	Phone app	18.34%	31
5	Other:	1.78%	3
	Total	100%	169

Questions 8 – Other:

Other: - Text
People need to talk more with one another not a screen. That's what wrong with society today.
Structured group debriefing
Education session

Question 9 - Studies show that different self-care strategies are beneficial, which types would you be interested in? Select all that apply.



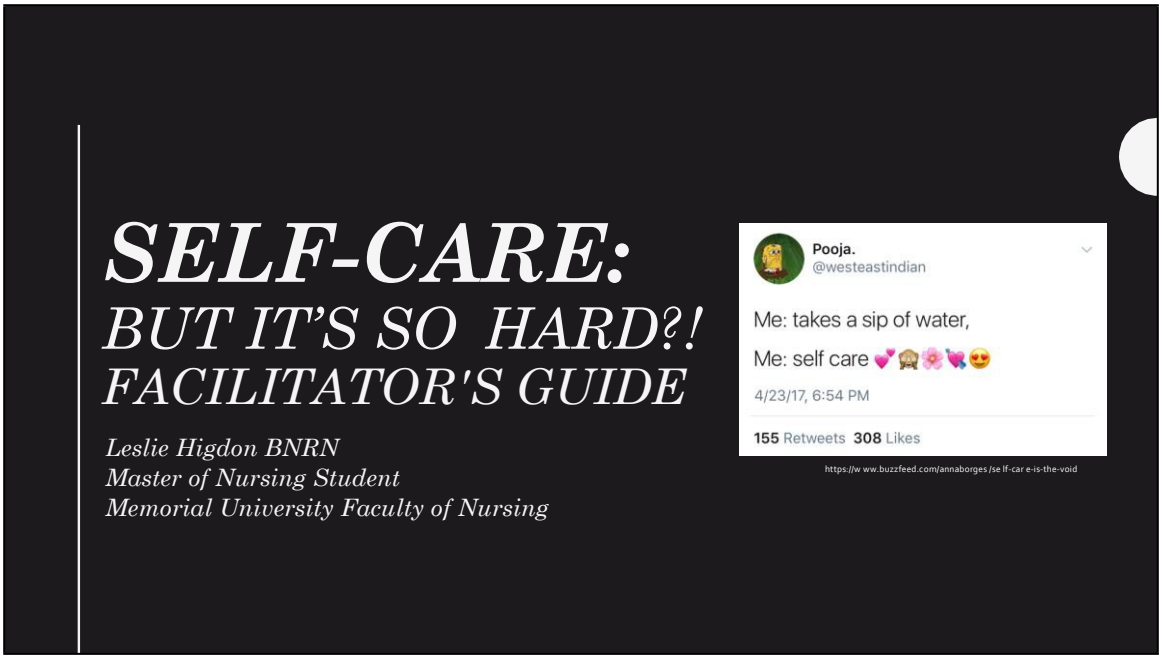
#	Answer	%	Count
1	Mindfulness techniques	17.57%	55
2	Exercise	19.17%	60
3	Journaling (Self-Reflection)	6.71%	21
4	Relaxation techniques	18.21%	57
5	Debriefing sessions	22.68%	71
6	Peer storytelling	15.34%	48
7	Other	0.32%	1
	Total	100%	313

Question 9 – Other:

Other - Text
Binge watching tv to relax

Appendix C

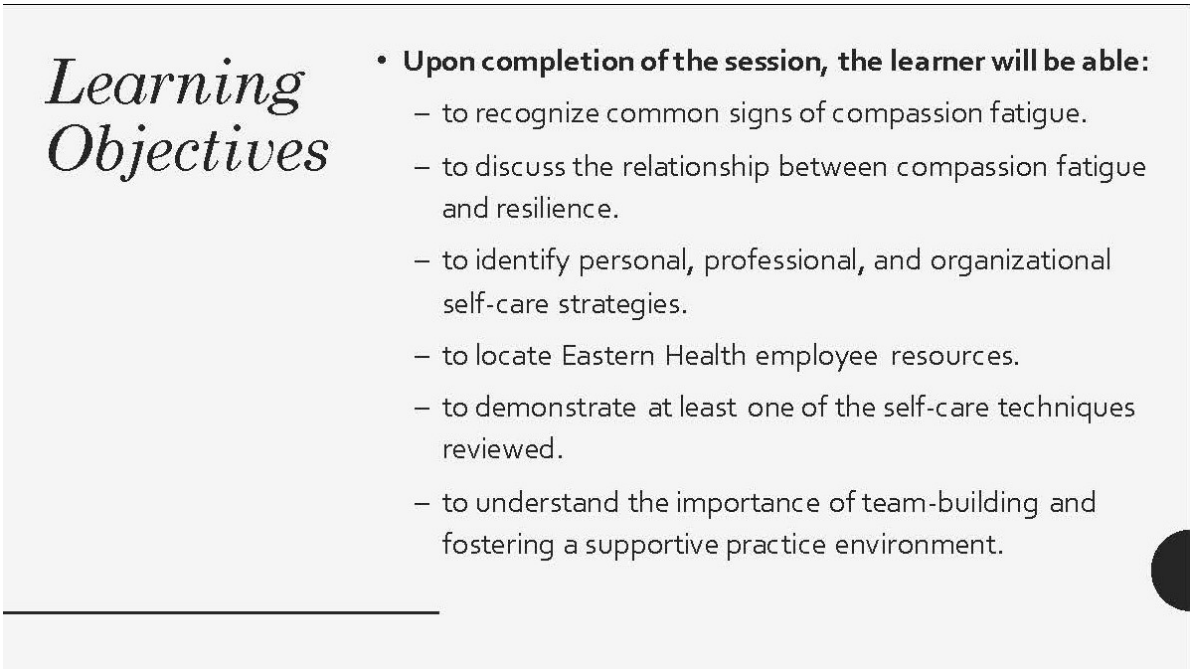
A Wellness Resource for the Oncology Healthcare Team



1. This will be a live session in a conference room or classroom setting.
2. The facilitator will:
    1. Welcome the group, introduce self, provide the opportunity for attendees to introduce themselves.
    2. Identify the purpose of the session: To discuss ways you can include strategies to reduce stress in day-to-day work.
    3. Ask the group: Is self-care something that you make a priority?

Facilitator's Guide

- The aim of this presentation is to promote easy ways staff can strengthen their resilience in day-to-day work
- The facilitator should:
  - Provide a comfortable, safe environment for learning
  - Provide opportunities for discussion and questions
  - Take opportunities to be lighthearted and humorous
  - Shift focus away from discussing trauma/stress and towards what staff can control
  - Follow the prompts in the notes section



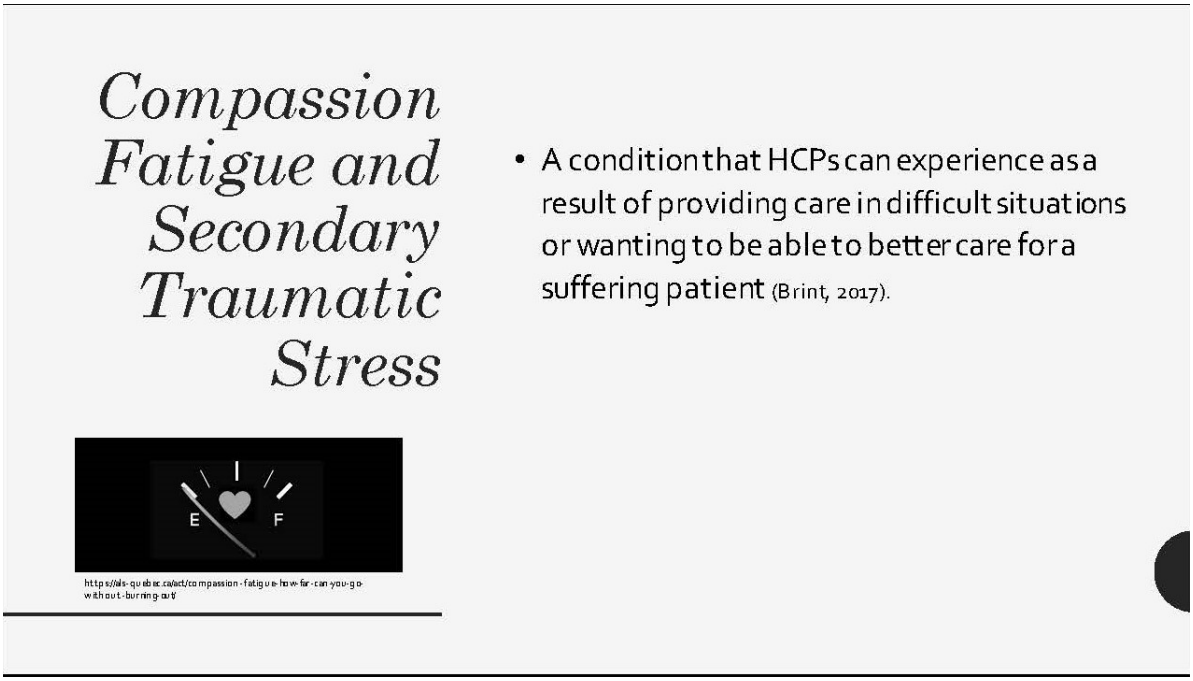
1. The facilitator will outline the learning objectives for the session:
    1. You, the learner, will be able to screen for common signs of compassion fatigue, and see how resilience relates to compassion fatigue.
    2. You will be able to identify strategies that promote self-care and what resources are available through Eastern Heath.
    3. You will have the opportunities to try different strategies today. There are many ways to practice self-care, and this session will give you the opportunity to learn various strategies, and see which ones you like.
    4. With these strategies and resources, we will discuss how this fosters team-building and a supportive practice environment.

Discussing a Difficult Topic

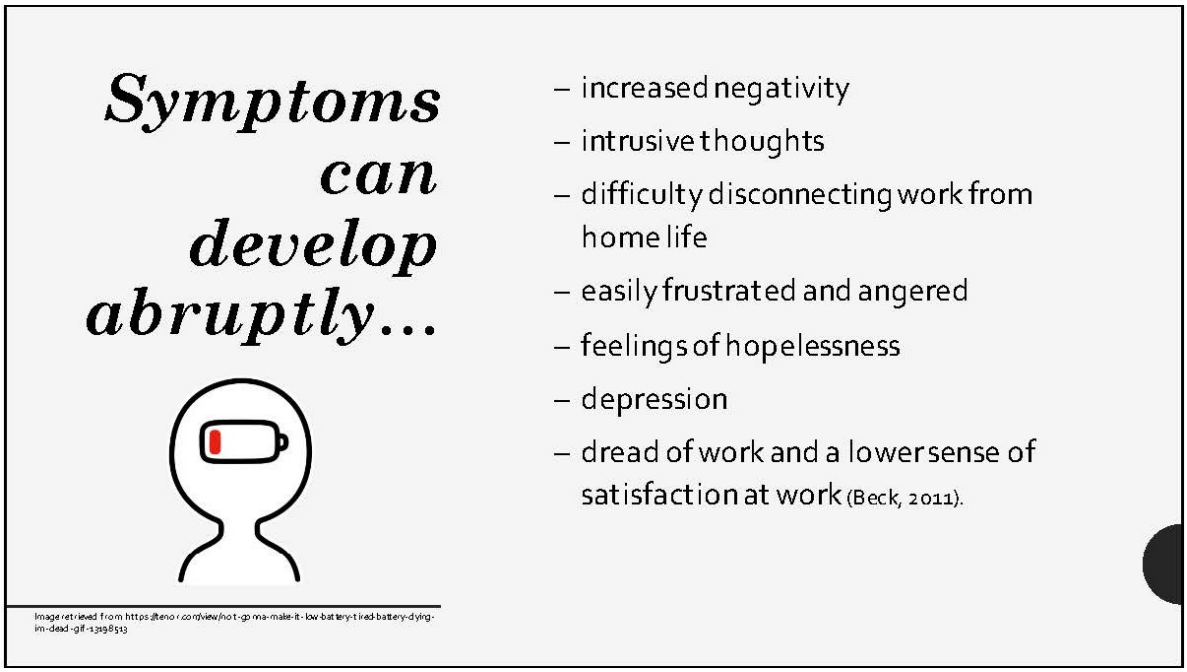
Image retrieved from https://ahseeit.com/?qa= 124066/have-you-been-practicing-self-care-meme

- Stress related to caring for patients with cancer.
- If you feel overwhelmed and need to leave, that's okay!
- Our aim today is to wrap the presentation in humor.

1. The facilitator will introduce the spirit of this presentation:
    1. We will be discussing a difficult topic today related to the stress of caring for patients with cancer.
    2. If you begin to feel overwhelmed and need to leave the room, that's okay!
    3. The focus will not be on the trauma and stress you have experienced in your work.
    4. Our aim today will be to wrap this presentation in humor.



1. The facilitator will review:
    1. Define Compassion Fatigue (CF): involves burnout and secondary traumatic stress (STS).
    2. Explain: Compassion fatigue and STS will be used interchangeably. CF is sometimes considered as STS.
        1. STS is considered secondary exposure, the trauma can affect the health care provider similarly to how the oncology patient experiences the trauma firsthand (Brint, 2017).
        2. All health care professionals are at risk for compassion fatigue/STS, as they interact with patients.

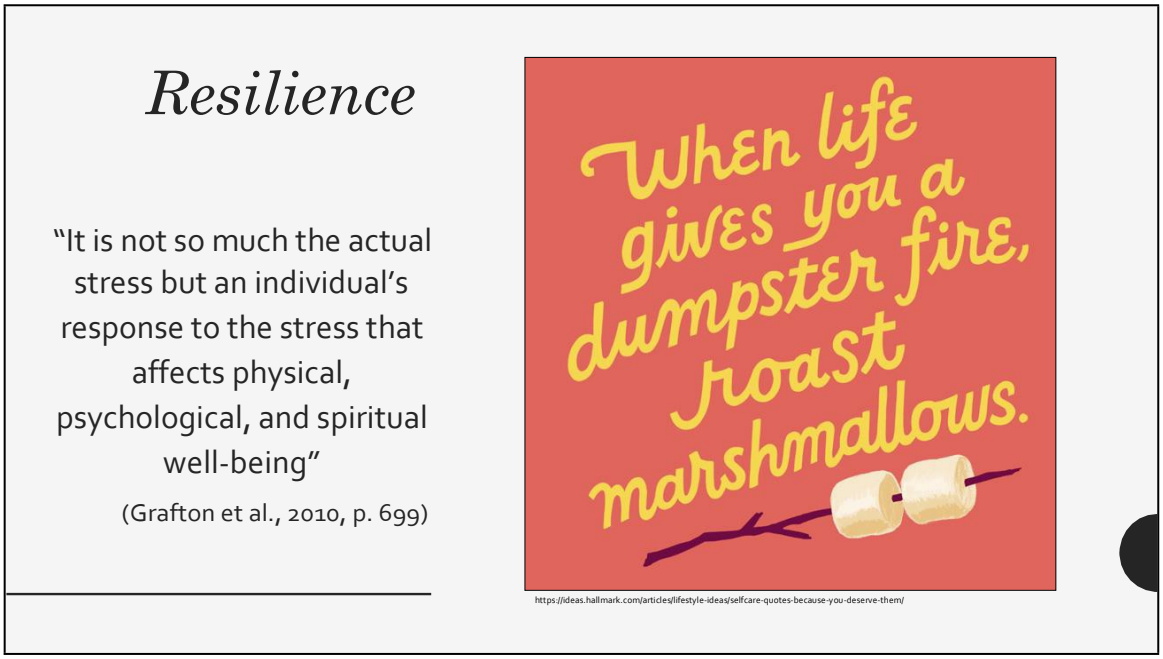


1. The facilitator will:
    1. Review the listed symptoms.
    2. Ask the group: One study determined a percentage of oncology nurses were experiencing symptoms of STS. What percentage would guess?
        1. Answer: up to 37% (Quinal et al., 2009)
        2. Promote discussion on whether this is surprising, if attendees expected it to be higher or lower.
    3. Explain: As health care workers working in oncology, we witness a lot of grief, sadness, and trauma. And we can't control what comes through the door, and we can't stop it.
        1. Ask the group: So what does this mean? Are we helpless to it? Does anyone have suggestions for the best way to overcome compassion fatigue or secondary traumatic stress?

Commonly used, commonly useless, stress reduction strategy.

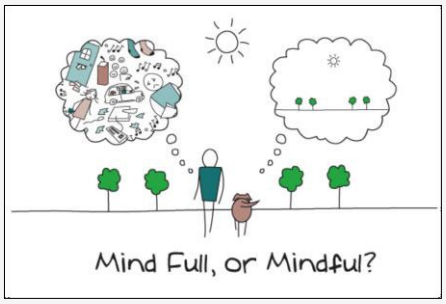
Image retried from https://www.redbubble.com/i/kids-t-shirt/Stress-Reduction-Kit-by-arunsundibob/1212978.MZ153

1. The facilitator will explain: This may be a common practice and may feel like the best solution some days. But this is not the practice we will be promoting today.



1. The facilitator will:
    1. Explain: Resilience is an important aspect to consider in regards to compassion fatigue as it is defined as successful coping in spite of adverse situations (Hart et al., 2014).
    2. Explain: Resilience is an innate life force and "an accessible inner strength or resource within the individual that enables a positive stress response that can be enhanced or supported by external resources" (Grafton et al., 2010, p. 700). In other words, it's not about what the stressful situation is, it's about how you respond to it.
    3. Explain: In other words, we cannot control the situation, but we do have power and we have control over how we react to situations.
    4. Ask the group: How does this make you feel? Do you agree with these statements? Do you think you are resilient? Can you identify your strengths as individuals or as a team?

Fostering Resilience



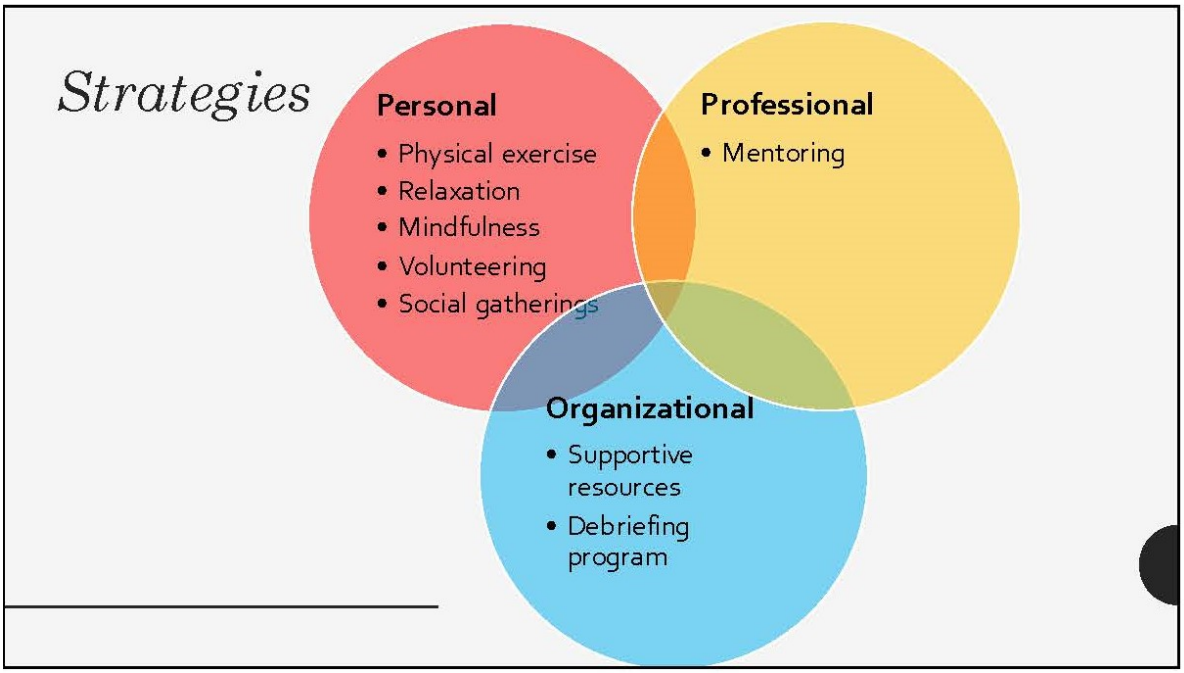
https://sjrhem.ca/ed-rounds-compassion-fatigue-burnout-dr-jenn-hannigan/

- Cognitive Reframing
- Grounding Connections
- Work-Life Balance
- Reflection
- Humor
- Peer Support
- Mindfulness

(Hart et al., 2014)

1. The facilitator will
    1. Review list of ways to foster resilience
1. Mindfulness examples can include yoga, guided imagery, aromatherapy, journaling, and relaxation techniques.
    2. Explain: There are many examples of ways to foster resilience, and at the end of the day, it is centered around positivity, wellness, and self-care.
    3. Ask the group: Are there any strategies listed that you are already trying?

1. The facilitator will
    1. Explain: Self-care and wellness are unique to each person. One way will not work for everyone. The best strategies for you should be what works for you, what you can make time for, and what you like to do.
    2. Ask the group: What are some examples of self-care that you make time for?



1. The facilitator will:
    1. Explain: Each subgroup has important points, but it's the combination of these subgroups that will build a practice environment that supports all members of the oncology program
    2. Review the three subgroups:
        1. **Personal:** physical exercise, volunteering, social gatherings (Hart et al., 2018)
        2. **Professional:** Mentoring, Provides the opportunity to exchange ideas on coping strategies and discuss how to maneuver through challenging situations (Hart et al., 2018)
        3. **Organizational:** ways the organization could improve the working environment, such as providing spaces for peer consultation, resources for support, and cultivating a healthy work culture. Organizations that provide training and support can better protect the health of health care providers (Yu et al., 2016). Recommendations for organization-based programs included counselling or debriefing programs for staff to develop their self-reflection and mindfulness (Grafton et al., 2010).

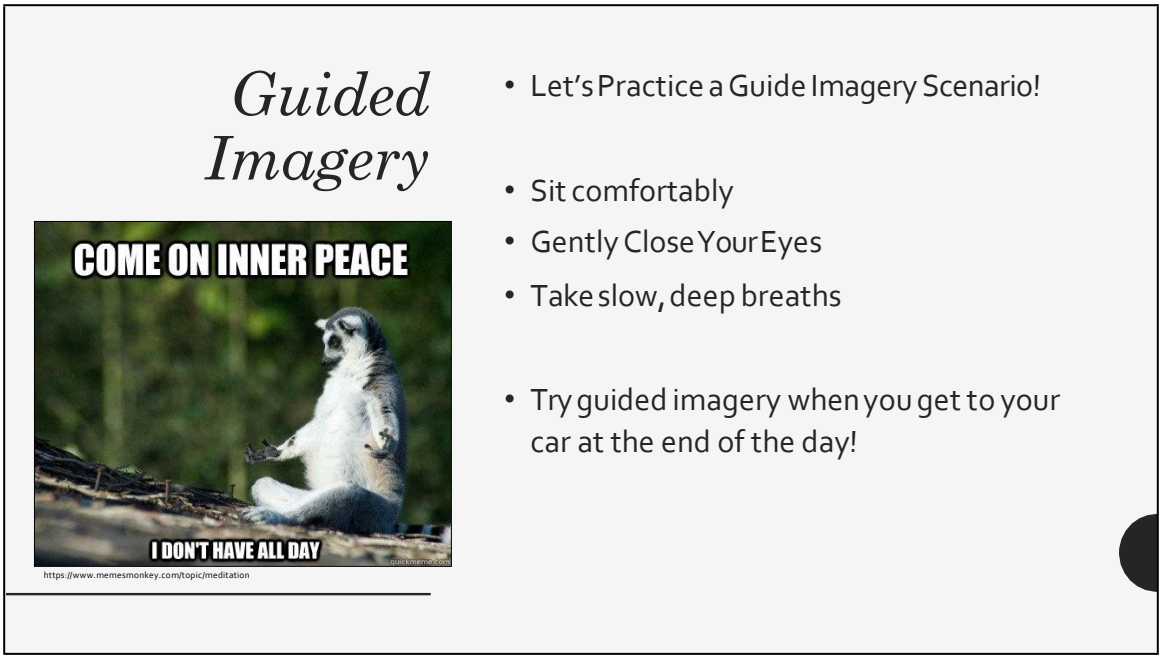
Mindfulness

https://imgur.com/dYB30Mc

- "Mindfulness Micropractices":
  - Red-dot stickers in the workplace
  - Turn mundane tasks into mindfulness opportunities
  - Short, mindful breathing and walking practices
  - Brief compassion strategies

(Nissim et al., 2019)

1. The facilitator will
    1. Explain: we're going to discuss Personal strategies more in-depth.
    2. Ask the group: Does anyone here practice mindfulness or know what it is?
    3. Review mindfulness micropractices:
        1. Place red-dot stickers in the workplace with instructions to pause, take a breath, and observe feelings, thoughts, and body sensations each time participants notice a dot.
            1. Ask group to take a moment to try this one, if they are comfortable.
        2. Transforming mundane daily tasks that are typically automatic and mindless (e.g., hand washing, eating) into mindfulness opportunities by deliberately focusing and using all the senses to be fully immersed in the task at hand
        3. Short, mindful breathing and walking practices when arriving at work or when moving from one patient room to the next
        4. Brief compassion strategies for self and others to offset challenging encounters, like forgiving yourself or other for making a mistake. Practice giving yourself compassion and others (Nissim et al., 2019).



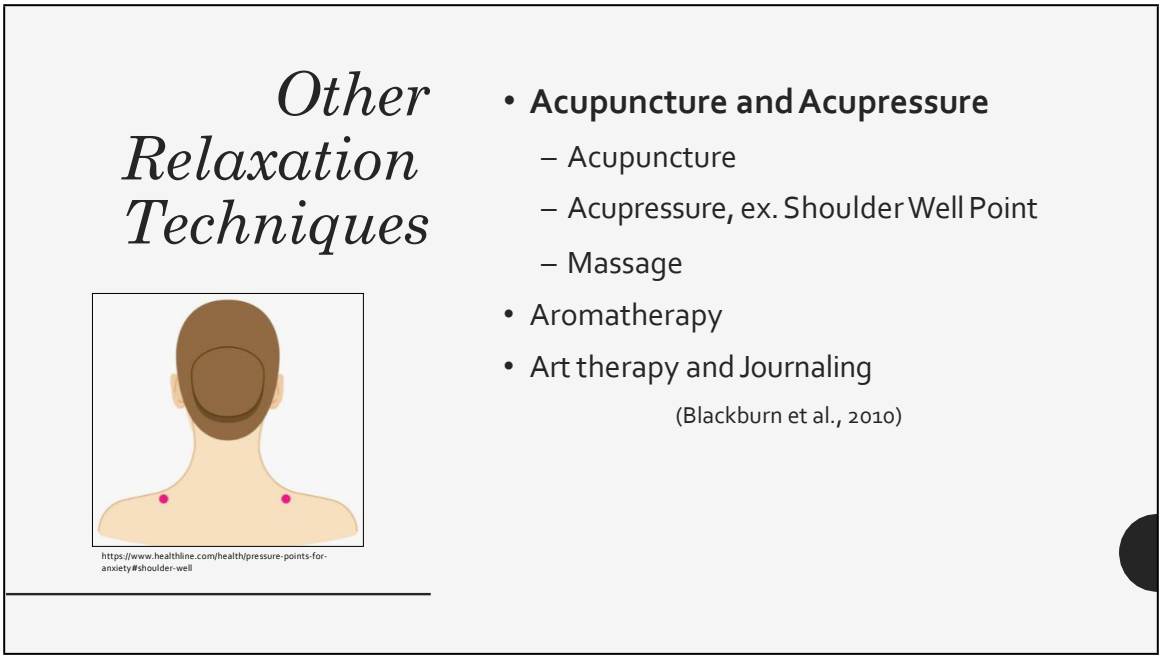
1. The facilitator will review Guided Imagery
    1. Explain: Another way to help you relax is Guided Imagery. There are many examples of guided imagery can be found via the internet and YouTube.
    2. Read out the following scenario, asking attendees to relax, close their eyes and follow along.
        1. Scenario (Blackburn et al., 2010, p. 29) to practice：

        -Visualize giving a report to the oncoming colleague and handing over their pager or phone—actually feeling the weight of those tools leaving their hand.

        -Pack up the issues of the shift in a backpack, such as the difficult discussion with a physician, the unhappy family member, and the patient whose pain was not optimally controlled.

        -As you leave the doors of the hospital, you decide to leave your backpack by the entrance, feeling the weight off your shoulders.

        -You realize that the issues contained inside will be taken care of by your colleagues and you can pick the backpack up again upon your return.



1. The facilitator will
    1. Explain: Here are some other relaxation techniques that you may benefit from.
    2. Explain: There are many ways to relieve tense muscles. One quick way is through pressure points.
    3. Demonstrate: The shoulder well point is in your shoulder muscle. To find it, pinch your shoulder muscle with your middle finger and thumb. This pressure point is said to help with relieving stress, muscle tension, and headaches. It can also induce labor, so don't use this point if you're pregnant.
        1. **<u>To use this point:</u>**
        2. Find the point on your shoulder muscle.
        3. Pinch the muscle with your thumb and middle finger.
        4. Apply gentle, firm pressure with your index finger and massage the point for four to five seconds.
        5. Release the pinch as you massage the point.

Other Relaxation Techniques

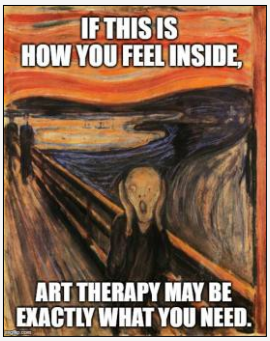
https://cheezburger.com/9356107776/yeah-im-gonna-need-more-than-a-little

- Acupuncture and Acupressure
- **Aromatherapy**
  - Essential oils like Lavender, Chamomile, Lemon, Orange, Jasmine, Sandalwood
  - Add to bath, or clothes, or apply to skin
  - Use Diffuser
- Art therapy and Journaling

(Blackburn et al., 2010)

1. The facilitator will:
    1. Explain: Aromatherapy is another way to relax, as each essential oil can help in different ways.
    2. Demonstrate: There are multiple oils here to smell, and the main one is lavender.
    3. Ask the group: Did you find any benefit from this?

Other Relaxation Techniques



https://www.scienceabc.com/humans/what-is-art-therapy-definition-how-work-physical-art.html

- Acupuncture and Acupressure
- Aromatherapy
- **Art therapy and Journaling**
  - Art therapy can help to focus on positive emotions, which can promote a more positive outlook and enhance a sense of well-being.
  - Journaling can promote self-reflection.

(Blackburn et al., 2010)

1. The facilitator will:
    1. Explain: Art therapy is a way to focus on positive emotions, drawing or colouring something positive.
    2. Explain: Journaling is a way to promote self-reflection.

Eastern Health Employee Resources

- Navigator Line
- EVA and Peer 2 Peer
- Quiet Room
- EFAP
- Rapid Response Team
- Team Check-ins, PSLs

(Eastern Health, 2021)

(Eastern Health, 2021)

1. The facilitator will review Eastern Health Employee Resources
    1. Explain: This poster was developed by Eastern Health to highlight the available resources.
        1. Navigator line is a phone line to help employees navigate the available resources.
        2. EVA and Peer 2 Peer are online resources, EVA is a chat bot to help employees navigate the available resources, and Peer 2 Peer connects employees with peers online for support.
        3. Quiet Room is available on the bottom floor of the cancer center by swipe access to all staff as a quiet place to manage thoughts and emotions.
        4. EFAP or Employee and Family Assistance Program will be discussed on the next slide.
        5. There are two forms of debriefing: Rapid response team is for critical events, and Team Check-ins/Psychological Safety Leaders (PSLs) are informal team discussions, and we will be discussing this more in-depth as well.

EFAP: Employee and Family Assistance Program

- Contact Tina Simpson via email or telephone
- 6 counselling sessions for you or a family member, fully covered

(Eastern Health, 2021)

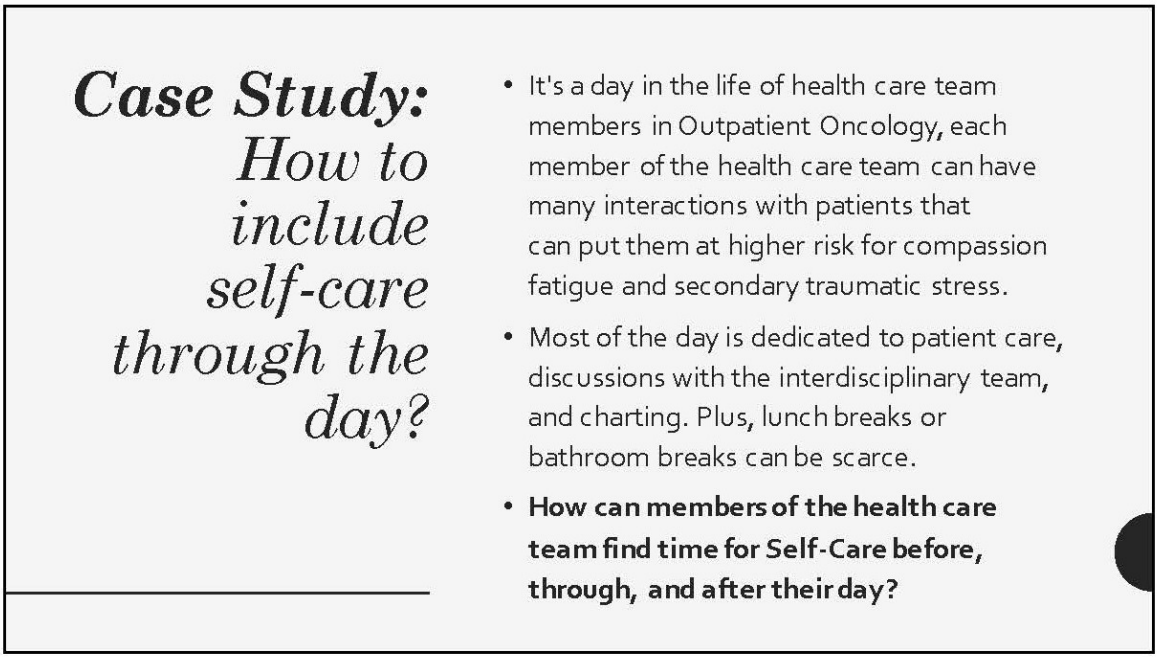
https://lolsnaps.com/funny/2802544

1. The facilitator will review EFAP:
    1. Explain: Employees can contact Tina Simpson via email or telephone. Information is on the pamphlets to be handed out at the end of the session.
    2. Explain: This program provides 6 counselling sessions to you or a family member, fully covered.

1. The facilitator will:
    1. Explain: Both the Rapid Response Team and Team Check-ins/PSLs are forms of debriefing. While Rapid Response is for critical events, Team Check-ins are more informal. Psychological safety leaders are voluntary frontline staff that can provide one-on-one peer support or facilitate informal team discussions.
    2. Explain: Debriefing should involve a trained facilitator that guides thoughtful discussion.
        1. This can promote self-refection, mindfulness, and team-building.
        2. We work so closely with our peers, and we rely on each other for support, and we understand the stress that comes with our roles. Thus, it makes sense that when colleagues come together to discuss difficult situations and work through that together, that is promotes resilience, strength, team-building, and well-being. We already support each other in so many ways, and debriefing provides a way to connect and move forward together.
    3. When you reflect on your practice, are there experiences that you can think of that would have benefitted from having a debriefing? It does not need to be a critical event. It can be a patient you cared about, or a

stressful situation/experience.

1. Debriefing can help reduce the risk of STS, and helping you to work through negative experiences.



1. The facilitator will review a case study, promote discussion and participation.
    1. Review the case: It's a day in the life of health care team members in Outpatient Oncology, each member of the health care team can have many interactions with patients that can put them at higher risk for compassion fatigue and secondary traumatic stress. Most of the day is dedicated to patient care, discussions with the interdisciplinary team, and charting. Plus, lunch breaks or bathroom breaks can be scarce.
    2. Ask the group: How can members of the health care team find time for Self-Care before, through, and after their day?
    3. Possible answers: Mindfulness micropractices with handwashing and eating lunch, and red stickers. Take a moment for acupressure, aromatherapy. Guided imagery at the end of the day.

1. The facilitator will:
    1. Review: It is important to cut yourself some slack, that in itself is a mindfulness micropractice. Remember to forgive yourself and not put too much pressure on yourself. Remember you are one person, take time for yourself, and rely on your colleagues.

1. The facilitator will:
    1. Thank everyone for their participation.
    2. Explain: Please feel free to take a handout, these have a summary of the information reviewed in the session.
        1. There will be posters promoting self-care around the workplace
        2. To help evaluate these sessions and determine which types of strategies you'd like to learn more about, there will be a survey link sent via email.

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Appendix A: Wellness Resource Brochure

Eastern Health Resources for Staff

Resources that are available for all staff:

1. **Navigator Phone Line:** (709) 752-3663
2. **Employee and Family Assistance Program (EFAP)** includes 6 fully covered sessions with a private counsellor:

   Contact Tina Simpson via phone: 777-3153 or email: Tina.simpson@easternheath.ca
3. **Employee Virtual Assistant (EVA):** a "chat bot" artificial intelligence to connect you to mental health resources.
4. **Peer 2 Peer (P2P):** online peer support
5. **Rapid Response Team:** support staff through a critical event
6. **Team Check-ins and Psychological Safety Leaders program:** check-in with teams and provide psychological support.

(Eastern Health, 2021)

Self-Care!

Self-Care!

References:

Blackburn, L. M, Thompson, K., Frankenfield, R., Harding, A., & Lindsey, A. (2020). The THRIVE (C) program: Building oncology nurse resilience through self-care strategies. *Oncology Nursing Forum, 47*(1), E25-E34. https://doi.org/10.1188/20.ONF.E25-E34

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Memorial University

Self-Care!

Helpful tips for Self-Care

Image Retrieved from https://beautytap.com/2020/04/self-care-memes-on-instagram/

What is Compassion Fatigue and Secondary Traumatic Stress?

Compassion fatigue or **Secondary traumatic stress** is a condition that HCPs can experience as a result of providing care in difficulty situations or wanting to be able to better care for a suffering patient (Brint, 2017).

Symptoms can develop abruptly…

- increased negativity
- intrusive thoughts
- difficulty disconnecting work from home life
- easily frustrated and angered
- feelings of hopelessness
- depression
- dread of work and a lower sense of satisfaction at work (Beck, 2011).

You can't always control what happens around you.

But you have control over your reaction to it!

"It is not so much the actual stress but an individual's response to the stress that affects physical, psychological, and spiritual well-being" (Grafton et al., 2010, p. 699).

SELF-CARE STRATEGIES!

Mindfulness Micropractices

Place red-dot stickers around your work space as a prompt to pause, take a breath, and observe feelings, thoughts, and body sensations each time you notice a dot.

Transform mundane daily tasks that are typically automatic and mindless like hand washing or eating, into mindfulness opportunities by deliberately focusing and using all the senses to be fully immersed in the task.

Short, mindful breathing and walking practices when arriving at work or when moving from one patient room to the next.

Brief compassion strategies for self and others to offset challenging encounters, like forgiving when you or someone else makes a mistake. (Nissim et al., 2019)

Guided Imagery

"Visualize giving a report to the oncoming colleague and handing over their pager or phone—actually feeling the weight of those tools leaving their hand. Pack up the issues of the shift in a backpack, such as the difficult discussion with a physician, the unhappy family member, and the patient whose pain was not optimally controlled. As you leave the doors of the hospital, you decide to leave your backpack by the entrance, feeling the weight off your shoulders. You realize that the issues contained inside will be taken care of by your colleagues and you can pick the backpack up again upon your return" (Blackburn et al., 2010, p. 29).

There are many different kinds of mindfulness or guided imagery practices out there! Try YouTube videos and Netflix too!

Here's a 5-minute guided imagery video: https://www.youtube.com/watch?v=M1e0sFR3dpQ

Try something different!

- **Art Therapy promotes focus on positive emotions**
- **Journaling promotes self-reflection**
- **Physical activity**
- **Aromatherapy:**

  Essential oils like Lavender, Chamomile, Lemon, Orange, Jasmine, or Sandalwood.

  You can try adding them to the bath, your clothing, into a diffuser, or directly to your skin!

- **Acupuncture, Acupressure, and Massage:**

  Massaging pressure points can help relieve stress, one example is the Shoulder Well Point! This point is in your shoulder muscle. To find it, pinch your shoulder muscle with your middle finger and thumb.

  It can also induce labor, so don't use this point if you're pregnant.

  Pinch the muscle with your thumb and middle finger. Apply gentle, firm pressure with your index finger and massage the point for four to five seconds. Release the pinch as you massage the point.

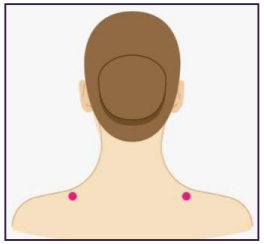
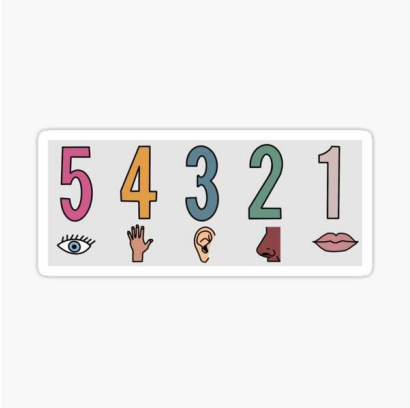


Image retrieved from https://www.healthline.com/health/pressure-points-for-anxiety#shoulder-well

Appendix B: Stickers

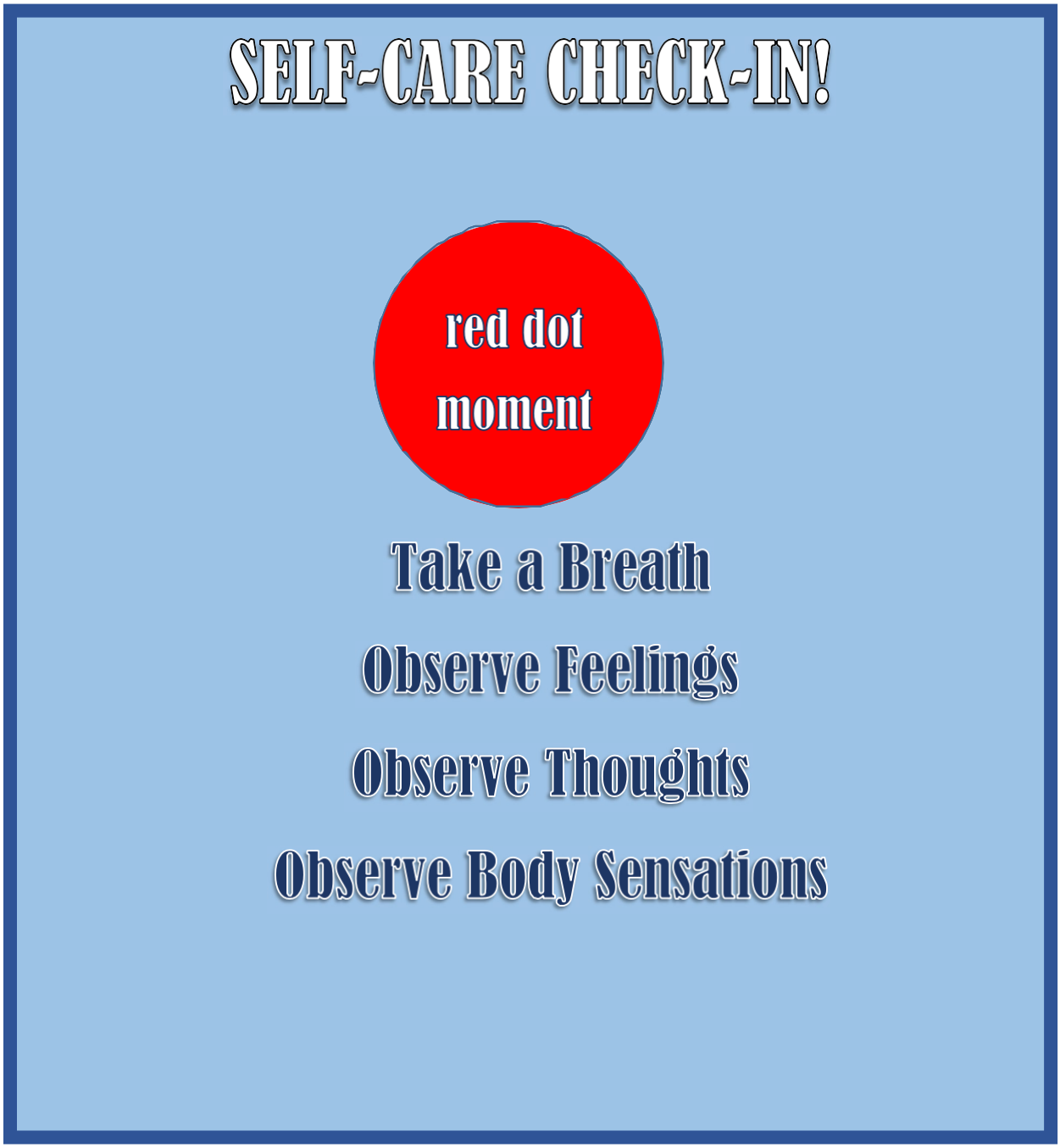
Unique self-care and mindfulness and self-care stickers were retrieved from:

https://www.redbubble.com/shop/?query=mindfulness&ref=search_box



Appendix C: Education Session Posters

mage retrieved from: https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.mycutegraphics.com%2Fgraphics%2Fclock%2Fcartoon-alarm-clock.html&psig=AOvVaw2Rk3yLOE2WRoi2xA7jDWjy&ust=1632178048867000&source=images&cd=vfe&ved=0CAgQjRxqFwoTCMimideOjPMCFQAAAAAdAAAAABAD


SELF-CARE CHECK-IN!
red dot
moment
Take a Breath
Observe Feelings
Observe Thoughts
Observe Body Sensations

Appendix D: Evaluation Survey for Education Session

This evaluation is to help improve debriefing sessions to benefit staff, answering any or all of the questions below is voluntary and confidential. Thank you!

Questions 1 to 4: Please indicate your level of agreement with the following statements from zero (strongly disagree) to ten (strongly agree).

1. After this education session, my knowledge of compassion fatigue and secondary traumatic stress has improved.
2. After this education session, my knowledge of how to prevent or reduce risk for compassion fatigue and secondary traumatic stress has improved.
3. I will be able to apply these strategies in my day-to-day work.
4. I plan to apply these strategies in my day-to-day work.

Questions 5 to 8: Please answer the questions below.

5. Please list ways you plan to stick to these strategies. Are there ways that management/leadership can support you?
6. What did you like about this session?
7. What can be improved in this session for the future?
8. Would you attend another session on wellness? What would you like to learn about?

Appendix E: Evaluation Survey for Debriefing Sessions

This evaluation is to help improve debriefing sessions to benefit staff, answering any or all of the questions below is voluntary and confidential. Thank you!

Questions 1 to 4: Please indicate your level of agreement with the following statements from zero (strongly disagree) to ten (strongly agree).

1. This session helped improve my stress and negative feelings.
2. This session helped me with my coping.
3. I will attend another session.
4. I feel leadership has supported us in ensuring this session was made available to everyone.

Questions 5 to 6: Please answer the following questions.

5. Please identify what you liked about the session.
6. Please identify what you did not like about the session, and if possible, how it can be improved?