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Shannon Cleary	12/15/2024

Improving Resiliency and Wellbeing of Inpatient Oncology Nursing Staff

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Abstract

Background: Oncology nurses are particularly susceptible to burnout due to the demanding nature of their work, leading to increased medical errors, reduced care quality, and higher turnover, which impact patient outcomes and elevate healthcare costs.

Purpose: This project evaluates the prevalence and determinants of nurse burnout (NBO) and resilience among inpatient oncology nurses using a novel huddle-based intervention over four months, focusing on both individual and systemic factors.

Methods: A mixed-methods approach was used to collect data from a convenience sample of 46 oncology nurses through pre- and post-intervention electronic surveys. These included validated scales, eighteen Likert-scale items, and four open-ended questions to assess and refine the resiliency training while exploring perceptions on NBO, workplace stressors, and improvement opportunities. Data were analyzed using Wilcoxon signed-rank tests and qualitative grounded-theory-like assessment.

Findings: 21 nurses completed the initial survey and 9 completed the post-intervention survey. Only 2 nurses completed both surveys, limiting correlation or causation. Resilience scores (CD-RISC) decreased from 6.24 to 5.89, and burnout scores (BAT-12) increased from 2.33 to 2.51. Qualitative feedback highlighted inadequate staffing and lack of teamwork as significant stressors.

Conclusions: There is a need to improve teamwork and staffing, crucial for reducing NBO and enhancing outcomes. Future research should focus on the sustainability and customization of interventions to address specific challenges in resilience, focusing on staffing and teamwork.

Keywords: Nurse Burnout, Oncology Nursing, Healthcare Systems, Organizational Structure, Nurse Retention

Component 1: *Problem Identification, Conceptual/Theoretical Framework and Review of the Literature, Project Design and Methods*

Introduction

Amidst the aftermath of COVID-19, the nursing profession confronts escalating challenges of nurse burnout (NBO), compassion fatigue, and emotional strain, exacerbated by staffing shortages, prolonged work hours, and the inherently demanding and emotionally taxing nature of nursing work (Maben et al., 2022; Phillips et al., 2021; Gribben & Semple, 2021). Pre-pandemic research indicates that the nursing profession globally faces an elevated risk of burnout, post-traumatic stress disorder (PTSD), and suicide (Maben et al., 2022). These challenges are of paramount importance, given their profound impacts on nurse retention, patient care quality, and healthcare costs, underscoring the urgent need for timely interventions (Pehlivan & Güner, 2022).

Oncology nursing staff are particularly susceptible to these challenges, with heightened vulnerability to turnover and burnout. Focus on the underlying causes of these issues in the context of a hematology-oncology unit is crucial for bridging gaps in understanding this phenomenon. Through intervention, this study aimed to assess the feasibility of evidence-based resilience training and burnout mitigation strategies on NBO within the medical-hematology oncology department at Emory University Hospital. The ultimate objective was to formulate informed recommendations for improving resiliency in collaboration with unit nurses and hospital leadership.

Background

In the demanding fields of hematology and oncology, healthcare professionals face an elevated risk of compassion fatigue, burnout, and emotional distress due to the intense nature of

their work (Eche et al., 2023; Hlubocky, 2022). The extensive care required, long-standing patient relationships, and constant confrontation with life-altering illnesses contribute to an extraordinary mental burden on clinicians, with reported levels of emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) among oncology nurses averaging at 32%, 21%, and 26% respectively (HaGani et al., 2022; Hlubocky et al., 2021; Phillips et al., 2021). Moreover, the global prevalence of nurse burnout (NBO) is estimated at 30% and rising, with oncology nurses experiencing particularly high rates, reaching up to 62.79%, and the prevalence of compassion satisfaction (CS), a protective factor, as low as 22.89% (Algamdi, 2022; Ge et al., 2023).

Numerous studies have advocated for self-care strategies to cultivate resilience—the ability to withstand or recover from difficulty—as crucial in facing daily trials (Blackburn et al., 2020). The role of social determinants of health (SDOH) in influencing resilience and well-being in nursing cannot be overstated, as these factors, encompassing interconnected pillars of social, cultural, environmental, and policy drivers, can either exacerbate or alleviate the effects of NBO and compassion fatigue (CF) due to interplay of individual protective factors (Auchmutey, 2021; Hilcove et al., 2021). Resilience capacity has been shown to be related to the workplace, access to resources, and support systems (Banks et al., 2023).

Shanafelt et al. (2020) argue that "burnout is caused primarily by problems in the work environment." Clinicians in hematology and oncology are particularly susceptible to the effects of CF and NBO, especially when they perceive their work environment as lacking support; such perceptions can drive professionals away from the field or towards unhealthy coping mechanisms (Moffatt-Bruce et al., 2019; Chung et al., 2019). This assertion is supported by findings indicating that each additional patient in a nurse's unit is associated with a 1.7% increase

in the likelihood of leaving the organization, highlighting the interplay between workload and other workplace attributes with SDOH (Al Sabei et al., 2022). Workplace attributes such as workload, rewards, and values intersect with SDOH across financial, institutional, social, and cultural dimensions. Disparities or incongruences between these workplace attributes and the broader SDOH correlate with a higher risk of experiencing burnout (Hlubocky, 2022). Leadership and support at both nursing and organizational levels play a critical role in shaping the culture of the work environment and the experience of nursing professionals (Labrague & de Los Santos, 2021; Hlubocky, 2022). Pursuing systemic solutions that support individual resilience is imperative to effectively address burnout and compassion fatigue.

Significance

Recognizing the significance of addressing nurse burnout and bolstering resilience transcends mere acknowledgment of challenges; it demands proactive measures, considering the profound implications reverberating throughout the healthcare system. Prevalence rates, risk factors, financial burdens, and the ramifications on both individual nurses and patient care outcomes underscore the importance of this endeavor (Pehlivan & Güner, 2022). The urgency of this issue becomes evident when considering its real-world implications, exacerbated by dwindling numbers of experienced nurses, vulnerable new recruits, and the escalating costs linked to high turnover rates (Labrague & de Los Santos, 2021; Pehlivan & Güner, 2022). With the bedside nurse turnover rate alarmingly high at 19.1%, coupled with the contribution of high levels of nurse burnout (NBO) and compassion fatigue (CF) to reduced productivity, the financial implications are significant, with an average-sized hospital losing $4.4–$6.9 million annually due to nurse turnover (Nursing Solutions, 2019; Wells-English et al., 2019).

Moreover, the mental well-being of nurses directly impacts patient safety, care quality, and overall health outcomes (Maben et al., 2022). Nurses' emotional state profoundly influences the care they deliver, and overlooking their well-being jeopardizes not only their health but also patient safety (Labrague & de Los Santos, 2021; Moffatt-Bruce et al., 2019). Unfortunately, healthcare organizations often address nursing challenges without active involvement from nurse partners (Pehlivan & Güner, 2022). This disjointed approach frequently yields inconsistent and challenging-to-sustain solutions across different institutions (Hlubocky et al., 2016). To drive meaningful change, engaging nurses as stakeholders in solution co-development is imperative. This participatory approach ensures accuracy and cultivates ownership and commitment among nursing professionals (Maben et al., 2022).

Understanding the origins of nurse burnout (NBO), compassion fatigue (CF), and the lack of compassion satisfaction (CS) in nursing is crucial. Examining frameworks such as the Job Demands-Resources (JD-R) Model and the Conservation of Resources (COR) Theory, alongside assessing the role of Social Determinants of Health (SDOH) factors in structural competency within healthcare organizations, facilitates the comprehension of organizational and individual factors contributing to nurse burnout and compassion fatigue (Bon et al., 2022; Demerouti & Bakker, 2023; Hobfoll, 1989; Gribben & Semple, 2021). These models enable the recognition that heavy workloads, inadequate staffing, and lack of support significantly predict NBO, emotional exhaustion (EE), and reduced CS among nurses.

To be truly effective, solutions must transcend individual interventions and consider broader systemic factors influencing nurses' well-being. Reevaluating workplace attributes such as workload, rewards, and values, and aligning them within the broader context of SDOH, resilience training, and nurse-suggested needs, is essential (Shanafelt et al., 2020).

The significance of addressing NBO extends beyond individual well-being. It is time to collaborate with nursing professionals, acknowledge the systemic factors at play, and take concrete actions to support those who care for others. This contributes to a growing body of literature that explores the need for organizational interventions to promote resilience and combat burnout among nursing professionals (Moffatt-Bruce et al., 2019).

Problem Statement

Oncology nurses face alarming rates of burnout and compassion fatigue, exceeding 62%, which significantly impacts patient care quality, nurse well-being, and healthcare system costs up to $6.9 million due to turnover (Algamdi, 2022; Ge et al., 2023; Nursing Solutions, 2019). This crisis highlights the urgent need to address NBO to safeguard patient safety, support nursing staff, and alleviate financial strain on healthcare systems.

Organizational Assessment

The project focused on a nursing population sourced from Emory University Hospital in Atlanta, Georgia, situated within an urban community. With 853 beds, and over 1,000 registered nurses, Emory University Hospital serves as the backdrop for this study. Specifically, attention was directed toward the medical hematology/oncology floor, focusing on the south unit. Nurses typically work 12-hour shifts and maintain a 1 nurse to 4 or 5 patients ratio, a dynamic heavily influenced by staffing levels and patient census. The DREAM (Drug, Resource, Education, Admissions, Medication-verification) nurse intervention, which is a dedicated resource nurse, implemented on the unit for 6 months by unit and hospital leadership was also integrated into the study at the unit's discretion. Working with unit management, special attention was focused on creating and implementing an additional intervention to bolster resiliency and decrease overall NBO in conjunction with the ongoing DREAM nurse intervention.

Purpose Statement

This project seeks to implement mid-shift huddle resiliency training on a medical-hematology oncology floor at Emory University Hospital and evaluate its impact on NBO and resilience. The primary objective was to assess how this intervention influences nurse well-being and work-related stress levels. By introducing evidence-based mid-shift huddle resiliency training, developed utilizing frameworks such as the Job Demands-Resources (JD-R) Model and Conservation of Resources (COR) Theory, the project aimed to foster a supportive work environment that enhances nurse resilience and mitigates burnout. The ultimate goal was to achieve reduced levels of NBO by increasing measured resiliency amongst the hematology/oncology nursing staff while eliciting nurse perspectives on stress, burnout causes, and possible solutions.

Project Aim

Achieve a 70% participation rate in both pre- and post-intervention surveys, evaluating a huddle-based resiliency training program for oncology nursing staff at Emory University Hospital's hematology/oncology unit, with the aim to reduce staff NBO by 5% and increase the difference in pre-post resiliency scores by 5% within 120 days.

Theoretical Framework

The systemic challenges contributing to nurse burnout (NBO) and occupational stress within healthcare settings are comprehensively analyzed through the application of two primary theoretical frameworks: the Job Demands-Resources (JD-R) Model and the Conservation of Resources (COR) Theory (see Appendix A). These frameworks collectively provide a robust foundation for understanding the dynamics of burnout and resilience among nursing staff.

The JD-R Model, introduced by Demerouti and Bakker (2014), explicates the dual impact of job demands and resources. High job demands, such as managing critically ill patients and navigating extended work hours amid staffing shortages, are directly correlated with increased burnout, compassion fatigue, and emotional distress among nurses (Demerouti, Bakker, Nachreiner, & Schaufeli, 2014). Conversely, the model illustrates how job resources—including supportive workplace attributes, social support, and positive organizational culture—play critical roles in mitigating burnout and enhancing resilience (Maben et al., 2022; Labrague & de Los Santos, 2021).

Complementing this, the COR Theory, developed by Hobfoll (1989), focuses on the role of resource conservation in maintaining well-being. It posits that individuals strive to acquire, retain, and protect their valued resources, such as time, energy, and coping strategies. Within nursing, resilience emerges as a pivotal resource, helping to offset the resource losses that contribute to burnout (Egozi Farkash et al., 2022).

Integrating these theories within the context of Emory University Hospital's hematology/oncology unit provides a nuanced understanding of how job demands, available resources, and efforts to preserve these resources interact to affect nurse well-being. This comprehensive analysis is aligned with the project's goal to develop interventions that effectively reduce burnout and bolster resilience, thereby enhancing both staff welfare and patient care quality.

Literature Review and Synthesis

Search Method

To investigate the prevalence of nurse burnout (NBO) and the effectiveness of resilience training interventions among oncology nurses, a systematic search was conducted using the

electronic databases PubMed and CINHAL. The search strategy employed a combination of keywords related to oncology nursing, burnout, compassion fatigue, and organizational factors. Specifically, the search terms included ((Hematology OR oncology) AND nurse*) AND (burnout OR compassion fatigue OR depersonalization OR wellbeing) AND (organization* OR system* OR hospital-based) NOT (Covid). In order to evaluate effective resilience implementation, a second search was conducted using the search terms (oncology OR hematology OR cancer) AND (nurs*) AND (training) AND (resilience OR wellbeing OR burnout).

Studies published in English within the last five years were included in the search. The scope of the search was limited to comparative, descriptive, cross-sectional, systematic reviews, meta-analyses, randomized controlled trials, and cohort studies that focused on factors associated with, and safeguards against, burnout among oncology nurses. Works addressing moral distress or grief were excluded due to their limited relevance to the focus of the review.

From an initial screening of 151 articles, 115 were deemed irrelevant based on the exclusion criteria, including lack of relevance to nurse burnout in oncology nursing or insufficient evidence level. After further scrutiny, 17 articles were selected for inclusion. Additionally, 13 articles from a previous iteration of the review were revisited, and a citation search yielded 4 more pertinent articles.

This comprehensive approach resulted in a final selection of 34 articles for this review, as detailed in Appendix B. These articles collectively illuminate significant themes in the prevalence, causative factors, and impact of NBO, alongside intervention strategies and their efficacy. Key thematic findings include contributive factors such as heavy workloads, inadequate staffing, and lack of support, emphasizing the shared responsibility of healthcare institutions in

addressing NBO.

Furthermore, the review highlights the need for interventions that address both systemic factors influencing nurse well-being and individual-focused interventions such as resilience training. The synthesis of these findings provides a structured foundation for delving deeper into specific interventions and their effectiveness.

Prevalence and Contributing Factors of Nurse Burnout

Nurse burnout (NBO), particularly prevalent in oncology nursing, manifests through high levels of emotional exhaustion (EE), depersonalization (DP), and secondary traumatic stress (STS) (Ge et al., 2023; Algamdi, 2022). Studies illustrate stark increases in NBO symptoms among oncology nurses compared to other nursing fields, with workload emerging as a significant contributing factor (Jarrad & Hammad, 2020; Ge et al., 2023; Gribben & Semple, 2021). Time constraints, patient acuity, workload, and inadequate resources for self-care exacerbate psychological strain, underscoring the need for organizational support within healthcare settings (Dunn et al., 2021; Gribben & Semple, 2021).

Effects of Nurse Burnout on Healthcare Delivery and Organizational Dynamics

NBO significantly impacts patient care quality and safety, leading to increased medical errors and reduced care quality (Wells-English et al., 2019; Challinor et al., 2020). Moreover, high levels of NBO contribute to nurse turnover and lower productivity, with implications for organizational dynamics and financial stability (Wells-English et al., 2019; Al Sabei et al., 2022). The working environment, characterized by lack of support and time constraints, plays a pivotal role in nurses' turnover intentions, perpetuating a cycle of increased workload and staff shortages (Dunn et al., 2021; Al Sabei et al., 2022).

Individual and Organizational Responsibilities in Addressing Burnout

Addressing NBO requires a balance between individual resilience and systemic organizational support (Banks et al., 2023; Challinor et al., 2020). While resilience training is crucial, organizational interventions such as workload management, addressing staffing shortages, and fostering positive work environments are equally important (Chung et al., 2021; Dyrbye et al., 2021; Ge et al., 2023). Resilience training led by the workplace has been shown to improve feelings of organizational support while reducing compassion fatigue and NBO (Gillman et al., 2015; Green et al., 2020; Pehlivan, 2023; Sullivan et al., 2019).

Practice Implications

A comprehensive approach is necessary to address NBO effectively, emphasizing interventions that reduce nurse workload, address staffing shortages, and promote a positive work culture (Chung et al., 2021; Dyrbye et al., 2021; Ge et al., 2023). A huddle-based training intervention offers a promising strategy by combining individual resilience-building strategies with systemic organizational reforms to alleviate burnout and enhance nurse well-being and patient care quality in oncology settings. Tailored resilience training, enhanced coping strategies, and workplace mental health support are essential components of interventions aimed at mitigating burnout (Dunn et al., 2021; Al Sabei et al., 2022). Engaging nurses in policy and intervention development fosters a positive work environment and ensures sustainability.

Methods

Project Design

This study adopted a prospective mixed methods approach to assess the effectiveness of a new resiliency training initiative. This educational program aimed to fortify the mental well-being of oncology nursing staff by addressing burnout and fostering resilience. Data collection involved electronic surveys administered before and one-month post-intervention, employing a

dual-assessment strategy. This strategy integrated two validated tools, a condensed version of the Burnout Assessment Tool (BAT-12) and the 2-item Connor-Davidson Resilience Scale (CD-RISC-2) alongside a custom survey, which incorporated Likert-scale items for quantitative analysis and open-ended questions for qualitative insights. This comprehensive approach enabled the evaluation of baseline resilience levels and highlighted crucial areas for intervention. The methodology was designed to tailor resilience-building strategies to the unique needs of the unit, with adjustments informed by thematic analysis of staff feedback, ensuring alignment with staff experiences and unit dynamics. Embracing a mixed-methods framework provided a nuanced understanding of the intervention's impact, ensuring its practicality and effectiveness in achieving the desired outcomes of enhanced staff resilience and well-being.

Population and Setting

The study was conducted at Emory University Hospital located in Atlanta, Georgia; a facility of 853 beds employing over 1,000 registered nurses, which offers a dynamic academic and research environment and active participation in clinical trials. The focus was specifically on the south division of 8T (8TS), a specialized 18-bed medical oncology unit. This unit is known for its comprehensive care approach, treating a patient population that ranges from critical to semi-stable, with diagnoses including acute and chronic leukemias, myelodysplastic syndrome, aplastic anemia, or solid tumors. The unit culture emphasizes on-the-job training, frequent central line access, patient transportation for critical imaging, and high-risk fall prevention. Common procedures conducted include bone marrow biopsies, blood transfusions, chemotherapies, radiation, central line placement/access, code responses, and providing end-of-life care. With a team of 46 registered nurses, the unit operated with a staffing ratio of 3:1, which

increased to 4:1 post-pandemic, and employs a DREAM nurse ratio of 5:1– a dynamic heavily influenced by staffing availability and patient census.

The DREAM nurse is a specialized resource nurse role designed to decrease workload among 8TS nurses, especially concerning medication administration, central line management, critical patients, blood transfusions, admissions, and discharges which often require multiple nurses and are excessively time consuming.

A convenience sampling strategy from the pool of 46 registered nurses working on the hematology-oncology unit will be used, aiming for a 70% participation rate. To ensure the statistical validity of our study, we employed Cochran's formula, a method for sample size determination in survey research (Cochran, 1977). By setting the margin of error at 10%, this study aimed to balance precision with feasibility, acknowledging the practical constraints of high response rate requirements in a busy clinical setting. This adjustment allows the achievement of a representative sample size of approximately 32 nurses, enhancing the feasibility of the study while maintaining confidence in the generalized findings (Israel, 1992).

The inclusion criteria encompassed nurses having more than six months of experience on the unit and providing direct patient care, excluding advanced practice nurses, nurse technicians, and those not routinely assigned to 8T South. Recruitment efforts were supplemented by targeted communications, including emails and custom flyers, placed strategically in the nursing station, huddle area and break rooms. Information shared during staff meetings further raised awareness and interest. The DREAM nurse and the unit director served as unit champions, actively promoting the study and its potential benefits to staff. Their roles were crucial in fostering a supportive environment and encouraging participation. During the program, these champions dispersed information during regular unit meetings and were available to answer questions and

provide reassurances about the study's impact and confidentiality measures. Although the primary motivation for participation was to contribute to improvements in workplace resilience, small incentives such as recognition in unit newsletters and small tokens of appreciation (e.g., snacks) were provided to acknowledge their contribution and enhance participation rates. The study adhered to the IRB determination waiver and ethical guidelines while ensuring participant protection and confidentiality.

Implementation Plan

This prospective quality improvement project, conducted from July 10 to October 10, 2024, aimed to bolster resilience and mitigate burnout among oncology nursing staff through targeted educational interventions. Initial planning meetings involved unit champions (the DREAM nurse and unit director), the project faculty lead, and research team members to finalize the project plan and ensure alignment with unit goals and policies. Key stakeholders, including the unit director, team lead, researchers, and unit nurses, were engaged in the planning phase, securing organizational buy-in through targeted discussions. A bespoke preliminary, open-ended question-based, survey was be used to complete a needs assessment, helping to identify specific resilience training needs and nurse-informed interventions. Pilot testing of non-validated items among peers to ensure reliability was also completed. To assess baseline levels of burnout, the pre-and post-intervention assessments included the shortened 12-item Burnout Assessment Tool (BAT-12) which employs a seven-point Likert scale ranging from 1 (never) to 7 (always) as well as a validated 2-item Likert resilience scale (CD-RISC-2) (Connor & Davidson, 2003; Hadžibajramović et al., 2020). The pre- and post-surveys are available in Appendix C. Based on preliminary feedback, a detailed plan for educational interventions was designed, drawing on evidence-based content from the Community Resiliency Model (CRM), Compassion Fatigue

Resiliency Program (CFRP), and stress management literature (Grabbe et al., 2020; Potter, Deshields, & Rodriguez, 2013). Twenty (20) educational sessions lasting two (2) to five (5) minutes each were then integrated into the workflow during morning and night unit huddles, delivered face-to-face (see Appendix D). These sessions were informed by initial survey findings, which also assessed the relationship of burnout with quantitative and qualitative job demands, and social and job content resources (Oprea et al., 2021). This comprehensive approach ensured that the intervention was finely tuned to address the specific stressors identified in the preliminary assessment.

The final post-survey, deploying the same BAT-12 and CD-RISC-2 instruments, quantitatively measured changes in burnout levels, offering insights into the effectiveness of the implemented educational strategies. This methodological setup ensured that the project's outcomes were both reliable and meaningful in improving staff resilience and well-being.

Data Collection

The data collection procedures for this project encompassed both quantitative and qualitative methodologies. Quantitative data was gathered through structured questionnaires and surveys aimed at measuring the reduction in Nurse Burnout (NBO) and the increase in resilience among oncology nursing staff. These instruments were meticulously designed, with consideration given to question types and formatting, and were distributed using an electronic survey platform. Pilot testing was conducted to refine the survey instrument, with adjustments made based on the results. Responses to these open-ended questions were collected via an online survey platform, which allowed for easy data aggregation of all text into a single document and quantitative data analysis software. Any personal identifiers from the responses were removed to maintain participant confidentiality throughout the process. Qualitative data was obtained

through thematically analyzing the open-ended questions included in the surveys. Demographic data was also collected from participants, ensuring a comprehensive understanding of the sample population. Privacy and confidentiality measures were rigorously upheld throughout the data collection process, with password-protected secure storage. By adhering to these comprehensive data collection procedures, the study aimed to yield robust and reliable findings to inform the project's objectives.

Data Measurement

To measure the outcomes of this project, a combination of established tools and custom surveys were employed. The primary two instruments utilized were the shortened 12-item Burnout Assessment Tool (BAT-12), which is a validated instrument with high reliability ($\alpha > 0.92$, CR = 0.93), designed to measure the core dimensions of burnout: exhaustion, mental distance, and emotional and cognitive impairment (Vinueza-Solórzano et al., 2021), and the 2-item Connor Davidson Resilience Scale (CD-RISC-2). The BAT-12 was adapted from the original 23-item version (BAT-23) to reduce respondent burden while maintaining robust global burnout measurement. Similarly, the CD-RISC-2 was adapted from a longer version, yet is as proven as the original 25-item scale. Additionally, a custom supplementary survey was developed to capture qualitative insights into workplace stressors, resilience, and nurse perspectives. This survey also served to assess the nurses' thoughts on the DREAM nurse intervention previously implemented on their unit. These surveys were administered at two intervals throughout the project timeline, including pre- and post-intervention assessments.

Data Analysis

Quantitative data was collected using the respective instructions for the BAT-12 and CD-RISC-2 calculations. Likert-scale responses were analyzed, considering the scale's structure,

including potential biases. Any biases, such as nonresponse bias, were identified and addressed, ensuring the integrity of the data. To compare the BAT-12/CD-RISC-2 scores of nursing staff before and after the intervention, a Wilcoxon signed-rank test was employed. Cohen's d was attempted to further explore the effect size and thus practical application of the intervention. The qualitative data analysis followed a rigorous approach, adhering to Creswell's (2007) methodology. This involved immersing in the data, conducting comparisons, and identifying emerging themes and patterns. Thematic coding processes identified significant phrases or concepts within the data, which were achieved manually. A codebook was created based on initial themes that emerged from the data. This codebook included definitions for each code, examples from the data, and rules for when to apply each code. Codes were applied to the data and relationships were amalgamated into overarching themes. Where possible, findings were discussed with the participants to validate the interpretations and bolster participation.

Data Management

The DNP clinical leads were tasked with receiving the data from the surveys, while the unit manager oversaw the dissemination of surveys to the staff. Data management was facilitated through a secure server, ensuring the anonymization of information using a protected electronic platform. Data production methods encompassed the generation of primary data sources, including responses from staff surveys. Standardized protocols for data collection and storage were established to maintain consistency and integrity throughout the process. Access and sharing protocols prioritized confidentiality and privacy protection, particularly for sensitive information. Data release will be subject to embargo, if necessary, with stringent criteria for access restrictions and privacy safeguards.

Ethical Considerations

Emory University granted a waiver for IRB approval for this DNP Project. Despite the waiver, ethical considerations were still paramount in the implementation and study of the intervention. The project adhered to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect the privacy of participants' health information (104th Congress, 1996).

All collected data was anonymized to maintain participant confidentiality, with individual 4-digit identification numbers used to code participants. These identifiers were securely stored. Electronic files containing possibly identifiable information were access restricted to authorized personnel only. The risks to participants were minimized and did not exceed those associated with standard nursing care. Informed consent was obtained from all participants, emphasizing voluntary participation and the right to withdraw from the study at any time without consequences. Measures were implemented to address any potential conflicts of interest and ensure the ethical conduct of the study.

Incorporation of SDOH and DEI Implications

Social Determinants of Health (SDOH) encompass the environmental conditions where individuals reside, work, and engage in various activities throughout their lives. These factors significantly influence health outcomes and risks, affecting overall well-being and quality of life. By integrating SDOH considerations into this project, interventions are tailored to address the specific needs and circumstances of nursing staff, potentially enhancing the effectiveness of strategies aimed at reducing burnout and fostering resilience.

The project explored the impact of SDOH considerations, such as years of experience, age, gender, community context, and social support networks, on nursing staff. Additionally, factors like hospital conditions, access to mental health services, work-life balance, language barriers, and financial pressures were considered. Diversity, Equity, and Inclusion (DEI)

implications helped guide project implementation to ensure equitable access to resources and opportunities for all nursing staff. Sensitive and confidential collection of demographic and SDOH-related data was prioritized to foster trust and honesty in responses. Demographic data was analyzed to further understand the influence of SDOH on the development of nurse burnout (NBO) and protective resilience factors.

Component 2: ***Results, Discussion and Conclusions, Implications and Recommendations.***

Results

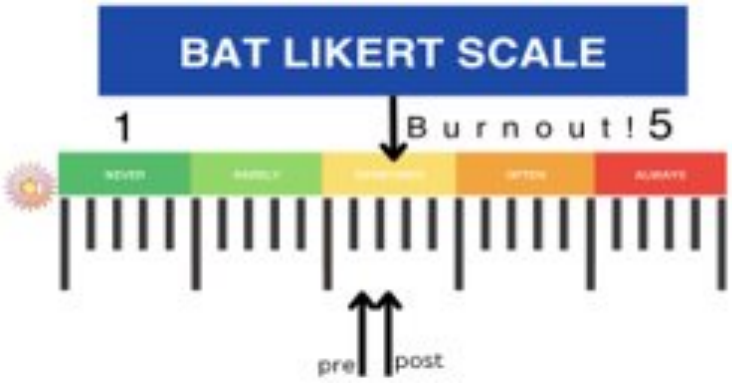
Quantitative Results

The initial survey was completed by 21 of the 46 targeted nurses, resulting in a 45.7% participation rate. The follow-up survey saw a significant drop in participation, with only 9 eligible responses from the 46 nurse convivence sample, equating to a 19.6% post-intervention response rate. Demographic data and work-related variables were analyzed to better understand the characteristics of the nursing staff on the 8TS unit. The most common gender in the unit was female, representing 86.4% of the respondents, with an average age range of 30-39 years of age. Most of the survey responses came from day shift RNs, accounting for 68% of the participants. A slight majority of the respondents had more than 10 years of experience (22.7%) and most participants worked an average of 36 hours per week (68.2%). A 4-digit pin number was used to attempt to match respondents between pre/post results, however, participants either did not remember their PIN, entered a different PIN, or did not take both the pre-survey and post-survey, with only 2 non-duplicate matches between time marks. Thus, with only two nurses completing both the pre- and post-intervention surveys, the ability to draw robust conclusions about individual changes over time was severely limited. Resilience scores, measured using the CD-RISC, declined marginally from an average of 6.24 pre- to 5.89 post-intervention. Burnout

scores, assessed with the Burnout Assessment Tool-12, increased from an average of 2.33 pre- to 2.51 post-survey. A Wilcoxon signed-rank test was initially planned to evaluate changes in BAT-12 and CD-RISC-2 scores pre- and post-intervention. However, due to the limited number of nurses (n=2) completing both the pre- and post-surveys, statistical power was insufficient to achieve significance, with p-value ≥ 1.

Survey results:

- **BAT Scores:**



  - Nurse 1: Pre = 2.75, Post = 2.50
  - Nurse 2: Pre = 2.17, Post = 2.33
  - Pre-Survey Average: 2.33
  - Post-Survey Average: 2.51

- **CD-RISC-2 Scores:**

- Nurse 1: Pre = 4, Post = 4
- Nurse 2: Pre = 6, Post = 7
- Pre-Survey Average: 6.24
- Post-Survey Average: 5.89

Qualitative Results

Qualitative data highlighted significant systemic issues contributing to workplace stress. We attempted to use grounded theory methods to uncover themes within 3 main open-ended questions posed in both the pre-survey and post survey, including: "what stresses you most at work?"; "In your opinion, what are 3 primary factors contributing to burnout on your unit?"; and "What are 3-5 practical steps or changes that you believe could effectively reduce burnout on your unit?". 8 themes were identified as stressors, contributors to burnout, and practical areas to reduce burnout including teamwork, understaffing, organizational support, workload, patient acuity, workplace resources, emotional burden, and the DREAM nurse. Staffing issues and teamwork were frequently mentioned by participants, with one nurse stating, "Constant staff turnover, lack of valued friendships with coworkers," and another emphasizing "staffing, staffing, staffing" as critical contributors to unit burnout. Focusing on the results of the presurvey, the most *significant* theme was staffing, with 80.95% naming staffing as a contributor to burnout and 76.19% suggesting that addressing staffing ratios and patient load could reduce burnout. Nurses suggested other practical steps to alleviate burnout, including "better teamwork," and "increase unit togetherness outside of work to increase trust," with 47.62% of pre-survey respondents referencing lack of teamwork as a contributor to burnout and 47.62% of pre-survey nurses pointed to improving teamwork as a potential solution to reduce burnout on the unit. Interestingly, when looking at suggestions for burnout mitigation, 38% of respondents

claimed that more consistent and reliable DREAM nurse shifts could combat burnout on the unit. Meanwhile, the DREAM nurse role is not mentioned as a stressor or contributor to burnout.

Discussion

The project fell short of its initial aim of a 70% participation rate in both pre- and post-surveys, with only 45.7% participation initially and 19.6% in the follow-up. The goals of reducing staff NBO by 5% and increasing resilience scores by 5% were not met. Instead, no correlational trends were observed as there were only n=2 nurses that took both the presurvey and the post-survey, causing a lack of paired data. Notably, both pre- and post-survey responses indicated that resilience rates on the pilot unit were consistently lower than the national average reported in a 2019 study of U.S. oncology nurses, suggesting an overall lower baseline of resilience among our unit nurses. Meanwhile, burnout levels remained below validated BAT cutoffs, implying that severe burnout was not prevalent on the unit during either survey point. While the limited sample size and correlational nature of the research advise cautious interpretation, the outcomes contribute constructively to understanding resilience and burnout in this specific context. Furthermore, the qualitative feedback from participating nurses revealed clear themes that align with existing literature and our theoretical frameworks. To connect these findings with outside research and examine how or why this could affect studies of wellbeing, we had to look at the overarching goal. How can organizations reduce NBO? Staffing stood out as a common stressor, underscoring its role as a primary contributor to burnout. This finding supports C.O.R Theory, which suggests that resource threats or losses, such as inadequate staffing, contribute to chronic stress and burnout. It also aligns with JD-R Theory, which emphasizes that sufficient job resources are *essential* for maintaining motivation and preventing exhaustion.Teamwork also emerged as a frequently suggested solution to mitigate burnout. Our

resilience trainings incorporated elements of teamwork, highlighting its importance in building resilience. This is consistent with a multitude of available external research showing that collaborative work environments promote lower burnout rates and higher job satisfaction. The focus on teamwork in our findings indicates that fostering a supportive workplace culture can be an effective intervention, offering a ripe opportunity for future research. This study faced several critical limitations that impacted the implementation and outcomes, yielding important lessons. Firstly, the challenge of maintaining engagement in longitudinal studies within busy clinical settings was identified. Additionally, the intervention period coincided with the unexpected absence of a key unit champion due to family obligations, which significantly affected the continuity and momentum of the intervention. Financial constraints also limited the resources available for extensive training, recruitment, and follow-up, affecting the overall depth and reach of the project. Another notable barrier was the varying levels of buy-in among staff, which influenced participation rates and engagement levels. These experiences highlight the need for robust contingency planning, securing buy-in from all staff levels, and ensuring adequate funding and support for intervention sustainability.

Conclusion

The qualitative results, with two main thematic suggestions, staffing and teamwork, point to a need for organizational and policy changes to improve working conditions and interpersonal relationships within the unit. Emphasizing improvements in staffing and social support could inform broader strategies to enhance nurse wellbeing and resilience in follow-up studies. It is imperative that doctorally-prepared nurses take a leadership role in supporting the wellbeing of oncology nurses through promotion of resilience. In summary, this DNP team is enthusiastic that the project findings correlate with current research. We believe that the trainings created, and the

implementation achieved, was an important step and learning opportunity that stands to inform future resilience interventions for oncology nurses.

Component 3: *Evaluation of the process and experience*

Completing this DNP Scholarly Project, which focused on integrating resilience training into the routine of oncology nursing staff, provided a comprehensive learning experience that spanned various aspects of clinical research, project management, and nursing practice. The process was both challenging and enlightening, offering numerous opportunities for professional growth and skill enhancement. The initial stages involved extensive planning and literature review to establish a solid foundation for the intervention. Developing the project required careful consideration of the unique needs of oncology nurses and the practical constraints of the clinical setting. Collaborating with faculty advisors and clinical partners during this phase ensured that the project design was feasible and aligned with unit needs. Despite initial enthusiasm, the project faced hurdles such as lower than anticipated participation rates and the unexpected unavailability of a key unit champion due to personal reasons. These challenges and learning opportunities accentuated the importance of adaptability in conducting real-world clinical research. This project significantly enhanced the understanding of the complexities involved in implementing clinical interventions within a busy hospital setting. It also improved the DNP team's skills in data management, statistical analysis, and the interpretation of mixed-methods research findings. Furthermore, the project deepened our appreciation for the critical role of nurse leaders in fostering a supportive work environment that actively promotes the well-being of nursing staff.

References

104th Congress. (1996, August 20). Health Insurance Portability and Accountability Act of 1996. ASPE. https://aspe.hhs.gov/reports/health-insurance-portability-accountability-act-1996

About clinical practice guidelines. NCCN. (n.d.). https://www.nccn.org/guidelines/guidelines-process/about-nccn-clinical-practice-guidelines

Aiken, L. H., Lasater, K. B., Sloane, D. M., Pogue, C. A., Fitzpatrick Rosenbaum, K. E., Muir, K. J., McHugh, M. D., & US Clinician Wellbeing Study Consortium (2023). Physician and Nurse Well-Being and Preferred Interventions to Address Burnout in Hospital Practice: Factors Associated With Turnover, Outcomes, and Patient Safety. *JAMA health forum*, *4*(7), e231809. https://doi-org.proxy.library.emory.edu/10.1001/jamahealthforum.2023.1809

Al Sabei, S. D., Labrague, L. J., Al-Rawajfah, O., AbuAlRub, R., Burney, I. A., & Jayapal, S. K. (2022). Relationship between interprofessional teamwork and nurses' intent to leave work: The mediating role of job satisfaction and burnout. *Nursing Forum*, 57(4), 568–576. https://doi.org/10.1111/nuf.12706

Algamdi, M. (2022). Prevalence of oncology nurses' compassion satisfaction and compassion fatigue: Systematic review and meta-analysis. *Nursing Open*, 9(1), 44–56. https://doi.org/10.1002/nop2.1070

American Association of Colleges of Nursing. (2024). *Well-Being & Resilience*. https://www.aacnnursing.org/our-initiatives/well-being-resilience

American Nurses Association. (2017). *Combating Stress*. ANA. https://www.nursingworld.org/practice-policy/work-environment/health-safety/combating-stress/

American Nurses Association. (n.d.). *SE Healthcare Burnout Prevention Program*. ANA. https://www.nursingworld.org/membership/member-benefits/se-healthcare-burnout-prevention-program/

Andrijic, M., Tepavcevic, D. K., Nikitovic, M., Miletic, N., & Pekmezovic, T. (2021). Prevalence of burnout among healthcare professionals at the Serbian National Cancer Center. *International Archives of Occupational and Environmental Health*, 94(4), 669–677. https://doi-org.proxy.library.emory.edu/10.1007/s00420-020-01621-7

Arimon-Pagès, E., Torres-Puig-Gros, J., Fernández-Ortega, P., & Canela-Soler, J. (2019). Emotional impact and compassion fatigue in oncology nurses: Results of a multicentre study. *European Journal of Oncology Nursing*, 43, 101666. https://doi.org/10.1016/j.ejon.2019.09.007

Banks, J., Lopez, V., Sahay, A., & Cleary, M. (2023). A scoping review of compassion fatigue among oncology nurses caring for adult patients. *Cancer Nursing*. Advance online publication. https://doi.org/10.1097/NCC.0000000000001226

Blackburn, L. M., Thompson, K., Frankenfield, R., Harding, A., & Lindsey, A. (2020). The THRIVE© 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

Challinor, J. M., Alqudimat, M. R., Teixeira, T. O. A., & Oldenmenger, W. H. (2020). Oncology nursing workforce: Challenges, solutions, and future strategies. *The Lancet Oncology*, 21(12), e564–e574. https://doi.org/10.1016/S1470-2045(20)30605-7

Chung, H. C., Chen, Y. C., Chang, S. C., Hsu, W. L., & Hsieh, T. C. (2020). Nurses' well-being, health-promoting lifestyle and work environment satisfaction correlation: A psychometric study for development of nursing health and job satisfaction model and scale. *International Journal of*

Environmental Research and Public Health, 17(10), 3582. https://doi.org/10.3390/ijerph17103582

Cochran, W. G. (1977). Sampling techniques (3rd ed.). *John Wiley & Sons*.

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depression and anxiety*, *18*(2), 76–82. https://doi.org/10.1002/da.10113

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(2), 236–264. https://doi.org/10.1177/0011000006287390

Dunn, T. J., Terao, M. A., Blazin, L. J., Spraker-Perlman, H., Baker, J. N., Mandrell, B., Sellers, J., Crabtree, V. M., Hoffman, J. M., & Burlison, J. D. (2021). Associations of job demands and patient safety event involvement on burnout among a multidisciplinary group of pediatric hematology/oncology clinicians. *Pediatric Blood & Cancer*, 68(11), e29214. https://doi.org/10.1002/pbc.29214

Duva, I. M., Higgins, M. K., Baird, M., Lawson, D., Murphy, J. R., & Grabbe, L. (2022). Practical resiliency training for healthcare workers during COVID-19: results from a randomised controlled trial testing the Community Resiliency Model for well-being support. *BMJ open quality*, *11*(4), e002011. https://doi-org.proxy.library.emory.edu/10.1136/bmjoq-2022-002011

Dyrbye, L. N., Major-Elechi, B., Thapa, P., Hays, J. T., Fraser, C. H., Buskirk, S. J., & West, C.P. (2021). Characterization of nonphysician health care workers' burnout and subsequent changes in work effort. *JAMA Network Open*, 4(8), e2121435. https://doi.org/10.1001/jamanetworkopen.2021.21435

Eche, I. J., Phillips, C. S., Alcindor, N., & Mazzola, E. (2023). A systematic review and meta-analytic evaluation of moral distress in oncology nursing. *Cancer Nursing*, 46(2), 128–142. https://doi.org/10.1097/NCC.0000000000001075

Ge, M. W., Hu, F. H., Jia, Y. J., Tang, W., Zhang, W. Q., & Chen, H. L. (2023). Global prevalence of nursing burnout syndrome and temporal trends for the last 10 years: A meta-analysis of 94 studies covering over 30 countries. J*ournal of Clinical Nursing*, 32(17-18), 5836–5854. https://doi.org/10.1111/jocn.16708

Gillman, L., Adams, J., Kovac, R., Kilcullen, A., House, A., & Doyle, C. (2015). Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a comprehensive systematic review. *JBI database of systematic reviews and implementation reports*, *13*(5), 131–204. https://doi-org.proxy.library.emory.edu/10.11124/jbisrir-2015-1898

Grabbe, L., Higgins, M. K., Baird, M., Craven, P. A., & San Fratello, S. (2020). The Community Resiliency Model® to promote nurse well-being. *Nursing Outlook*, 68(3), 324–336. https://doi-org.proxy.library.emory.edu/10.1016/j.outlook.2019.11.002

Green, S., Markaki, A., Baird, J., Murray, P., & Edwards, R. (2020). Addressing Healthcare Professional Burnout: A Quality Improvement Intervention. *Worldviews on evidence-based nursing*, *17*(3), 213–220. https://doi-org.proxy.library.emory.edu/10.1111/wvn.12450

Gribben, L., & Semple, C. J. (2021). Factors contributing to burnout and work-life balance in adult oncology nursing: An integrative review. *European Journal of Oncology Nursing*, 50, 101887. https://doi.org/10.1016/j.ejon.2020.101887

HaGani, N., Yagil, D., & Cohen, M. (2022). Burnout among oncologists and oncology nurses: A systematic review and meta-analysis. *Health Psychology: Official Journal of the Division of*

Health Psychology, American Psychological Association, 41(1), 53–64. https://doi-org.proxy.library.emory.edu/10.1037/hea0001155

Hilcove, K., Marceau, C., Thekdi, P., Larkey, L., Brewer, M. A., & Jones, K. (2021). Holistic nursing in practice: Mindfulness-based yoga as an intervention to manage stress and burnout. *Journal of Holistic Nursing*, 39(1), 29–42. https://doi.org/10.1177/0898010120921587

Hlubocky, F. J. (2022). Attending to oncology team well-being. *JCO Oncology Practice*, 18(8), 541–542. https://doi.org/10.1200/OP.22.00432

Hlubocky, F. J., Back, A. L., & Shanafelt, T. D. (2016). Addressing burnout in oncology: Why cancer care clinicians are at risk, what individuals can do, and how organizations can respond. *American Society of Clinical Oncology Educational Book*, 35, 271–279. https://doi.org/10.1200/EDBK_156120

Hlubocky, F. J., Shanafelt, T. D., Back, A. L., Paice, J. A., Tetzlaff, E. D., Friese, C. R., Kamal, A. H., McFarland, D. C., Lyckholm, L., Gallagher, C. M., Chatwal, M., Saltzman, J., Dudzinski, D., Burke, J. M., James, T. A., Page, R. D., Boyle, D. A., Gonzalez, M. M., & Srivastava, P. (2021). Creating a blueprint of well-being in oncology: An approach for addressing burnout from ASCO's Clinician Well-Being Taskforce. *American Society of Clinical Oncology Educational Book*, 41, e339–e353. https://doi.org/10.1200/EDBK_320873

Israel, G. D. (1992). Determining sample size. University of Florida Cooperative Extension Service, *Institute of Food and Agriculture Sciences, EDIS*.

Jarrad, R. A., & Hammad, S. (2020). Oncology nurses' compassion fatigue, burn out and compassion satisfaction. *Annals of General Psychiatry*, 19, 22. https://doi.org/10.1186/s12991-020-00272-9

Labrague, L. J., & de Los Santos, J. A. A. (2021). Resilience as a mediator between compassion fatigue, nurses' work outcomes, and quality of care during the COVID-19 pandemic. *Applied Nursing Research: ANR*, 61, 151476. https://doi.org/10.1016/j.apnr.2021.151476

Ma, Y., Xie, T., Zhang, J., & Yang, H. (2023). The prevalence, related factors and interventions of oncology nurses' burnout in different continents: A systematic review and meta-analysis. *Journal of Clinical Nursing*, 32(19-20), 7050–7061. https://doi-org.proxy.library.emory.edu/10.1111/jocn.16838

Maben, J., Conolly, A., Abrams, R., Rowland, E., Harris, R., Kelly, D., Kent, B., Couper, K.; Impact of Covid On Nurses (ICON) Survey Research Group. (2022). "You can't walk through water without getting wet" UK nurses' distress and psychological health needs during the Covid-19 pandemic: A longitudinal interview study. *International Journal of Nursing Studies*, 131, 104242. https://doi.org/10.1016/j.ijnurstu.2022.104242

McFarland, D. C., & Hlubocky, F. (2021). Therapeutic strategies to tackle burnout and emotional exhaustion in frontline medical staff: Narrative review. *Psychology Research and Behavior Management*, 14, 1429–1436. https://doi.org/10.2147/PRBM.S256228

Michael, S. H., Villarreal, P. M., Ferguson, M. F., Wiler, J. L., Zane, R. D., & Flarity, K. (2019). Virtual Reality-Based Resilience Programs: Feasibility and Implementation for Inpatient Oncology Nurses. *Clinical journal of oncology nursing*, *23*(6), 664–667. https://doi-org.proxy.library.emory.edu/10.1188/19.CJON.664-667

Moffatt-Bruce, S. D., Nguyen, M. C., Steinberg, B., Holliday, S., & Klatt, M. (2019). Interventions to reduce burnout and improve resilience: Impact on a health system's outcomes. *Clinical Obstetrics and Gynecology*, 62(3), 432–443. https://doi.org/10.1097/GRF.0000000000000458

National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. (2019). *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. National Academies Press (US).

Nissim, R., Malfitano, C., Coleman, M., Rodin, G., & Elliott, M. (2019). A qualitative study of a compassion, presence, and resilience training for oncology interprofessional teams. journal of holistic nursing. *Official Journal of the American Holistic Nurses' Association*, 37(1), 30–44. https://doi-org.proxy.library.emory.edu/10.1177/0898010118765016

Nursing Solutions. (2019). 2019 national healthcare retention and RN staffing report. Retrieved from http://www.nsinursingsolutions.com/Files/assets/library/retention-insti

Oprea, B., Iliescu, D., & De Witte, H. (2021). Romanian Short Version of the Burnout Assessment Tool: Psychometric Properties. *Evaluation & the Health Professions*, 44(4), 406-415. https://doi.org/10.1177/01632787211048924

Pattison, N., Droney, J., & Gruber, P. (2020). Burnout: Caring for critically ill and end-of-life patients with cancer. *Nursing in critical care*, *25*(2), 93–101. https://doi-org.proxy.library.emory.edu/10.1111/nicc.12460

Pehlivan Sarıbudak T. (2023). Compassion Fatigue in Nurses Providing Palliative Cancer Care and Coping Strategies to Prevent and Manage it. *Seminars in oncology nursing*, *39*(6), 151501. https://doi-org.proxy.library.emory.edu/10.1016/j.soncn.2023.151501

Pehlivan, T., & Güner, P. (2022). Oncology-hematology nurses' perspectives on the compassion fatigue resiliency program: A qualitative study. *Journal of Continuing Education in Nursing*, 53(7), 329–336. https://doi.org/10.3928/00220124-20220603-09

Phillips, C. S., Becker, H., & Gonzalez, E. (2021). Psychosocial well-being: An exploratory cross-sectional evaluation of loneliness, anxiety, depression, self-compassion, and professional quality of life in oncology nurses. *Clinical Journal of Oncology Nursing*, 25(5), 530–538. https://doi.org/10.1188/21.CJON.530-538

Pollack, J., & Pollack, R. (2015). Using Kotter's eight stage process to manage an organisational change program: Presentation and practice. *Systemic Practice and Action Research*, *28*(1), 51–66. https://doi.org/10.1007/s11213-014-9317-0

Potter, P., Deshields, T., & Rodriguez, S. (2013). Developing a systemic program for compassion fatigue. *Nursing Administration Quarterly*, 37, 326–332. https://doi.org/10.1097/NAQ.0b013e3182a2f9dd

Reiser, V. L., & Gonzalez, J. F. Z. (2020). Confronting compassion fatigue in oncology nurses. *Nursing*, 50(5), 54–60. https://doi.org/10.1097/01.NURSE.0000659332.20270.6c

Schneider-Matyka, D., Świątoniowska-Lonc, N., Polański, J., Szkup, M., Grochans, E., & Jankowska-Polańska, B. (2023). Assessment of The Effect of Stress, Sociodemographic Variables and Work-Related Factors on Rationing of Nursing Care. *International journal of environmental research and public health*, *20*(3), 2414. https://doi-org.proxy.library.emory.edu/10.3390/ijerph20032414

Shanafelt, T. D., Kamal, A. H., & Hlubocky, F. J. (2020). Promoting oncologist well-being to foster delivery of ethical, high-quality cancer care: Priorities for 2020 and beyond. *JCO Oncology Practice*, 16(4), 188–190. https://doi.org/10.1200/OP.20.00069

Shen, A., Wang, Y., & Qiang, W. (2020). A multicenter investigation of caring behaviors and burnout among oncology nurses in China. *Cancer Nursing*, 43(5), E246–E253. https://doi-org.proxy.library.emory.edu/10.1097/NCC.0000000000000680

Vinueza-Solórzano, A. M., Portalanza-Chavarría, C. A., de Freitas, C. P. P., Schaufeli, W. B., De Witte, H., Hutz, C. S., & Souza Vazquez, A. C. (2021). The Ecuadorian Version of the Burnout Assessment Tool (BAT): Adaptation and Validation. *International Journal of Environmental Research and Public Health*, 18(13), 7121. https://doi.org/10.3390/ijerph18137121

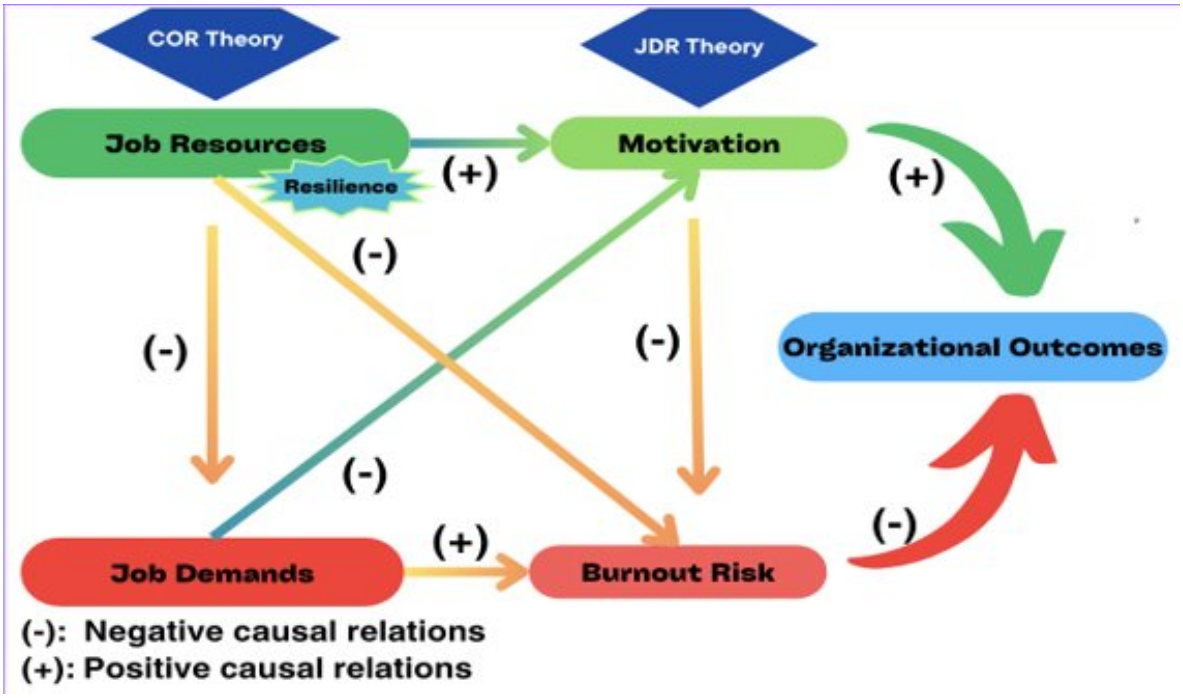
Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of nursing management*, *27*(4), 681–687. https://doi-org.proxy.library.emory.edu/10.1111/jonm.12736

Wells-English, D., Giese, J., & Price, J. (2019). Compassion fatigue and satisfaction: Influence on turnover among oncology nurses at an urban cancer center. *Clinical Journal of Oncology Nursing*, 23(5), 487–493. https://doi.org/10.1188/19.CJON.487-493

Xie, W., Wang, J., Zhang, Y., Zuo, M., Kang, H., Tang, P., Zeng, L., Jin, M., Ni, W., & Ma, C. (2021). The levels, prevalence and related factors of compassion fatigue among oncology nurses: A systematic review and meta-analysis. *Journal of Clinical Nursing*, 30(5-6), 615–632. https://doi-org.proxy.library.emory.edu/10.1111/jocn.15565

Appendix

Appendix A



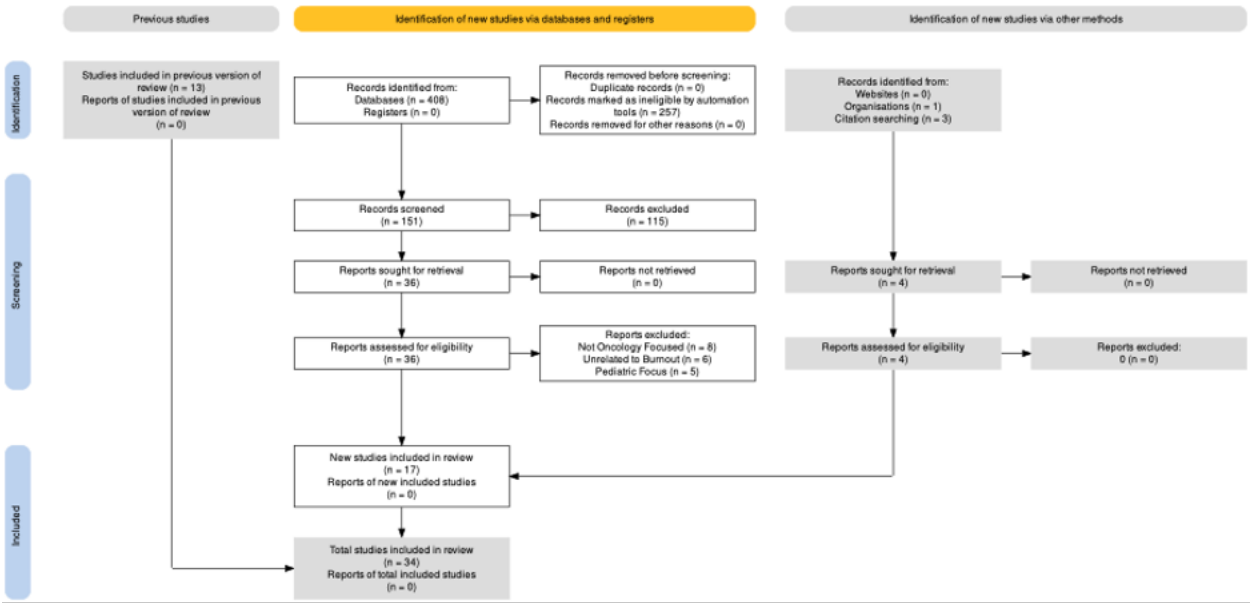
Custom Theoretical Framework Schematic ft. COR and JDR Theories Combined

Bakker, A.B., & Demerouti, E. (2017). Job Demands–Resources Theory: Taking Stock and Looking Forward. Journal of Occupational Health Psychology, 22, 273–285.

Demerouti, E., & Bakker, A. B. (2023). Job demands-resources theory in times of crises: New propositions. Organizational Psychology Review, 13(3), 209-236. https://doi-org.proxy.library.emory.edu/10.1177/20413866221135022

Hobfoll, S. E. 2001a. The influence of culture, community, and the nested self in the stress process: Advancing conservation of resources theory. Applied Psychology: An International Review, 50: 337-370

Appendix B



PRISMA Flowsheet

Appendix C

Wellbeing Survey

This survey aims to assess the experiences, challenges, and support systems related to work, burnout, and well-being among hematology-oncology nurses. Your participation is voluntary, and all responses will be kept con dential.

Your feedback is valuable and will contribute to continued quality improvement studies aimed at enhancing the well-being of nurses working in hematology-oncology units. All answers will be kept anonymous, but we will share the resulting themes with you.

Please answer the following questions to the best of your ability. Thank you for participating in this survey. * Indicates required question

1. What is your age? *

Mark only one oval.

- ◯ 20-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ ≥60

2. What gender do you identify with? *

Mark only one oval.

- ◯ Non-Binary
- ◯ Male
- ◯ Female
- ◯ Prefer not to say
- ◯ Other: _____

3. Please create a 4-digit code known only to you. A unique code, one not commonly used or guessed is *

suggested.

(This code will only be used for comparison between this pre and the following post survey responses. It will remain confidential.)

4. What is your current role/job title and shift?

Mark only one oval per row.

	Staff Nurse	Orientee	Charge Nurse	Other
Day Shift (AM)	◯	◯	◯	◯
Night Shift (PM	◯	◯	◯	◯

5. If you answered "other" to the role/job title and shift question above, please explain.

6. How many years of experience working in hematology-oncology do you have? *

Mark only one oval.

- Less than 1 year
- 1-2 years
- 2-4 years
- 4-6 years
- 6-8 years
- 8-10 years
- More than 10 years

7. How many hours do you work per week, on average? *

Mark only one oval.

- Less than 12
- 12
- 24
- 36 48
- more
- than 48

CD-RISC-2

8. *

CD-RISC-2 Question 1

9. *

CD-RISC-2 Question 2

10. The following statements are about how you experience your work and how you feel about it. Please indicate * how often each statement applies to you by ticking the most appropriate answer.

1- never, 2- rarely, 3- sometimes, 4- often, 5- always

I feel mentally exhausted.

Mark only one oval.

	1	2	3	4	5	
Nev	◯	◯	◯	◯	◯	Always

I find it hard to recover my energy. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

	1	2	3	4	5	
Nev	◯	◯	◯	◯	◯	Always

I feel physically exhausted.*

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

	1	2	3	4	5	
Nev	◯	◯	◯	◯	◯	Always

I struggle to find any enthusiasm for my work. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I feel a strong aversion towards my job. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I'm cynical about what my work means to others. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I feel unable to control my emotions. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I do not recognize myself in the way I react emotionally. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I may overreact unintentionally. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I have trouble staying focused. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I have trouble concentrating *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

1 2 3 4 5

Nev Always

I make mistakes because I have my mind on other things. *

1- never, 2- rarely, 3- sometimes, 4- often, 5-

always *Mark only one oval.*

	1	2	3	4	5	
Nev	◯	◯	◯	◯	◯	Always

Emory 8T Well-Being Survey

The remainder of this survey is designed to gather insights into the experiences and challenges faced by hematologyoncology nurses on 8TS, with a focus on burnout, compassion fatigue, coping strategies, and well-being. It aims to provide valuable information that will inform strategies to improve the work environment and well-being of hematology-oncology nursing staff.

22. Please rate your overall job satisfaction in the hematology-oncology unit. *

1 (Very Poor) to 5 (Excellent)

Mark only one oval.

	1	2	3	4	5	
Very	◯	◯	◯	◯	◯	Excellent

23. Does your work environment support you? *

Mark only one oval.

	1	2	3	4	5	
Nev	◯	◯	◯	◯	◯	Always

24. Have you considered leaving your position or changing your career due to burnout-related factors? *

Mark only one oval.

Yes No

25. Please rank how confident you feel in your ability to cope with the challenges and stressors of your job. *

1 (Very Poor) to 5 (Excellent)

Mark only one oval.

	1	2	3	4	5	
Very						Excellent

26. What stresses you most at work? *

27. What strategies or practices do you currently use to promote your resiliency and well-being in the * workplace?

Check all that apply.

- Exercise
- Meditation or mindfulness
- Seeking support from colleagues
- Seeking support from supervisors
- Setting boundaries
- Time management
- Breath-work
- Debrie ng
- Other:

28. In your opinion, what are 3 primary factors contributing to burnout on your unit? *

29. What are 3-5 practical steps or changes that you believe could effectively reduce burnout on your unit? *

30. Resiliency is the capacity to withstand or to recover quickly from difficulties. Resilience is a skill that can * strengthened via exposure to practical tools, stress management skills, and deepened knowledge of physiological responses. Though evidence supports resiliency training, many models are time intensive, lasting hours to days.

    How beneficial do you believe short (2-4 minute) resiliency trainings incorporated into daily team huddles would be for reducing burnout?

    1 (Not at all) to 5 (Extremely)

    Mark only one oval.

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Extremely

31. What specific topics or practices would you want included in resiliency training? *

_____

32. Do you have a designated DREAM (resource) nurse in your current work setting? *

Mark only one oval.

- Yes
- No

DREAM Nurse Impact

33. When the DREAM nurse is on shift, how does it affect your workload? *

1 (Significantly reduced) to 5

(significantly increased) *Mark only one oval.*

	1	2	3	4	5	
Signi cantly Reduced	◯	◯	◯	◯	◯	Signi cantly Increased

34. How does the presence of the DREAM nurse impact your work stress levels during that shift? *

1 (Significantly Reduced) to 5

(Significantly Increased) *Mark only one oval.*

	1	2	3	4	5	
Signi cantly Reduced	◯	◯	◯	◯	◯	Signi cantly Increased

35. Please rate your willingness to manage an additional patient if it ensures that the DREAM nurse is available during your shift.

1 (not at all) to 5 (extremely willing) *Mark only one oval.*

	1	2	3	4	5	
Not	◯	◯	◯	◯	◯	Extremely

Appendix D

“Hello everyone,

We know that as nurses, your plates are already full and the idea of adding yet another thing might seem frustrating. We understand this because we’re nurses too, we have worked in ERs and ICUs and we get the daily pressures and stresses you face—though we acknowledge that oncology nursing has its own set of difficulties. These bite-sized trainings are not meant to be another task, but rather a support system designed to help manage the unique challenges we encounter. They will be integrated into huddle for the next 20 days and should never last more than 4 min.

Our goal is to offer support and not add to your stress. We’re here to discover together if these techniques can be helpful. We acknowledge that some of these exercises might seem silly at first, but we ask you to give them a try with an open mind. You never know – you might find something that really helps.

If you have any suggestions or feedback, we are always happy to listen. These trainings are a work in progress, and your input is invaluable. More than anything, we want to foster a sense of workplace support and teamwork, and we believe that taking a few minutes for these exercises can make a positive difference.

Thank you for your time and participation. Let’s support each other in this journey to build resilience and well-being together. We are excited to share the result with you afterwards!

In solidarity,

Olga and Shannon

7.29.24: AM and PM

Understanding the Physiological Origins of Stress

Objective: Help nurses understand the physiological origins of stress, its impacts, and the importance of this understanding for managing stress and secondary trauma.

Script: "Hello, everyone, and welcome to our bite-sized Resiliency training. Today, we will focus on understanding the physiological origins of stress, the harms it can cause, and why this understanding is crucial for our well-being.

Why this is important: As oncology nurses, we face high levels of stress and secondary trauma daily. Understanding how our bodies react to stress can help us manage these reactions more effectively, maintaining our health and resilience.

Physiological Origins of Stress (1 minute): Stress triggers a series of responses in our body, known as the stress response. When we encounter a stressor, our Sympathetic Nervous System (SNS) is activated. This prepares our body for action – also known as the 'fight or flight' response. As nurses, we know what this looks like:

- Our heart rate increases.
- Our breathing becomes rapid.
- Our pupils dilate.
- Blood pressure rises.
- Stress hormones like adrenaline and cortisol are released.
- Digestion slows down.

These responses are beneficial in short bursts, helping us react quickly to immediate threats. However, when stress is prolonged, it can lead to harmful effects.

Harms of Chronic Stress (1 minute): Prolonged activation of the stress response, or chronic stress, can have severe impacts on our health:

- Persistent high blood pressure can lead to heart disease.
- Constantly elevated cortisol levels can suppress the immune system, making us more susceptible to illnesses.
- Chronic stress can cause digestive issues, muscle tension, and sleep disturbances.
- It can also affect our mental health, leading to anxiety, depression, and burnout.

By understanding the physiological basis of stress, we can better manage our reactions and protect our health. This knowledge empowers us to:

- Recognize early signs of stress in our bodies.
- Use evidence-based techniques to calm our nervous system.
- Maintain our resilience and ability to care for our patients effectively.

Conclusion: By understanding the physiological origins of stress and using techniques from these trainings, we can better manage our stress and maintain our resilience. Remember, taking care of ourselves is just as important as taking care of our patients. Thank you for participating in today's training. Let's continue to support each other in managing stress and staying resilient."

7.30.24: AM and PM

Acknowledging Stress

Objective: Normalize stress and promote a supportive environment.

Script: "Good morning, everyone. Today, let's take a moment to acknowledge that feeling stressed is tough, but also common, especially in our demanding roles.

Introduction: It's important to recognize that stress is a natural response to the high demands of our job. You're not alone in feeling this way. Sometimes, mild or intermittent stress can be helpful but, unfortunately, becoming overwhelmed by constant stress is also common. It is important to recognize when stress is no longer beneficial or when it becomes harmful – and to take a moment to take control and reset your Nervous System.

1. **Exercise (2 minutes):**
    - Close your eyes if you feel comfortable.
    - Take a deep breath in through your nose, hold for a count of four, and exhale slowly through your mouth. Repeat this.
    - As you breathe, silently acknowledge any stress you're feeling. Say to yourself, 'It's okay to feel this way.'

Conclusion : Remember, acknowledging stress is the first step in managing it. Let's support each other in this journey. Thank you."

7.31.24: AM & PM

Tracking Sensations

Objective: Enhance body awareness and stress management.

Script: "Good morning, everyone. Today, we're going to practice tracking, a technique from the Community Resiliency Model. Tracking means paying attention to sensations. The invitation is always, always, always to "Notice what's happening on the inside…" When we learn to discern the differences between sensations of distress and well being, we begin to have CHOICE of what to pay attention to on the inside

2. **Exercise (3+ minutes):**
    1. Sit or stand and close your eyes if you're comfortable.
    2. Focus on your feet. Notice any sensations – warmth, coolness, tension, or relaxation.
    3. Slowly move your attention up your body – to your legs
        a. Abdomen
        b. Chest
        c. Arms
        d. Shoulders
        e. and finally your head.
    4. Pay attention to any areas that feel neutral or pleasant. Spend a few moments noticing these sensations.

Conclusion: Tracking helps us stay in the Resilient Zone by increasing our body awareness. Try using this technique whenever you need to manage stress. Thank you."

8.1.24: AM & PM

Self-Compassion Break

Objective: Encourage self-compassion to counteract self-criticism.

Script: "Today, we'll practice a self-compassion break.

Introduction : Self-compassion, or being kind to oneself, is paramount for maintaining emotional well-being and resilience. Sometimes we allow ourselves to be unkind to ourselves in ways we would never be unkind to others—if you have these moments, try to speak to yourself as you would speak to a good friend.

Exercise (2 minutes):

1. Think of a moment recently that was stressful or challenging for you.
2. Say to yourself, 'That was/is hard.' Acknowledge the difficulty without judgment.
3. Remind yourself that others also face similar challenges ("I'm not alone").
4. Place your hand over your heart (if you want) and say, 'I will be kind to myself.' offer yourself a positive word or identify something in that challenging situation that you did well. Celebrate that. Feel the warmth and kindness you're offering to yourself.

Conclusion : Practicing self-compassion can help us maintain emotional resilience. Let's remember to be kind to ourselves, especially during tough times. Thank you."

8.2.24: AM & PM

Teamwork Enhancement

Objective: Improve teamwork and reduce feelings of isolation.

Script: "Today, we're going to focus on enhancing our teamwork.

1. **Introduction:** Effective teamwork can significantly reduce stress and improve our work environment.
2. **Exercise (2-3 minutes):**
   - Pair up with the nurse next to you.
   - Share one example of a time when you felt supported by a colleague. How did it help you? Can you openly give an example of support you would appreciate?
   - Take turns listening, discussing and expressing gratitude for each other's support. Each partner should have at least 1 minute to speak.
3. **Conclusion :** Building strong team bonds can make our work more manageable and enjoyable. Let's continue to support each other. Thank you."

8.3.24: AM & PM

Resourcing

Objective: Build internal and external resources for resilience.

Script: "Today, we're going to identify some resources that help us feel strong and calm.

1. Think of three positive resources in your life. These could be people, places, activities, or personal strengths.
2. Write them down if you have a pen and paper.
3. Choose one resource and write down three details about it. For example, if your resource is a friend, you might write about their kindness, support, and the fun times you've had together.
4. Read your details silently and notice how thinking about this resource makes you feel.

Focusing on our resources can help us feel more grounded and resilient. Let's remember to turn to these resources when we need support. Thank you."

8.4.24: AM & PM

Rapid Reflection and Encouragement

Objective: Foster mutual support and positive reflection among nurses.

Script: "Good morning, everyone. Today, we'll practice an exercise called Rapid Reflection and Encouragement. This exercise will help us acknowledge our challenges, celebrate our achievements, and express gratitude while supporting each other.

Introduction: This exercise involves pairing up and taking turns to share our thoughts on three categories: challenges, achievements, and things we are grateful for. Each person will have 15 seconds to speak for each category, and their partner will reflect back and offer encouragement.

Exercise (4 minutes):

- **Step 1:** Pair up with a colleague.
- **Step 2:** One partner will start by listing as many challenges as they can think of in 15 seconds.
- **Step 3:** The listening partner will reflect back what they heard in a few words and offer a word of encouragement. For example, "I heard that you're dealing with heavy workloads and understaffing. You're doing an amazing job managing all of that!"
- Ready? Go.
    - [Wait 15 seconds]
- **Step 4:** Switch roles. The other partner will now list their challenges for 15 seconds. Ready? Go.
    - [Wait 15 seconds]

    - Reflect and encourage as before.
- **Step 6:** Move on to achievements. The first partner will list things they are proud of in 15 seconds.
- **Step 7:** The listening partner will reflect and encourage. For example, "You've accomplished so much, like learning new chemo protocols and providing excellent patient care. That's incredible!"
- Ready? Go.
    - [Wait 15 seconds]
- **Step 8:** Switch roles and repeat for achievements.
    - [Wait 15 seconds]
- **Step 9:** Finally, list things you are grateful for in 15 seconds.
- **Step 10:** Reflect and encourage. For example, "It's wonderful to hear that you're grateful for supportive colleagues and meaningful patient interactions. Keep appreciating those moments."
- Ready? Go.
    - [Wait 15 seconds]
- **Step 11:** Switch roles and repeat for gratitude.
    - [Wait 15 seconds]

Conclusion: This exercise helps us acknowledge our struggles, celebrate our successes, and appreciate the positive aspects of our work. Let's continue to support and encourage each other. Thank you."

8.5.24: AM & PM

Time Management Tips

Objective: Improve time management skills to reduce stress.

Script: "Good morning, everyone. Today, let's focus on time management.

Introduction : Effective time management can help reduce stress and improve efficiency in our work.

1. **Exercise (2-3 minutes):**
    - Identify one task you can delegate or ask for help with.
        - Practice asking for help before you need it and offering a timeline for when you may need help
    - Write down three small, manageable goals for your shift.
    - Prioritize these goals based on urgency and importance.

Conclusion : By setting clear priorities and delegating (kindly) when necessary, we can manage our time more effectively and reduce stress. Let's practice this throughout our shift. Thank you."

8.6.24: AM & PM

Quick Debriefing

Objective: Provide a structured method for quick debriefing during or after shifts.

Script: "Today, we'll practice a quick debriefing technique to manage stress.

1. **Introduction:** Debriefing can help us process challenging experiences and support each other.
2. **Exercise (3-4 minutes):**
   - Pair up with a colleague or form a small group.
   - Each person takes 1-2 minutes to share one challenging moment from the shift.
   - After each share, the listener(s) provide supportive feedback or just a listening ear.
3. **Conclusion:** Quick debriefing can help us release stress and feel more supported. Let's incorporate this practice regularly. Thank you."

8.7.24: AM & PM

Positive Reframing

Objective: Teach the technique of positive reframing to manage stress.

Script: "Today, we're going to practice positive reframing.

Introduction: Positive reframing involves looking at a situation from a different perspective to find a more positive outlook.

Exercise (2-3 minutes):

- Think of a recent challenging situation at work.
- Identify one positive aspect or lesson learned from that experience.
- Share this positive reframe with a colleague.

Conclusion : Positive reframing can help us manage stress by shifting our perspective. Let's practice finding the silver lining in our daily challenges. Thank you."

8.8.24: AM & PM

Compassion Fatigue Awareness

Objective: Recognize and address compassion fatigue.

Script: "Today, we'll discuss compassion fatigue and ways to manage it.

Introduction: Compassion fatigue is the emotional residue or strain from exposure to working with those that are suffering. Often, we form close relationships, experience our own grief, or take on our patients' emotions. It is important to share our strategies for processing and protecting ourselves.

Exercise (2-3 minutes):

- Reflect on a recent experience where you felt emotionally drained.
- Acknowledge that these feelings are valid and common in our line of work.
- Share with a partner one strategy you use to recharge emotionally, such as talking to a friend, engaging in a hobby, remembering the patient, or practicing self-care.

Conclusion : Being aware of compassion fatigue is the first step in managing it. Let's support each other and use our strategies to maintain our emotional well-being. Thank you."

8.9.24: AM & PM

Mindfulness and Breathing

Objective: Provide tools for immediate stress reduction.

Script: "Let's practice a mindfulness and breathing exercise to help manage stress.

Introduction : Mindfulness and deep breathing can help calm your mind and body during stressful moments.

73. **Exercise (2-3 minutes):**
    - Sit comfortably and close your eyes.
    - Focus on your breath. Take a deep breath in through your nose for a count of four, hold for four, and exhale through your mouth for six.
    - As you breathe, pay attention to the sensation of the air entering and leaving your body.

Conclusion : Practicing mindfulness and deep breathing regularly can help you stay calm and focused. Use this technique whenever you need a quick reset. Thank you."

8.10.24: AM & PM

Quick Mindfulness

Objective: Promote mindfulness and present-moment awareness.

Script: "Let's practice a quick mindfulness exercise to stay present.

1. Look around the room and silently name five things you can see.
2. Now, focus on four things you can touch. Notice the texture and temperature.
3. Listen for three things you can hear. It could be the hum of the air conditioning, distant voices, or your own breathing.
4. Identify two things you can smell. Maybe it's the coffee brewing or the scent of your hand sanitizer.
5. Finally, think of one thing you can taste. It could be the aftertaste of your last sip of water.

Mindfulness helps us stay grounded and reduce stress. Let's practice being present throughout our day. Thank you."

8.11.24: AM & PM

Connection and Support

Objective: Foster a supportive work environment and reduce feelings of isolation.

Script: "Today, we'll focus on connection and support.

1. Pair up with a colleague next to you, someone you trust, or form a small group. Please remember to be inclusive—teamwork is fostered when we remember that we all carry stress, frustration, and the capacity for gratitude and compassion.
2. Each of you take a turn to share a recent positive experience or a challenge you're facing. You have about 1 minute each.
3. Listen actively and provide supportive feedback. Remember, this is a judgment-free zone.

Sharing our experiences can help us feel more connected and supported. Let's make an effort to continue these conversations beyond our huddles. Thank you."

8.12.24: AM & PM

Intentional Gratitude

Objective: Shift focus to positive aspects and build resilience.

Script: "Today, we'll practice a quick gratitude exercise to help boost our resilience.

1. Take a moment to think of three things you're grateful for. They can be anything – big or small.
2. Write them down if you have a pen and paper. If not, just keep them in your mind.
3. Reflect on why these things are important to you. Spend a few seconds on each one.
4. If you have time, write a small note of thanks to someone on the team who helped you today. You can give it to them or ask someone else to deliver it anonymously.

Practicing gratitude can help shift our focus from stress to positivity. Let's make it a habit to find moments of gratitude throughout our day. Thank you."

8.13.24: AM & PM

Diaphragmatic Breathing

Objective: Activate the parasympathetic nervous system to promote calm.

Script: "Today, we'll focus on diaphragmatic breathing, a technique to help calm your mind and body.

1. Place one hand on your chest and the other on your abdomen.
2. Take a deep breath in through your nose, letting your abdomen rise more than your chest. Let's try it together. Inhale... hold for 4 seconds... 1, 2, 3, 4... and slowly exhale through your mouth for 6 seconds... 1, 2, 3, 4, 5, 6.
3. Repeat this process for the next 2 minutes, focusing on the rise and fall of your abdomen.

This breathing technique can help you feel more centered and less stressed, especially during busy times. Give it a try and practice it throughout your day. Thank you."

8.14.24: AM & PM

Micro-Relaxation Techniques

Objective: Reduce immediate stress and promote relaxation.

Script: "Good morning, everyone. Today, we're going to practice a quick relaxation technique to help manage stress. This is called Progressive Muscle Relaxation. We can practice this standing up, but please give it a try when sitting comfortably sometime today.

1. Close your eyes if you feel comfortable.
2. Focus on your feet. Tense the muscles in your feet for 5 seconds. Ready? Tense... 1, 2, 3, 4, 5. Now, release the tension. Notice how your feet feel.
3. Move up to your calves. Tense for 5 seconds... 1, 2, 3, 4, 5. Release and notice the relaxation.
4. Continue this process with your thighs, abdomen, hands, arms, shoulders, and face. Take your time to really feel the difference between tension and relaxation.

Remember, you can use this technique anytime you feel stressed during your shift. It only takes a few moments and can make a big difference. Thank you."

8.15. 24: AM & PM

Help Now! Strategies

Objective: Provide quick and practical techniques to manage immediate stress.

Activity: Help Now! Strategies

Introduction : These strategies can help you quickly manage stress and stay calm. They offer us a quick and simple way to divert the mind from stress, come back to the present, and reset.

Exercise (2-3 minutes):

- The following are Help Now! Strategies developed by the Community Resilience Model. I will list them out. Though they seem overly simple, they are incredibly helpful. I encourage you all to try a few of these today.
    - Drink a sip of water and notice the sensations.
    - Look around and name six colors you see.

- Count backwards from 100. This can also be done while walkin
- Look around the room or wherever you are, paying attention to anything that catches your attention.
- Open your eyes if they have a tendency to shut.
- Notice the furniture, and touch the surface, noticing if it is hard, soft, rough, etc...
- Notice the temperature in the room.
- Notice the sounds within the room and outside.
- Walk and pay attention to the movement in your arms and legs and/or how your feet are making contact with the ground.
- Push your hands against the wall or door slowly and notice your muscles in your arms and/or your legs. Stand with your back against a wall and push your body against the wall. Notice any changes.

Conclusion : Use Help Now! strategies whenever you feel overwhelmed and see if it works for you.

8.16.24: AM & PM

Grounding Techniques

Objective: Promote present-moment awareness and reduce anxiety.

Activity: Grounding Exercise

Introduction : Gravitational security is the foundation upon which we build our interpersonal relationships. If our relationship to the earth is not safe, then all other relationships do not develop optimally. When we are grounded, we have a sense of self in relationship to present time and space. We are not worried about the past or the future.

25. **Exercise (2-3 minutes):**
    a. You can ground in many different positions, standing, sitting, leaning against a wall, whatever you choose.
    - Notice your contact points with the ground (feet, back, hands).
    - Observe the texture, temperature, and pressure.
    - Take a few deep breaths, focusing on the sensations of breathing.

Conclusion: Grounding techniques can quickly reduce stress and help regain focus during challenging moments.

8.17.24: AM & PM

Gesturing & Spontaneous Movements

Objective: recognize your own personal tendencies and unconscious movements

As oncology nurses, we often experience high levels of stress and secondary trauma from working with very sick patients. Gesturing can be a quick and effective way to manage this stress, helping us stay in our Resilient Zone and maintain our emotional well-being.

Gesturing is any movement of the body or limbs that expresses or emphasizes an idea, sentiment, or attitude. Gestures are usually spontaneous and not conscious – we don't realize we are making them. For example, holding your hand to your heart when you see something heartwarming or saying, 'phew!' while shaking out your hands, arms, and legs to brush off something unpleasant.

In the Community Resiliency Model, we emphasize five different types of gestures: self-calming, universal, protective, releasing, and joyful.

Let's practice these gestures together:

1. **Self-Calming Gesture (1 minute):**
   - Find a comfortable position.
   - Take a deep breath in through your nose and exhale through your mouth.
   - Place your hand over your heart, rub the back of your arms, or something that feel calming to you.
   - Notice the sense of comfort and safety this brings. Pay attention to the sensations in your body. What do you feel?
2. **Protective Gesture (1 minute):**
   - Think about a situation where you need to set a boundary or protect yourself.
   - Hold your hand out with the palm facing forward as if to say 'stop'.
   - Feel the power and safety in this gesture. Notice the sensations in your body.
3. **Releasing Gesture (1 minute):**
   - Imagine you are dealing with something unpleasant.
   - Shake your hands, arms, and legs to release the tension.
   - Feel the sensation leaving your body and restoring balance. What changes do you notice?
4. **Joyful Gesture (1 minute):**
   - Think about something that makes you happy or excited.
   - Raise your hands in the air as if you are celebrating.
   - Notice the joy and uplift in your body. How do you feel?

Conclusion: try to identify your self-soothing gesture. The soothing gesture can be called to mind to help get back to the Resilient Zone if bumped out. I encourage you to have curiosity about self-comforting gestures, as they are another way to reinforce inherent resiliency."

Custom Resilience Trainings 1-20