

# Development and Evaluation of Targeted Psychological Skills Training for Oncology Nurses in Managing Stressful Patient and Family Encounters

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Studies of the cumulative effects of stress in oncology nursing have pointed to outcomes such as burnout and compassion fatigue. Burnout reflects exhaustion in the context of work demands (Freudenberger, 1974), whereas compassion fatigue has been used to identify the personal costs over time of caring for others who are suffering (Figley, 2002; Joinson, 1992). Oncology nurses report high rates of both phenomena (Edmonds, Lockwood, Bezjak, & Nyhof-Young, 2012; Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Ksiazek, Stefaniak, Stadnyk, & Ksiazek, 2011; Potter et al., 2010; Trufelli et al., 2008). In medical settings, work-related stress has been associated with poorer well-being (Taylor, Graham, Potts, Richards, & Ramirez, 2005), lower confidence (Travado, Grassi, Gil, Ventura, & Martins, 2005), and higher risk for medical errors (West et al., 2006). Oncology nurses with higher stress also may be more likely to consider leaving for positions outside of cancer care (Demirci et al., 2010), which is an important concern given the limited numbers of nurses with oncology training.

The evidence is inconsistent regarding whether interventions may prevent or reduce the effects of cumulative stress among oncology nurses. Intensive and nontargeted psychological training may decrease stress (Delvaux et al., 2004); however, the time and resources required to deliver or attend those programs limit feasibility in many practice settings. A number of pilot trials have tested brief, structured programs to reduce burnout among oncology nurses, with evidence to support additional investigation of education, coping skills, and mindfulness approaches (Cohen-Katz et al., 2005; Edmonds et al., 2012; Italia, Favara-Scacco, Di Cataldo, & Russo, 2008; Lupo et al., 2012; Mackenzie, Poulin, & Seidman-Carlson, 2006; Rask, Jensen, Andersen, & Zachariae, 2009; Turner et al., 2009). Mindfulness refers to intentional and nonjudgmental awareness of the present moment, engaging in the moment rather

**Purpose/Objectives:** To reduce workplace stress by developing a brief psychological skills training for nurses and to evaluate program feasibility, acceptability, and preliminary efficacy in decreasing burnout and stress.

**Design:** Intervention development and evaluation.

**Setting:** Outpatient chemotherapy unit at a comprehensive cancer center.

**Sample:** 26 infusion nurses and oncology social workers.

**Methods:** Focus groups were conducted with nurses. Results informed the development and evaluation of training for nurses. Participants completed the Maslach Burnout Inventory and Perceived Stress Scale post-training.

**Main Research Variables:** Burnout and stress.

**Findings:** Focus groups indicated strong commitment among nurses to psychosocial care and supported the idea that relationships with patients and families were sources of reward and stress. Stressors included factors that interfered with psychosocial care such as difficult family dynamics, patient behaviors and end-of-life care issues. Psychological skills training was developed to address these stressors. Evaluations suggested that the program was feasible and acceptable to nurses. At two months, participants showed reductions in emotional exhaustion ( $p = 0.02$ ) and stress ( $p = 0.04$ ).

**Conclusions:** Psychological skills training for managing difficult encounters showed feasibility, acceptability, and potential benefit in reducing emotional exhaustion and stress.

**Implications for Nursing:** Brief training that targets sources of clinical stress may be useful for nurses in outpatient chemotherapy units.

**Knowledge Translation:** Specific stressors in relationships with patients and families present challenges to nurses' therapeutic use of self. Targeted psychological skills training may help nurses problem-solve difficult encounters while taking care of themselves. System-level strategies are needed to support and promote training participation.

than acting on habit or wishing the moment were different. Oncology staff members also have shown small improvements following monthly group meetings