Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Development of a reference model for patient and public involvement in oncology research in French-speaking Switzerland

S. Colomer-Lahiguera1, T. Corbière2, K. Soukup3, F. Reeb-Landy1, A. Addes1

M. Eicher2

1Oncology, Institute of Higher Education and Research in Healthcare - IURFS, CHUV, Lausanne, Switzerland; 2Research & Training, Institute of Higher Education and Research in Healthcare - IURFS, CHUV, Lausanne, Switzerland; 3Oncology Department, HUG - Hopitaux Universitaires de Geneve, Geneva, Switzerland; 4Oncology, CHUV - Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland

Background: Patient and public involvement (PPI) in research is increasingly encouraged as a means of improving its validity and relevance. Although gaining momentum, the implementation of PPI in research in Switzerland remains recent. Our aim was to establish a PPI model for cancer research adapted to the local context that will assist researchers to apply PPI approaches within their projects.

Methods: Two semi-directed focus groups were conducted with 10 local key informants including patient representatives (2), oncology healthcare professionals (3), PPI experts (2), experts in patient-reported measures (2), and health managers (1). A deductive thematic approach was used to identify benefits, limitations and facilitators of establishing a PPI model in cancer research in the local context. In addition, we identified established frameworks in research and/or cancer research to analyze the main concepts and elements to be considered.

Results: Consensus was reached on the benefits of involving patients in research, allowing for more specific, relevant, and comprehensive studies. Participants also identified limiting factors such as the lack of PPI culture in healthcare research or the need for a paradigm shift at different levels. Among facilitators for the success and long-term sustainability of PPI were awareness of the resources, capacities of the research organization and capabilities of the patients, the need for PPI training for both researchers and patients, and the recognition of patient’s contributions. Nine different frameworks from seven countries were retained for further analysis. Main elements identified related to the goals to be achieved (why?), the knowledge that patients can contribute (what?), and the types and degree of patients’ involvement (who & how?).

Conclusions: The resulting SCCL-PPI model is multidimensional, comprising the stages of research, different levels and types of involvement, capabilities required from patients and capacities of the research group/organization. It is important for researchers to make a careful assessment of each of these dimensions. We chose to depict it using the Rubik’s cube to reflect the importance of adaptability of a PPI approach to each individual research project.

Legal entity responsible for the study: Institute of Higher Education and Research in Healthcare — IURFS-UNIL-CHUV.

Funding: ISREC Foundation; Bryn Turner-Samuels Foundation.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.07.363

Comparison of professional quality of life, empathy and emotional intelligence in cancer health care professionals: A study of cancer nurses, radiation therapists and oncologists

P. Hunt1, M. Gooney1, A. Hennessy2, M. Keenleyside3, S. Denieffe4

1Nursing and Health Care, South East Technological University, Waterford, Ireland; 2Computing and Mathematics, South East Technological University, Waterford, Ireland; 3Psychology, St Patrick’s Hospital, Waterford, Ireland; 4Humanities, South East Technological University, Waterford, Ireland

Background: Professional Quality of Life, that is compassion satisfaction (CS) and compassion fatigue (CF), is experienced by cancer health care professionals (HCP) as they are exposed to the distress and suffering of patients with cancer. Cancer HCPs use both emotional and cognitive empathy and aspects of emotional intelligence in their interactions with patients. This study was the first to examine the relationship between professional quality of life, empathy and emotional intelligence, and compare these constructs between cancer nurses, radiation therapists and oncologists.

Methods: The aim of this cross-sectional study was to examine relationships between professional quality of life, empathy and trait emotional intelligence in cancer HCPs, and identify differences between nurses, radiation therapists and oncologists. Data collection involved a survey (n = 122) and was analysed using the Statistical Package for Social Sciences-22®.

Results: The results revealed that levels of the CF subscale of secondary traumatic stress (STS) experienced by cancer HCPs were high (28%). High levels of emotional empathy were negatively correlated with CS and positively correlated with CF, whereas high levels of cognitive empathy were positively correlated with CS. High levels of trait emotional intelligence were positively correlated with CS and cognitive empathy, and negatively correlated with CF and emotional empathy. A difference in burnout levels, and levels of the emotional intelligence domain of self-control between the professions reached statistical significance.

Conclusions: Recommendations include the need for national policy to take into consideration the impact of working with cancer patients on STS levels of cancer HCPs in work-force planning. Additionally, clinicians and educators need to implement empathy and well-being strategies into practice and education initiatives, whilst considering specific professionals and demographics. These recommendations could assist in improving cancer health care professional’s professional quality of life.

Legal entity responsible for the study: P. Hunt.

Funding: CARE Collaboration.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.07.366

The impact of an education WhatsApp group to support nurses working in an acute oncology/haematology setting during the COVID-19 pandemic

P.G. Lawless1, C. O’Shea2, R. Fox3, A. Elliott1, A. Smullen1, N. Anderson2

1Medical Oncology/Haematology Department, Beaumont Hospital, Dublin, Ireland; 2Medical Haematology Department, Beaumont Hospital, Dublin, Ireland; 3Psychology Oncology Department, Beaumont Hospital, Dublin, Ireland

Background: Finding time and space to explore and disseminate the latest advances in nursing and cancer care, patient supports and promotion of self-care for nurses working in an acute oncology/haematology setting was proving challenging prior to study. Interviews were transcribed verbatim and the Colaizzi framework (1978) was used for content analysis.

Results: 164 nurses responded to the questionnaires (response rate 59%) and 15 were interviewed for the qualitative study. The mean CD-RISK score was 93.5 (SD: 12.9), and was significantly higher in nurses with a Master’s or PhD degree (88.7 ±11.4). Analysis of the COPE-NIV-25 subscales revealed good strategies for problem orientation (78.3 ±11.8), social support (70.1 ±11.9), and positive attitude (77.4 ±12.5), while the mean values were low for transcendent orientation (46.8 ±27.8) and avoidance strategies (33.3 ±12.2). The analysis of nurses’ interviews highlighted the way participants experienced coping and resilience strategies, and the following themes emerged: changing; feelings/emoctions; professionalism and nursing responsibilities; teamwork, and learning needs.

Conclusions: The investigation of nurses’ experiences during the COVID-19 pandemic provides a unique opportunity to understand their resilience and coping strategies. This study provides relevant information to plan support for oncology nurses to help them maintain their coping strategies and resilience during long lasting emergencies.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.07.365

Nurses’ experiences during the COVID-19 pandemic: Multicenter mixed-methods study of coping and resilience strategies

L. Cadon1, S. Cedrone1, J. Polesil1, C. Mazzega Fabbro1

1Continuing Education Centre, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy; 2Unit of Health Professions, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy; 3Unit of Cancer Epidemiology, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy; 4Oncology Department, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy

Background: Oncology nurses have faced many challenges and sacrifices during the COVID-19 pandemic, often hidden behind the need to protect very fragile patients. Therefore, we conducted a cross-sectional study to evaluate the resilience and coping strategies of nurses working in the oncology setting.

Methods: A multicenter, sequential, explanatory mixed-methods study was conducted, in which quantitative and qualitative data were collected and analyzed sequentially and individually. Nurses in two Oncology Departments in Northeast Italy were enrolled from May to October 2021. The Italian versions of the CD-RISK and COPE-NIV-25 questionnaire were mailed to 216 nurses working during the COVID-19 pandemic, and data were collected through an electronic procedure (REDCap). The COPE-NIV-25 questionnaire was standardized on a 0-100 scale. Semi-structured interviews with purposeful sampling until saturation were conducted in the qualitative

Conclusion: The resulting SCCL-PPI model is multidimensional, comprising the stages of research, different levels and types of involvement, capabilities required from patients and capacities of the research group/organization. It is important for researchers to make a careful assessment of each of these dimensions. We chose to depict it using the Rubik’s cube to reflect the importance of adaptability of a PPI approach to each individual research project.

Legal entity responsible for the study: Institute of Higher Education and Research in Healthcare — IURFS-UNIL-CHUV.

Funding: ISREC Foundation; Bryn Turner-Samuels Foundation.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.07.364

Nurses’ experiences during the COVID-19 pandemic: Multicenter mixed-methods study of coping and resilience strategies

L. Cadon1, S. Cedrone1, J. Polesil1, C. Mazzega Fabbro1

1Continuing Education Centre, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy; 2Unit of Health Professions, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy; 3Unit of Cancer Epidemiology, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy; 4Oncology Department, Centro di Riferimento Oncologico di Aviano (CRO) IRCCS, Aviano, Italy

Background: Oncology nurses have faced many challenges and sacrifices during the COVID-19 pandemic, often hidden behind the need to protect very fragile patients. Therefore, we conducted a cross-sectional study to evaluate the resilience and coping strategies of nurses working in the oncology setting.

Methods: A multicenter, sequential, explanatory mixed-methods study was conducted, in which quantitative and qualitative data were collected and analyzed sequentially and individually. Nurses in two Oncology Departments in Northeast Italy were enrolled from May to October 2021. The Italian versions of the CD-RISK and COPE-NIV-25 questionnaire were mailed to 216 nurses working during the COVID-19 pandemic, and data were collected through an electronic procedure (REDCap). The COPE-NIV-25 questionnaire was standardized on a 0-100 scale. Semi-structured interviews with purposeful sampling until saturation were conducted in the qualitative

Conclusion: The resulting SCCL-PPI model is multidimensional, comprising the stages of research, different levels and types of involvement, capabilities required from patients and capacities of the research group/organization. It is important for researchers to make a careful assessment of each of these dimensions. We chose to depict it using the Rubik’s cube to reflect the importance of adaptability of a PPI approach to each individual research project.

Legal entity responsible for the study: Institute of Higher Education and Research in Healthcare — IURFS-UNIL-CHUV.

Funding: ISREC Foundation; Bryn Turner-Samuels Foundation.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.07.364
Addressing the professional and educational issues for the cancer nursing and allied health professions workforce: A collaborative, strategic, UK-wide approach

J. Armooom 1, D. Bell 1, K. Bowles 1, K. Campbell 1, J. Davis 1, M. Fores 1, M.R. Foulkes 1, R. Hammond 1, V. Lavender 1, S. Lilley 1, L. Potter 1, V. Taylor 1

1School of Health and Social Wellbeing, University of the West of England, Bristol, UK; 2Strategy Development, Macmillan Cancer Support, London, UK; 3Professional Engagement, Macmillan Cancer Support, London, UK; 4School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK; 5Centre for Clinical Expertise, Macmillan Cancer Support, London, UK; 6Workforce Delivery, Health Education England, UK; 7Berkshire Cancer Centre, Royal Berkshire Hospital - NHS Foundation Trust, Reading, UK; 8Cancer Services, Circle Health Group, London, UK; 9Guy’s Cancer Academy - Guy’s Hospital, London, UK; 10Workforce and Education, Greater Manchester Cancer, Manchester, UK; 11National Teams, Health Education England, UK; 12School of Nursing, University of Central Lancashire, Preston, UK

Background: Cancer will affect 1 in 2 of us during our lifetime. Never has the time to focus on the cancer workforce been more critical. The importance of developing the cancer workforce has been emphasised globally, within Europe and the United Kingdom (UK). However, within the UK, there is no nationally defined career pathway or agreed overarching competency framework for cancer nurses and the allied health professionals across the spectrum of the cancer workforce.

Methods: A multi partnership collaboration within the UK, including Health Education England (HEE), Macmillan Cancer Support, UK Oncology Nursing Society (UKONS) and the Royal College of Nursing (RCN), has developed the Aspirant Cancer Career and Education Development programme (ACCEnd). ACCEnD provides guidance regarding the knowledge and capabilities required by the nursing and allied health professional workforce to care for people affected by cancer.

Results: An overarching career pathway and education framework for nursing and the allied health professions has been developed. To support the implementation of the framework, four workstreams, ranging in focus from pre-registration to strategic leadership, provide guidance on the learning, development and educational needs and resources required to support the workforce throughout their cancer career. Finally, ACCEnD includes the development of a digital portfolio incorporating the framework to record practitioners’ development throughout their career pathway.

Conclusions: The ACCEnD programme seeks to address and provide solutions to key issues that challenge the cancer workforce both now and into the future promoting both recruitment and retention. We welcome the opportunity to present the programme to the European Oncology Nursing Society audience.

Legal entity responsible for the study: The authors.

Funding: Health Education England, Macmillan Cancer Support.

Disclosure: All authors have declared no conflicts of interest.

The Gastrointestinal and Lymphoma Unit Advanced Nurse Practitioner role in clinical research at The Royal Marsden Hospital

L. Hobbs 1, J. Duncan 1, F. Kinnaird 1, C. Fong 2, S. Li 3, A. Gordon 3, L. Chau 4, M. Stirling 5, S. Rao 5, D. Watkins 6, C. Fribbens 7, D. Cunningham 8

1GI & Lymphoma, The Royal Marsden Hospital (Sutton), Sutton, UK; 2GI and Lymphoma, Royal Marsden Hospital NHS Foundation Trust, London, UK; 3Cancer Services, The Royal Marsden Hospital (Sutton), Sutton, UK; 4Department of Medicine, The Institute of Cancer Research/Royal Marsden NHS Foundation Trust, Sutton, Surrey, UK; 5Gastrointestinal Unit, The Royal Marsden Hospital - Chelsea, London, UK; 6GI Unit, The Royal Marsden Hospital - Chelsea, Sutton, UK; 7Medicine Department, The Royal Marsden Hospital (Sutton) - NHS Foundation Trust, Sutton, Surrey, UK; 8GI Oncology Department, The Royal Marsden Hospital - Chelsea, London, UK; 9Medicine Department, The Institute of Cancer Research and Royal Marsden Hospital, Sutton, UK

Background: The Advanced Nurse Practitioner (ANP) role is a new concept in all fields of nursing practice, dating back to 1990. The role of the ANP is invaluable, allowing patients to receive timely care and negates delays in treatment. In the UK, the role continues to develop in response to the changing healthcare needs of our population including an ageing society, increasing prevalence of chronic conditions, the advancement of new treatments, inefficient healthcare policies and the rising cost of healthcare. Nurses have always acknowledged the healthcare needs of patients and their roles have developed in response; the ANP role is no different. Currently the role requires additional competencies that include but are not limited to physical assessment skills and obtaining a non-medical prescribing qualification recognised by the Nursing and Midwifery Council. ANPs have supported the delivery of standard clinical care at The Royal Marsden Hospital (RMH) in recent years but this has not expanded into clinical research nursing.

Methods: Following a restructure of nursing leadership within the unit in 2018, it was recommended that clinical research nurses could widen their scope of practice by undertaking advanced masters education modules to enhance autonomy and facilitate nurse-led research clinics. The imminent appointment of an ANP specific to research in our unit will pioneer this role within RMH.

Results: The ANP will provide support to research clinics by reviewing trial patients including protocol-mandated adverse event assessments and physical examination. Key relevant diagnostic tests can be ordered without delay. Investigational medicinal products will be prescribed, a task ordinarily reserved for a delegated physician. A

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.07.367