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Development of a reference model for patient and public involvement in oncology research in French-speaking Switzerland

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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.

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

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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 questionnaires were standardized on a 0-100 scale. Semi-structured interviews with purposeful sampling until saturation were conducted in the qualitative 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±13.9), and positive attitude (74.7±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/emotions; professionalism and nursing responsibility; 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.

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

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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 relationships 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-22/1.

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 workforce 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.

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

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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