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- Learning objectives:
 - By the completion of this program, the learners will have a new awareness of onco-spiritualism.
- The speaker has no conflict of interest to disclose, no sponsorship agreement, or commercial interest.
- Presentation is free from bias.

RELATIONSHIPS AMONG SELF-CARE BEHAVIORS AND PROFESSIONAL QUALITY OF LIFE IN ONCOLOGY NURSES

Background

- Oncology nurses must provide support to patients and families to promote positive outcomes
 - Due to nature of patient cared for – perhaps more than other nurses
 - Affected by their own caring – caring for self is not the priority
 - Nursing shortage – factors inhibiting care
 - Personal strength – personal fatigue

Statement of the Problem

- The health of the oncology nurse is essential to the health of the patient.

Purpose of the Study

- To explore the relationships among the six components of self-care behaviors and the three components of professional quality of life in oncology nurses.

Research Question

- What are the relationships among the six components of self-care behaviors and the three component of professional quality of life in oncology nurses?

Research Hypothesis

- There will be at least one significant relationship among the set of variables that includes the six dimensions of health-promoting self-care behaviors and the set of variables that includes the three subscales of professional quality of life in oncology nurses.
- Canonical correlation analysis

Definition of Terms

- *Self-care behaviors* are “actions to minimize threats of personal health, self-nurturance, self-improvement, and continued personal growth. Self-care approaches embody the notion of empowerment and autonomy” (Pender, Murdaugh, & Parsons, 2011, p. 265).

Definition of Terms

- *Professional quality of life* is “the quality one feels in relation to their work as a help” (Stamm, 2010, p. 8).
- Includes two ends of a spectrum about helping others:
 - Compassion satisfaction (CS) (positive aspects of helping others)
 - Compassion fatigue (CF) (associated with the negative aspect)
 - CF contains two aspects: Burnout (BO) and Secondary Traumatic Stress (STS) (Stamm).

Definition of Terms

- *Oncology nurses* were male, female, or transgender professional registered nurses who worked in an oncology setting, part-time or full-time, in either in-patient or out-patient settings, and were current members of ONS.
- There was no minimum work experience required.

Conceptual Models

- Pender's Health Promotion Model

- Figley's Compassion Satisfaction-Compassion Fatigue Model

Application of Blended Pender-Figley Model

- It is imperative for oncology nurses to develop a committed plan of action, incorporating healthy behaviors within their lifestyles.
- Reap the positive aspects of caring and have sustainable CS.
- CF can still occur and can lead to the development of BO and STS.

Review of Literature

- Conducted two separate literature searches
 - Self-care behaviors and professional quality of life
- Six electronic databases
 - Academic Search Premiere
 - Cumulative Index to Nursing and Allied Health Literature (CINAHL)
 - Health Source: Nursing/Academic
 - MEDLINE with Full Text
 - Psych ARTICLES
 - Psych INFO
- Delimiters – retrieved studies authored/co-authored by Pender or Figley
- 1980 to present

Methodology

Research Design

- Descriptive correlational

Sample and Setting

- RNs
- Members of Oncology Nursing Society (ONS)
- 98 subjects required for a power of .80

- Natural setting to complete on-line survey

Sample Description

- Total sample size $N = 121$
 - Average age 49.32
 - 96.7% females
 - 87.4% white
 - 69.4% married
 - 77.6% baccalaureate or higher degree
 - 71.9% national oncology certification
 - 32.2% participated in ELNEC

Instrumentation

- Health-Promotional Lifestyle Profile-II (HPLP-II)
 - 52-items
 - 6 subscales: spiritual growth, interpersonal relations, nutrition, physical activity, health responsibility, & stress management
 - 4-point Likert scale – measuring frequency of health promoting behaviors
- Professional Quality of Life Version 5 (ProQOL 5)
 - 30-items
 - 3 subscales: CS, BO, and STS
 - 5-point Likert scale – measuring frequency of experience
- Demographic Data Questionnaire (DDQ)
 - 27-items
 - Fill-in response, single-selected, select all that apply answers

Instrument Reliability

- Health-Promotion Lifestyle Profile-II (HPLP-II)
 - **Total Scale** .92
 - Spiritual Growth .83
 - Interpersonal Relations .75
 - Nutrition .69
 - Physical Activity .86
 - Health Responsibility .77
 - Stress Management .76

- Professional Quality of Life Version 5 (ProQOL 5)
 - **Compassion Satisfaction** .86
 - **Burnout** .79
 - **Secondary Traumatic Stress** .78

Findings

Regarding Health Promoting Behaviors:

- 1) Oncology nurses' overall self-care behavior scores indicated that they had moderately healthy lifestyles.
- 2) Oncology nurses' mean subscale scores on physical activity, health responsibility, and stress management indicated that they reported behaviors that were slightly negative in these domains.

Findings

- 3) Oncology nurses' mean subscales on spiritual growth, interpersonal relationships, and nutrition indicated that they reported moderately healthy behaviors in these domains.

Regarding Professional Quality of Life:

- 4) Oncology nurses' subscale scores on CS, BO, and STS were all at the midpoint of scores, indicating that, on average, the participants reported moderate levels of CS, BO, and STS.

Findings

Regarding the Relationships among Health Promoting Behaviors and Professional Quality of Life:

- 5) There was one statistically significant canonical variate derived from the set of self-care behavior variables and the set of professional quality of life variables.

The linear combination of low spiritual growth, low CS, and high BO explained 42% of the variance of this canonical variate.

The researcher named this canonical variate “onco-spiritualism”.

Conceptualization of onco-spiritualism canonical variate



Findings

- 6) Spiritual growth and interpersonal relations were the best, inversely related, predictors of BO.
- 7) Interpersonal relations was the best, inversely related, predictors of STS.

Regarding Additional Findings:

- 8) Oncology nurses with primary responsibilities for elderly parents/relatives at home had higher scores on STS.

Findings

- 9) Oncology nurses who went to work sick had lower CS and higher BO and STS scores.
- 10) Oncology nurses whose employers offered educational sessions regarding CS, CF, BO, and/or STS had higher CS.
- 11) Oncology nurses who attended the educational sessions regarding CS, CF, BO, and/or STS had higher CS.

Recommendations

- 1) Explore other predictor variables, such as resilience, coping, and transcendence, which may explain some of the unexplained variance of the professional quality of life variables.
- 2) Revise items on the Nutrition subscale of the HPLP-II to be consistent with current USDA guidelines.

Recommendations

- 3) Investigate other populations of nurses, such as men, other ethnicities and nurses who work in specialties other than oncology, to explore the relationships among self-care behaviors and professional quality of life.
- 4) Continue testing nurses' frequency of health promotion behaviors and update instruments that are applicable to lifestyles in the 21st century.

Recommendations

- 5) Investigate whether there are differences in behaviors of how men manage stress in the workplace compared to their female counterparts.

- 6) Develop more detailed instruments investigating the concepts within the subscale of spiritual growth and create educational opportunities for nurses.

Recommendations

- 7) Incorporate specific interventions that could enhance the development of CS while reducing CF.
- 8) Conduct qualitative studies to evaluate the effectiveness of Schwartz Center Rounds.
- 9) Conduct a concept analysis of onco-spiritualism.
- 10) Conduct qualitative research exploring the concept of onco-spiritualism.

Recommendations

- 11) Study nurses from various backgrounds and ethnicities to identify specific spiritual growth processes that may reveal a different outcome when correlated with the components of professional quality of life.

- 12) Explore reasons why nurses go to work when they are sick and possible solutions for this problem.

References

- Available upon request

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