Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a systematic review

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Citation
Lucia Gillman, Jillian Adams, Robin Watts, Robyn Kovac, Annie Kilcullen, Catherine Barratt, Natalie Panizza, Claire Doyle, Alex petrie. Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy. PROSPERO 2012:CRD42012002972 Available from http://www.crd.york.ac.uk/PROSPERO_REBRANDING/display_record.asp?ID=CRD42012002972

Review question(s)
One objective of this systematic review is to synthesise the best available evidence on the experience of the extrinsic and intrinsic factors that influence coping and resilience in nurses caring for adult patients with malignancy.

The second objective of the review is to synthesise the best available evidence on the effectiveness of strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy.

More specifically, the review questions are:

What is the experience of the extrinsic and intrinsic factors that influence coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy?

What personal and organisational approaches are most effective in promoting coping and resilience of nurses caring for adult patients with malignancy?

Searches
The search strategy will aim to find both published and unpublished studies. The search will not be limited to English language studies, although an English abstract will be required for the article to be assessed. Translation of non-English articles will be undertaken for eligible studies for which translation resources are available: Italian, German and French. A three-step search strategy will be utilised. An initial limited search of MEDLINE and CINAHL will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Thirdly, the reference list of all identified articles will be searched for additional studies.

The databases to be searched include:

AustHealth
Cochrane Library
EMBASE
MEDLINE
Proquest Health and Medical Complete
PsycINFO
Qualitative Inquiry (http://qix.sagepub.com/)
TRIP (Turning Research into Practice)

Quality web search tools, e.g. AllTheWeb, GoogleScholar, Scirus.com, NurseScribe, Agency of Healthcare Research and Quality, NLM Gateway, Netting the Evidence, Medscape

EBSCOhost CINAHL PLUS with full text

Joanna Briggs Institute Library of Systematic Reviews

AMED (Allied Complementary Medicine)

NOTE: The Cochrane and JBI library will be searched for systematic reviews on similar topics as a source of primary research studies.

Bibliographies of articles will be checked and key articles will be cross-checked in citation indexes. Databases covering the nursing, medical, education and behavioural science literature will be searched. Journals relevant to the topic accessible in local educational and health libraries or on-line will be 'hand' searched for the period 2007 to 2012 to ensure studies which have not been listed in the major indexing services are retrieved.

The search for unpublished studies will include grey literature and unpublished material such as conference papers, research reports and dissertations.

The sources searched to locate unpublished studies will include:

ProQuest Dissertations and Theses

Index to Theses

Grey Literature Report

Conference papers

Research registers

WWW sites of relevant associations

Internet search engines

Direct communication with researchers and relevant professional organisations.

The search strategy will be limited to the years 1980 to 2012. The rationale for commencing the search from 1980 is to include the first published relevant research.

The search terms used to locate studies for the review will be drawn from the natural language terms of the topic and the controlled language indexing terms used by different databases, as applicable. Individual search strategies will be developed for each index, adopting the different terminology of index thesauri. Initial keywords to be used will be: malignancy, neoplasm, cancer patients, oncology nursing, oncologic care, hospice and palliative nursing, palliative care, resilience, hardness, stress, burnout, symptom distress, coping, role stress, stress management, and will be used alone and as combined terms. Truncated versions of terms such as resilien*, nurs*, neoplas*, oncolog* and palliat* will be used.

Types of study to be included

The quantitative component of the review will consider both experimental and epidemiological study designs including randomised control trials, non-randomised controlled trials, quasi-experimental, before and after studies, prospective and retrospective cohort studies, case control studies and analytical cross sectional studies for inclusion.

The qualitative component of this review will consider studies that focus on qualitative data, including but not limited
to designs such as phenomenology, grounded theory and action research. Opinion papers and reports will not be considered.

Studies excluded from this review include:

Those exclusively involving children and adolescents, i.e. <18 years of age

Those which do not examine the outcomes or phenomena of interest within the context of oncology and palliative care nursing.

**Condition or domain being studied**

Working with cancer patients is considered inherently stressful. Repeated exposure to death and dying, pain and suffering, moral and ethical dilemmas regarding treatment decisions, the intensive and complex nature of treatment, and managing professional boundaries are amongst the specific stressors that oncology and palliative care staff encounter in their practice. Staff shortages and high workloads are additional stressors that, while not unique to an oncology and palliative care setting, feature as primary concerns in these areas.

**Participants/ population**

The quantitative and qualitative components of this review will consider studies that include oncology and palliative care nurses caring for adult patients with malignancy in a hospital or community setting.

**Intervention(s), exposure(s)**

The quantitative component of this review will consider as interventions different personal and organisational strategies to promote coping and resilience in nurses working in an oncology or palliative care context.

For example:

- Appraisal focused techniques that change the way the individual thinks, e.g. mindfulness based stress reduction
- Emotion focused techniques that involve releasing or managing emotions that accompany the perception of stress, e.g. distraction, exercise, music, meditation, use of humour.

The qualitative component of this review will consider as phenomena of interest the experience of different extrinsic and intrinsic factors that influence coping and resilience in nurses working in an oncology or palliative care context.

For example:

- Story-telling, talking to friends/family
- Debriefing
- Mentoring or buddy systems
- Reflective practice
- Problem focused coping
- Use of serenity or quiet rooms.

**Comparator(s)/ control**

None.

**Outcome(s)**

**Primary outcomes**

For the quantitative component of the review, outcome measures that reflect the effectiveness of personal and organisational strategies to promote resilience and effective coping will be considered. This may include, but will not
be limited to, measures of:

Resilience

Coping

Stress

Burnout

Staff retention, job satisfaction, intention to leave

Sick leave/stress leave

Staff belief they have ‘value added’ to the patient's experience

Quality of patient care

Secondary outcomes

None.

**Data extraction, (selection and coding)**

Quantitative data will be extracted from papers included in the review using the standardised data extraction tools from the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument JBI-MAStARI. The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

Qualitative data will be extracted from papers included in the review using the standardised data extraction tools from the Joanna Briggs Institute Qualitative Assessment and Review Instrument JBI-QARI. The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives.

**Risk of bias (quality) assessment**

Quantitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from JBI-MAStARI. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from JBI-QARI. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

A record of all included articles will be maintained identifying the title, author, source, location and the database they were sourced from.

**Strategy for data synthesis**

Quantitative papers will, where possible, be pooled in statistical meta-analysis using JBI-MAStARI. All results will be subject to double data entry. Effect sizes expressed as odds ratios (categorical data) and weighted mean differences (continuous data) and their 95% confidence intervals will be calculated for analysis. Where statistical pooling is not possible, the findings will be presented in narrative form including tables and figures to aid in data presentation where appropriate.

Qualitative research findings will, where possible, be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorising these finding on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesised findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible, the findings will be presented in
narrative form.

**Analysis of subgroups or subsets**
Heterogeneity will be assessed using the standard Chi-square and also explored using subgroup analyses based on the different quantitative study designs included in the review.

**Dissemination plans**
If appropriate, the findings of this systematic review will inform Joanna Briggs Institute Best Practice Information Sheets, Evidence summaries and Consumer Information Sheets.

**Contact details for further information**
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**Organisational affiliation of the review**
Curtin University, The Western Australian Centre for Evidence Informed Healthcare Practice: a collaborating centre of the Joanna Briggs Institute


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**Anticipated or actual start date**
04 September 2012

**Anticipated completion date**
04 March 2014

**Funding sources/sponsors**
Curtin University, The Western Australian Centre for Evidence Informed Healthcare Practice: a collaborating centre of the Joanna Briggs Institute
Conflicts of interest
None known

Other registration details
The Joanna Briggs Institute PRO 674

Language
English

Country
Australia

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Adaptation, Psychological; Adult; Attitude of Health Personnel; Attitude to Death; Humans; Nurse-Patient Relations; Oncologic Nursing; Palliative Care; Terminal Care

Reference and/or URL for protocol
http://connect.jbiconnectplus.org/Search.aspx

Stage of review
Ongoing

Date of registration in PROSPERO
10 October 2012

Date of publication of this revision
10 October 2012

DOI
10.15124/CRD42012002972

Stage of review at time of this submission

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