

AIEOP

Congresso Infermieristico

Sfide del presente e prospettive per il futuro

BOLOGNA

Bologna Zanhotel

3 aprile 2023



Chi cura il curante? Sindrome del Burn out

Dorella Scarponi MD, PhD

UOC Pediatria Pession

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Health professionals' experiences of grief associated with the death of pediatric patients: a systematic review

Shannon Barnes^{1,2} • Zoe Jordan¹ • Margaret Broom^{3,4}


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CLINICAL CORRESPONDENCE

WILEY

Caregiver mental health in pediatric oncology: A three-tiered model of supports

D. Andrew Elliott¹  | Dawn E. Corneau-Dia² | Erin Turner² | Brittany Barnett³ | Kendra R. Parris⁴

Commentary

Training for Wellness in Pediatric Oncology: A Focus on Education and Hidden Curricula

Fyeza Hasan ^{1,*}, Reena Pabari ^{1,†} and Marta Wilejto ²

1. The Weight of Pediatric Oncology



In our (probably biased) opinion, being a pediatric oncologist provides truly the best of medicine: the nature of the conditions we treat and the care we provide means that we see our patients frequently, and over many years. In doing so, we have the honor of building close, long-term relationships, accompanying them through some of the hardest moments of their lives, helping them to navigate complex medical situations including death. While we feel privileged to do this in our field, the intensity of this type of care can have a personal cost.



Morte e Lutto

Senso di Colpa
Fallimento
Dubbi
Perdita della speranza

Conflicting goals and obligations: Tensions affecting communication in pediatric oncology

[Bryan A. Sisk](#)^a  , [Ginny Schulz](#)^a, [Erica C. Kaye](#)^b, [Justin N. Baker](#)^{b c}, [Jennifer W. Mack](#)^d,
[James M. DuBois](#)^e



We identified 5 themes of tensions, defined as challenges experienced when clinicians and psychosocial professionals are trying to achieve multiple conflicting goals or obligations while communicating: (1) Supporting parental hopes while providing honest opinions and information; (2) disclosing all possible outcomes while avoiding the creation of new worries or uncertainties; (3) building relationships while maintaining personal boundaries; (4) disclosing sensitive information while adhering to professional role and perceived authority; (5) validating parental beliefs or decisions while fulfilling obligation for honesty. Some tensions represented conflicts between different communication goals. Others represented conflicts between a communication goal and another obligation.



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¹JBI, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, Australia, ²CQUniversity, Noosaville, Australia, ³Neonatal Intensive Care Unit, Centenary Hospital for Women and Children, ACT Health, Canberra, Australia, and ⁴Australian Catholic University, Canberra, Australia

Some of the literature surrounding health professionals' coping with grief focused on professional boundaries, memories of patients and families, disconnecting from emotions and protecting others through euphemistic labeling, as well as regulating emotions, solving problems, restructuring thoughts, using distractions, compartmentalizing and withdrawing from patients' families.



impact
responsability
grief
withdrawal
personal
emotional



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Identification

Connection and relationship






Disconnecting from emotions





Review

Burnout Syndrome in Paediatric Oncology Nurses: A Systematic Review and Meta-Analysis

Emilia Inmaculada De la Fuente-Solana ¹ , Laura Pradas-Hernández ^{2,*},
Alicia Ramiro-Salmerón ³, Nora Suleiman-Martos ⁴ , José Luis Gómez-Urquiza ⁵ ,
Luis Albendín-García ⁶  and Guillermo Arturo Cañadas-De la Fuente ⁵ 

These dimensions were all related to the characteristics of the profession, in terms of complexity, extra shifts and workload, sociodemographic variables





Never Enough Time: Mixed Methods Study Identifies Drivers of Temporal Demand That Contribute to Burnout Among Physicians Who Care for Pediatric Hematology-Oncology Patients

Lindsay J. Blazin, MD, MPH^{1,2}; Michael A. Terao, MD^{1,3}; Holly Spraker-Perlman, MD, MS⁴; Justin N. Baker, MD⁴; Valerie McLaughlin Crabtree, PhD⁵; Belinda N. Mandrell, PhD⁶; Jami Gattuso, MSN⁶; Janet Sellers, LCSW⁷; Tyler J. Dunn, MS^{8,9}; Zhaohua Lu, PhD¹⁰; James M. Hoffman, PharmD, MS^{8,11}; and Jonathan D. Burlison, PhD¹¹

Challenges balancing clinical and nonclinical tasks,
frequent meetings,
insufficient support staff,
workflow interruptions

were key drivers of temporal demand.

Emergency and palliative care nurses' levels of anxiety about death and coping with death: A questionnaire survey

Louise Peters RN, PhD^a  , Robyn Cant PhD^a, Sheila Payne PhD^b,
Margaret O'Connor RN, DN^a, Fiona McDermott PhD^a, Kerry Hood RN, MN^a,
Julia Morphet RN, MN^a, Kaori Shimoinaba RN, PhD^a

Personal, cultural, social and philosophical belief systems influence individual's attitudes towards death.

Death Attitude Profile-Revised Scale

Twenty-eight emergency nurses and 28 palliative care nurses from two health services participated. Nurses held low to moderate Fear of Death (44%), Death Avoidance (34%), Escape Acceptance (47%) and Approach Acceptance (59%)





Floriana Caccamo¹, Simona Ghedin², Cristina Marogna³

La valutazione del burnout e dell'alessitimia in un gruppo di operatori in cure palliative: uno studio pilota

¹ Dipartimento di Filosofia, Sociologia, Pedagogia e Psicologia Applicata, Università degli Studi di Padova

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A questo proposito, recenti studi sul rapporto tra intelligenza emotiva e burnout occupazionale nell'area dei servizi socio-assistenziali (28-29-30) hanno ispirato alcune riflessioni sul ruolo che l'alessitimia può assumere nella sindrome da burnout, in quanto costrutto che rimanda ad una **scarsa regolazione affettiva**. In accordo con una recente ricerca condotta su diverse categorie professionali è stato riscontrato che l'alessitimia risulta associata ad alti livelli di burnout e potrebbe essere considerata un fattore di rischio indipendente nella genesi di tale sindrome oppure una risposta di coping inadeguata nel fronteggiare situazioni di stress lavoro-correlato

> [Tumori](#). 2022 Feb;108(1):77-85. doi: 10.1177/0300891621992129. Epub 2021 Feb 15.

COVID-19 pandemic distress among a sample of Italian psycho-oncologists: risk of isolation and loneliness

Anna Costantini ¹, Eva Mazzotti ², Samantha Serpentine ³, Angela Piattelli ⁴, Dorella Scarponi ⁵, Gabriella De Benedetta ⁶, Marco Bellani ⁷

Affiliations + expand

PMID: 33588706 PMCID: [PMC7890420](#) DOI: [10.1177/0300891621992129](#)

[Burnout syndrome among Italian nursing staff during the COVID 19 emergency. Multicentric survey study]

[Article in Italian]

Vincenzo Damico ¹, Liana Murano ², Giuseppe Demoro ³, Giuseppe Russello ³, Giusy Cataldi ⁴, Antonella D'Alessandro ⁵

Affiliations + expand

PMID: 33780608 DOI: [10.7429/pi.2020.734250](#)





Roberto Anchisi, Mia Gambotto Dessy

Il burnout del personale sanitario



La sindrome del burnout la conseguenza di una particolare forma di risposta ad un “distress” cronico correlato all’attività ed all’ambiente di lavoro, che si manifesta attraverso tre componenti psicologiche:

esaurimento emotivo (EE)

depersonalizzazione (DP)



mancata realizzazione personale (PA)

Dal punto di vista epidemiologico, il burnout colpisce per lo più quanti operano nelle helping professions in ambito socio-sanitario e in particolare in oncologia, in terapia intensiva, in ambito geriatrico, nei reparti grandi ustionati, nelle unità coronariche, nei servizi psichiatrici, nei reparti di malattie infettive e nelle cure palliative .




Research paper

Emergency and palliative care nurses' levels of anxiety about death and coping with death: A questionnaire survey

Louise Peters RN, PhD ^a  , Robyn Cant PhD ^a, Sheila Payne PhD ^b,
Margaret O'Connor RN, DN ^a, Fiona McDermott PhD ^a, Kerry Hood RN, MN ^a,
Julia Morphet RN, MN ^a, Kaori Shimoinaba RN, PhD ^a

Reducing Compassion Fatigue in Inpatient Pediatric Oncology Nurses

Courtney E Sullivan ¹, Amber-Rose King ¹, Joni Holdiness ¹, Judith Durrell ¹, Kristin K Roberts ¹,
Christopher Spencer ¹, Joshua Roberts ², Susan W Ogg ¹, Meredith W Moreland ³,
Emily K Browne ¹, Carla Cartwright ¹, Valerie McLaughlin Crabtree ¹, Justin N Baker ¹,
Mark Brown ¹, April Sykes ¹, Belinda N Mandrell ¹

Affiliations  expand

PMID: 31007264 DOI: 10.1188/19.ONF.338-347

Burn out degli infermieri di oncoematologia pediatrica durante la pandemia covid-19: uno studio longitudinale prospettico.

Elena Rostagno, Moreno Crotti Partel, Matteo Amicucci. Aieop 2022








Table 3MBI and GHQ-12 frequency and prevalence, subscale rates and scores

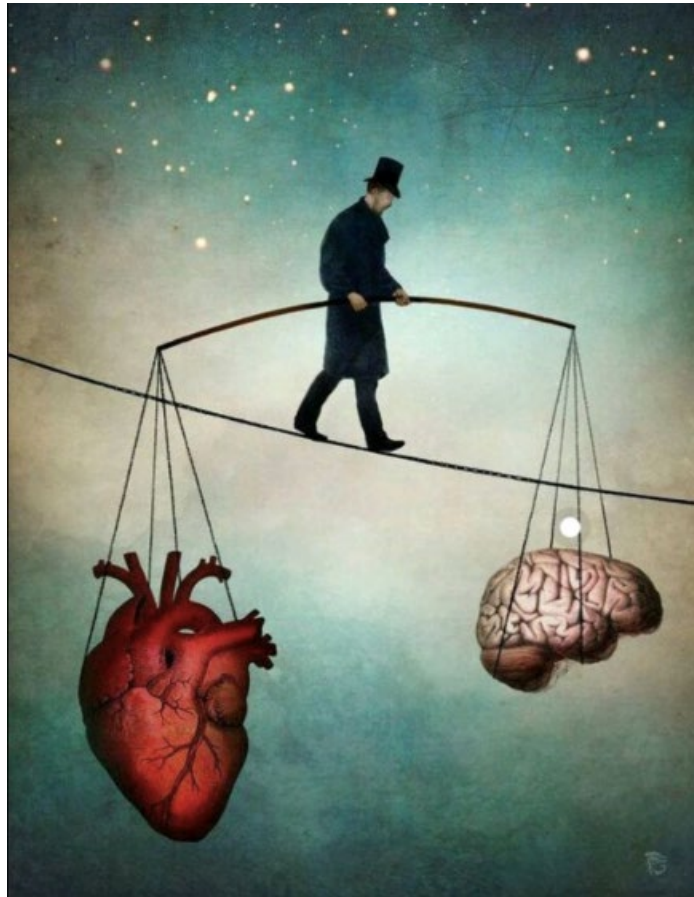
		Group 1 N = 282	Group 2 N = 261	Group 3 N = 209
Emotional Exhaustion	Low	171 (60.6 %)	128 (49 %)	101 (48.3 %)
	Moderate	59 (20.9 %)	60 (23 %)	58 (27.8 %)
	High	52 (18.4 %)	73 (28 %)	50 (23.9 %)
	mean	14.6	17.5	17
	SD	9.9	12.4	11.4
	range	0-43	0-52	1-54
Depersonalization	Low	177 (62.8 %)	146 (55.9 %)	120 (57.4 %)
	Moderate	64 (22.7 %)	77 (29.5 %)	60 (28.7 %)
	High	41 (14.5 %)	38 (14.6 %)	29 (13.9 %)
	mean	3.6	4.2	4.2
	SD	4	4.5	5.1
	range	0-20	0-25	0-26
Personal Accomplishment	Low	160 (56.7 %)	149 (57.1 %)	119 (56.9 %)
	Moderate	53 (18.8 %)	53 (20.3 %)	45 (21.5 %)
	High	69 (24.5 %)	59 (22.6 %)	45 (21.5 %)
	mean	34.6	35.2	35.2
	SD	10.8	9.9	9.8
	range	6-48	6-48	9-48
GHQ-12	No problem	54 (19.1 %)	39 (14.9 %)	59 (28.2 %)
	Minor issues	126 (44.7 %)	101 (38.7 %)	84 (40.2 %)
	Problems	102 (36.2 %)	121 (46.4 %)	66 (31.6 %)
	mean	17.4	18.2	17
	SD	4	4.2	4.9
	range	6-30	6-32	5-33

Note: MBI = Maslach Burnout Inventory; GHQ-12 = General Health Questionnaire-12; SD = Standard Deviation

Review

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Emilia Inmaculada De la Fuente-Solana ¹, Laura Pradas-Hernández ^{2,*},
Alicia Ramiro-Salmerón ³, Nora Suleiman-Martos ⁴, José Luis Gómez-Urquiza ⁵,
Luis Albendín-García ⁶ and Guillermo Arturo Cañadas-De la Fuente ⁵



Pediatric oncologists' coping strategies for dealing with patient death

Leeat Granek ¹, Maru Barrera ², Katrin Scheinemann ^{3 4}, Ute Bartels ^{4 5}

Affiliations + expand

PMID: 26865337 DOI: [10.1080/07347332.2015.1127306](https://doi.org/10.1080/07347332.2015.1127306)

Pediatric oncologists used **engagement coping strategies** with primary and secondary responses including emotional regulation (social support and religion), problem solving (supporting families at end of life), cognitive restructuring (making a difference and research), and distraction (breaks, physical activity, hobbies and entertainment, spending time with own children). They also used **disengagement coping strategies** that included voluntary avoidance (compartmentalization and withdrawing from families at end of life)



Buoyancy: A Model for Self-Reflection about Stress and Burnout in Oncology Providers

By Michael J. Fisch, MD, MPH



Strategie di coping personali

KEY POINTS

- Stress and burnout are prevalent problems among oncology providers.
- The syndrome of burnout can adversely affect patient care outcomes and reduce the health and fulfillment of clinicians.
- Buoyancy refers to the force, in opposition to burnout, that uplifts the provider.
- The individual parameters that constitute overall buoyancy vary between individuals and also vary within individuals over time (and sometimes day to day).
- Examining one's own buoyancy factors can be useful to guide choices and habits in such a way that maximizes buoyancy and minimizes risk of burnout.



Burn out degli infermieri di oncoematologia pediatrica durante la pandemia covid-19: uno studio longitudinale prospettico.

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GR 1	GR 2	GR 3
1 TA	SPORT	SPORT
2 SPORT ALTRO	MED	PSY
3 YOGA	PSY ALTRO	TA
4 MEDITATION	TA YOGA	MEDIT MIND
5 PSY	MINDFUL	YOGA
6 MINDFUL	PSYCHOPHA	ALTRO
7 PSYCHOPHA		PSYCHOPHA



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Strategie di coping in equipe

- Support from people: Support in grief can be provided by various people including colleagues, patient's family, own family members or friends
- Positive outcomes: Despite the negative experiences, there can be positive outcomes within the circumstances of a patient's death
- Importance of time and experience: The passage of time and more experience helps with grief and managing death or patients, but not being able to take time to grieve is challenging

- The authors also found that additional training could take the form of vocational training, debriefing or counseling and supervision.

La consapevolezza delle difficoltà riscontrabili quando si affrontano temi “forti” come le emozioni, ha portato a privilegiare il setting gruppale ed a scegliere, come ausilio agli scambi in gruppo, la tecnica del **Photolangage**, che ha consentito di facilitare le narrazioni amplificando la risonanza emotiva del gruppo. In letteratura, infatti, è stato riscontrato che le esperienze di gruppo rivolte a membri dello staff di reparti critici condotte con **tecniche attive** incontrano minori resistenze dei partecipanti rispetto a quanto accadrebbe in un gruppo di psicoterapia verbale non strutturato

Floriana Caccamo¹, Simona Ghedin², Cristina Marogna³

La valutazione del burnout e dell'alessitimia in un gruppo di operatori in cure palliative: uno studio pilota

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“I can't be the nurse I want to be”: Counter-stories of moral distress in nurses' narratives of pediatric oncology caregiving

Monica L. Molinaro^{a b} , Jessica Polzer^{c e}, Debbie Laliberte Rudman^d,
Marie Savundranayagam^e





Dipartimento di

Scienze Umane per la Formazione "Riccardo Massa"

Dottorato di Ricerca in Scienze della Formazione e della Comunicazione Ciclo XXX

Proteggere l'infermiere dal burnout: dati preliminari sull'importanza di introdurre la mindfulness all'interno della formazione infermieristica



Management Infermieristico, n. 2/2007

ARTICOLI

La Mindfulness per la professione infermieristica

Università degli Studi di Bologna, Polo formativo Bo1 Scuola CRI Infermieri:

Francesco Burrai

Dott. Magistrale, PhD, Coordinatore didattico e Docente di Infermieristica Olistica. Membro dell'American Psychological Association (APA)

Danilo Cenerelli

Dott. Magistrale, Coordinatore didattico e Docente di Infermieristica Generale e Infermieristica del Dolore

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Commentary

Training for Wellness in Pediatric Oncology: A Focus on Education and Hidden Curricula

Fyeza Hasan ^{1,*},[†] , Reena Pabari ¹,[†]  and Marta Wilejto ²

In recent years medical schools and hospitals have developed strategies to improve trainee wellness and reduce burnout, including the implementation of duty hour restrictions and formal wellness programs. Wellness programs have traditionally incorporated a broad range of evidence-based approaches including mindfulness interventions, resilience training, stress management and exercise programs. Studies have also shown that facilitated group sessions (Balint groups) and didactic curricula focusing on **self-reflection** and communication reduce stress and improve work satisfaction. Despite the recent explosion in wellness interventions, the prevalence of burnout in trainees has remained largely unchanged over the last few decades. The reasons for this are likely multifactorial, and may relate to unrecognized systemic factors ingrained in the culture of medicine.



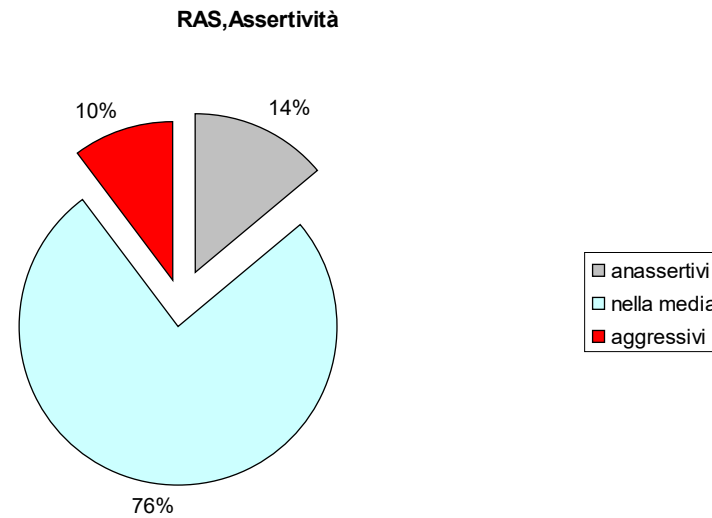
Modello di Formazione Gruppo-Analitico esperienziale a blocchi

- 1 GRUPPO
- 2 ESPERIENZA PERSONALE-PROFESSIONALE
- 3 INTENSIVA
- 4 RESIDENZIALE

COMPETENZA COGNITIVE
CONSAPEVOLEZZA DI SE'
BENESSERE/MALESSERE



CONSAPEVOLEZZA DI SE'. ASSERTIVITA'



Totale 29 partecipanti

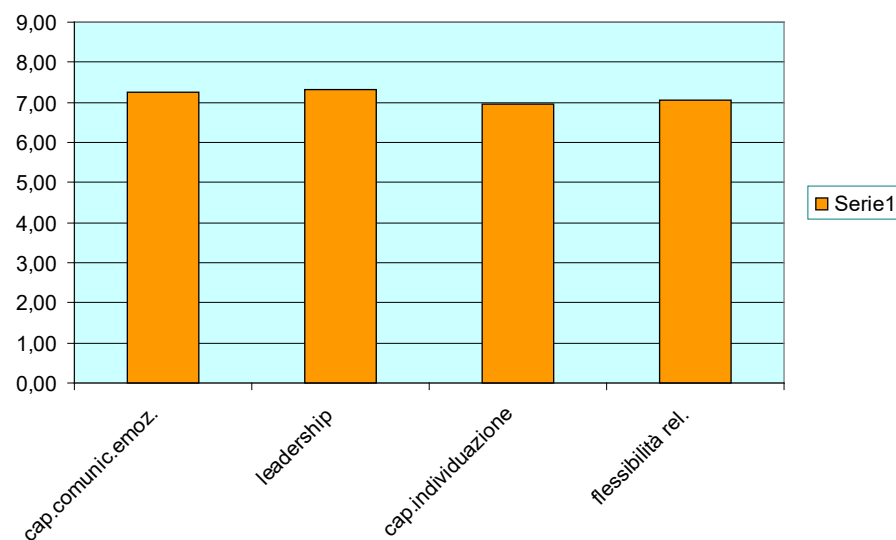


CONSAPEVOLEZZA DI SE'. NARRAZIONE

1.Frequenza pensiero morte		2.Sentimento		3.definizione		4.rappresentazione	
occasionalmente	13	piacere di essere vivo	9	si	26	si	23
di frequente	13	paura	6	no	0	no	3
mai	0	angoscia	4				
		altro	10				

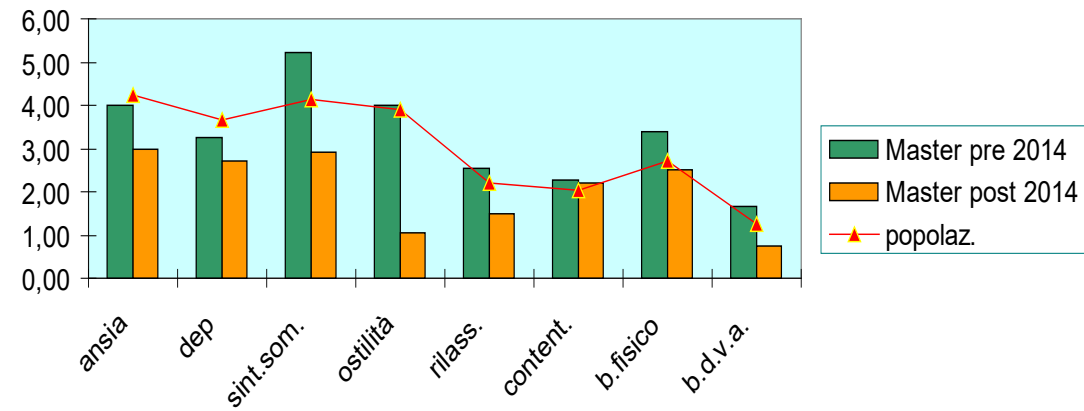


CONSAPEVOLEZZA DI SE'. DINAMICHE DI GRUPPO





IL BENESSERE/MALESSERE. PRE e POST





GRAZIE PER L'ATTENZIONE

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