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## BELIEFS ABOUT SELF-CARE AMONG ONCOLOGY PROVIDERS

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BELIEFS ABOUT SELF-CARE AMONG  
ONCOLOGY PROVIDERS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Dimitri Shabree' Ashford

June 2014

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Approved by:

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## ABSTRACT

The research question in this project explores self-care practices that oncology providers utilize to manage stress, burn-out, and compassion fatigue in their work environment. As an exploratory study, this research project examines self-care practices among the oncology providers and how self-care relates to the quality of patient care. The survey provided to the participants focused on the individual well-being such as spiritual, social support, physical, and emotional support.

Findings from this study indicated that oncologist utilize spiritual self-care more than any other medical professional. The older adults utilize their social support systems more than the younger adults. Individuals with three or more children are better at utilizing their social support, physical self-care, and emotional support systems than individuals with two or less children.

## ACKNOWLEDGMENTS

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## DEDICATION

To my wonderful husband Gevale, thank you for your endless love, guidance, support and understanding throughout my master's program. This accomplishment would not be possible without you by my side. To my beautiful daughters London and Morgan thank you for being my cheerleaders. Your hugs, kisses and pretty smiles made this journey possible. To my mom Valerie, thank you for your prayers, words of encouragement, support, guidance and life-long sacrifices. To my dad and second mother, Ron and Donetta; thank you for your prayers and guidance along the way. To my father and mother in love, Romeo and Terri, thank you for your support and guidance. To Auntie Nora thank you for your unconditional love. To my sister and cousin Tifani, I love you to pieces don't give up, complete your masters. To my cousin Reggie, I love you and continue to follow your dreams. To my grandparents Everett, Enola, and Annie Mae I wish you were here to witness my accomplishments, but I know you are smiling down from heaven saying "That's my baby".

"I can do all things through Christ, who strengthens me"

Philippians 4:13.

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## CHAPTER ONE

### INTRODUCTION

Professionals in the medical field work as quality health care professionals. Since the medical field is so broad, the researcher would like to focus on the professionals in the oncology department. The oncology department primary focus is to treat patients who are diagnosed with cancer. Working with oncology patients can be stressful due to working with terminally ill patients. Since oncology professionals work night and day to improve the quality of health for their oncology patient. What time are they allotting to take care of their well-being, to continue to provide quality care to their patients?

#### Problem Statement

According to American Cancer Society (2013), oncology is defined as the study of diagnosis and treatment of cancerous tumors found in the human body. Cancer is abnormal cells that continue to reproduce and attack organs or tissues in the human body. American Cancer Society (2013) report that about 1,660,290 new cancer cases are expected to be diagnosed in 2013, and in the same year, about 580,350 Americans are projected to die of cancer (p. 1). This is almost 1,600 people a day (p. 1). Cancer remains the second most common cause of death in the United States, accounting for nearly 1 of every 4 deaths (p. 1). The large numbers of cancer diagnoses show there is a need for quality and caring oncology providers.

According to National Cancer Institute (2013), cancer does not act alone as a single disease; there are more than 100 different types of cancers and each one is named by its primary location in the organ or type of cell. Common cancers include bladder, breast, colon/rectal, endometrial, kidney, leukemia, lung, melanoma, non-Hodgkin lymphoma, pancreatic, prostate, and thyroid (p. 21). Cancer does not discriminate by age, gender or ethnicity. If a person is diagnosed with cancer, he or she will receive some form of cancer treatment to improve the quality of life.

Some of the main ways to treat cancer are through chemotherapy and/or radiation treatments. Chemotherapy drugs interfere with a cancer cell's ability to divide and reproduce. There are two ways a patient may receive chemotherapy. One way is oral, by taking a pill through mouth. Depending on the patient's condition, this can be done in the comfort of his or her home. Chemo drugs attack cancer cells throughout the body or can be delivered directly to specific cancer sites. The second form of chemotherapy is intravenous. This means the patient receives the chemo through an injection to the vein. The patient is connected to a drip pump that administers the drug. Chemotherapy treats the whole body.

The second form of treatment is radiation. The patient receives high doses of radiation which target the primary location of the cancer. Unlike chemotherapy, radiation only targets the tumor or cancer cells and does not affect the whole body.

Both treatments, however, come with side effects such as anemia, appetite change, bleeding problems, constipation, diarrhea, fatigue, hair loss, infection, memory changes, nausea/vomiting, nerve changes, pain, sexual and fertility changes in men and women, skin/nail changes, swelling, and urination change. The purpose of the treatments is to destroy the cancer cells in the body to improve the quality of life for patients.

Usually, an oncology patient is provided with a team of medical professionals who help with his or her cancer experience. The medical team, also known as oncology providers, includes a medical oncologist, oncology pharmacist, register nurse, social worker and a licensed registered nurse. Oncology providers treat patients who may fear the possibility of death and therefore, must be compassionate and empathic to patients and their families. The oncology team plays a vital role in mapping out a treatment plan that benefits the patient and his or her family.

Each member of the oncology team plays an important role in the patient's life. According to the American Cancer Society (2013), each oncology provider has his or her own job duties:

Medical Oncologist- a medical doctor diagnoses cancer and treats the disease with chemotherapy and other drugs.

Oncology Pharmacist- Collaborates with the medical oncologist and patient to determine the best prescription treatment based on the patient's diagnosis of cancer.

Oncology Registered Nurse- prepares and gives treatments, monitors the patient, prescribes and provides supportive care as well as teaches and counsels the patient and his or her families.

Licensed Vocational Nurse- takes blood pressure, records vital signs, administers injections, and changes dressings.

Oncology Social Worker- The oncology social worker counsels and provides the patient with coping techniques for cancer diagnosis and chemotherapy treatments, provides counseling sessions to the individual and family, facilitates cancer support groups, assists with non-medical issues such as finding resources for the patient's financial, medical, housing (if necessary), and child care needs (p. 13).

In addition to each person's duties, Bush (2009) proposed that oncology healthcare professionals, at all levels, must support each other, respect the contributions of all involved in oncology care, work in a team environment and reach out to others. In order for each member to work together, the oncology providers' personalities play an important role while caring for the cancer patient. Each member's personality should be pleasant and empathic because he or she is dealing with a human being who is dealing with life or death issues. Therefore, each member should have a sense of humor to uplift the patient and his or her families' spirits during this difficult time. At times, patients refer to cancer as the "death sentence" because it deteriorates the immune system.

However, this is also a difficult time for the oncology providers who have seen their patient through these painful changes with cancer or have to tell the patient he or she may only has weeks or months to live. “Caregivers are increasingly called on to provide not only life-saving treatments, but [they should also give] information, reassurance, and emotional support” (Carpenter & Morrow, 1986, p. 67). The patient and their family can develop a co-dependent relationship with oncology providers which can form interpersonal relationships that create stress for the provider. Due to added stress, the health care professionals can suffer from stress, burnout, as well as experience compassion fatigue. Lack of identifiable coping mechanisms and stress relieving outlets can contribute to poor morale of healthcare professionals. The above symptoms experienced by the caregivers may cause a decline in the quality of care given to patients and perpetuate reduced or declined morale among caregivers. According to Najjar et al (2009), the healthcare field is becoming more aware of the profound emotional disturbances that occur in healthcare providers when they witness the suffering and pain of patients in the face of an incurable disease such as cancer.

#### Purpose of the Study

Healthcare providers experience various emotions as a result of being a witness to life and death events. The medical field is a fast paced environment which can cause healthcare providers to internalize their emotions. This

internalization can produce negative outcomes in regards to the quality of care to patients. The purpose of this study is to explore beliefs about self-care among oncology providers. This study will also identify coping mechanism and promote self-care to combat stress, burnout and compassion fatigue experienced by health care providers in an effort to ensure perpetual outstanding healthcare extended to patients.

For this study, a quantitative analysis will be conducted to find out if oncology providers are utilizing self-care techniques. In order to receive the best possible data for this particular analysis, paper surveys will be distributed to the oncology providers. Survey questions are presented in a descriptive manner for participants to have a better understanding of the research topic.

#### Significance of the Project for Social Work

This research will contribute to the study of micro/macro social work practice by helping social workers learn how to manage stress, burnout and compassion fatigue in the work environment. “Excessive stress is associated with adverse medical outcomes, unhealthy coping mechanisms, symptoms of anxiety and depression, and overall poor quality of life” (Prasad et al., 2011, p. 46). Due to the excessive stress of working in the medical field and caring for patients in life or death situation, medical professionals easily internalize their stressors. This study will allow social workers to be aware of these stressors. Social workers will be able to educate and trained their fellow

medical colleagues in proper self-care techniques to manage stress, burnout and compassion fatigue in the work environment.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The literature review begins with a discussion of self-care to show its effects on health and psychological well-being of a medical professional. This chapter specifically addresses stress, burnout, and compassion fatigue when self-care is not managed properly. The literature review concludes with a discussion of self-care and the importance of managing stress, burnout and compassion fatigue.

#### Self-Care

Medical professionals need to have a better understanding of self-care to continue to improve the quality of patient care. Professional self-care, as stated by Figley (2002) and Stamm (1999), "is the utilization of skills and strategies by workers to maintain their own personal, familial, emotional, and spiritual needs while attending to the needs and demands of their clients" (as cited in Newell & MacNeil, 2010, p. 62).

Self-care consists of an individual learning coping strategies to deal with stressful situations. For example, an individual must learn to get the proper amount of sleep and exercise to maintain a healthy physical and mental state. These practices promote the well-being of individuals and helps assure they are attending to all aspects of their professional needs. According

to Edward and Burnard (2003), as a result of high demand for clinical providers, low staffing, and a lack of support from colleagues, healthcare workers who dedicate their life to work by putting in long work hours, do not practice these self-care techniques are more likely to suffer from mental health and physical problems.

Simon (1989) conducted a study to determine various coping mechanism used by medical providers and found humor was being used as a coping mechanism to provide emotional release from work stressors. The study found that humor provides both psychological and physical benefits. The psychological functions showed that humor provided reduced feelings of anxiety, tension, and anger (Simon, 1989, p. 668). Physical functions such as laughter, were good for the body because laughing showed similar characteristics to exercising. For example, laughter showed a decrease in respiration, heart rate, blood pressure, and muscle tension (Simon, 1989, p. 668). Therefore, humor should be incorporated with other relaxation techniques such as meditation, and imagery which further relax the body into a stress free state(Simon, 1989, p. 669). For example, a person may find relaxation in prayer and reflection, faith in God, going for a walk, going on vacations, listening to music, as well as engaging in activities with family and friends. Randall and Munro (2010) stated, "The art of living did not only require the pursuit of self-knowledge, but more importantly, one's care for one's self" (p. 1495).

## Stress

According to Kyriacou and Sutcliffe (1978), stress is defined as stimulus characteristics of their environment and as pressure exerted by the environment on an individual. Stress is recognized unfailingly as both significant and dangerous and is linked to dissatisfaction with work, depression, absenteeism, and a list of physiological indicators associated with chronic illness and mortality (Fletcher, 1988; as cited in Tabak & Koprak, 2007, p. 323).

Oncology providers are not the only healthcare professionals who deal with stress. All nurses, doctors and other hospital staff experience some type of stress while performing their daily work duties. According to An Su et al. (2009), work related stress may increase vulnerability to mental illness, emotional exhaustion and complaints. Stress can also influence job performance, leading to poor quality of care for patients. According to Carpenter and Morrow (1985), Patients and their families often develop a co-dependent relationship with their physician and can place a high level of trust and faith in their physician. This co-dependent relationship can create stress for the physician.

Studies have shown doctors and nurses are affected by high stress due to being overworked, working with terminal ill patients, witnessing the deaths of patients, and conflicting with hospital management. Excessive amount of stress may be associated with negative medical outcomes, may cause him or

her to utilize unhealthy coping mechanism, and may create anxiety and depression, as well as poor quality of life.

### Burnout

According to Maslach (2001), the process of burning out is best described as a progressive state which occurs cumulatively over time with contributing factors relating to the individual, the population served, as well as to the organization (as cited in Newell & MacNeil, 2010, p. 59). A component of burnout is emotional exhaustion. This mental state can involve feelings of being stressed, and emotionally over extended.

Role stress is the stress experienced by people because of their job in the organization. According to Acker (2011), role stress intervenes or mediates between working conditions and emotional exhaustion. These components normally accumulate over time, gradually occurring due to an individual's oversight or denial of prevention techniques. To cope with these feelings the medical workers tries to protect their feelings by detaching themselves from patients. The results of medical professionals emotionally detaching, is that the quality of patient care will decline. With medical professionals working so closely with their patients during life or death issues, the quality of patient care should always remain high.

According to Martinussen (2011), burnout among human service professionals is linked to poor work performance, low customer or client satisfaction and low organizational citizen behavior (p. 219). Studies have

shown that during formal training oncology care providers do not have a solid foundation of psychological awareness. Knowledge and skills provided to assist with coping can lead to burnout when dealing with terminally ill patients. Some hospitals have implemented a social support network within the work environment to prevent burnout. Social support included support group meetings that provided an outlet for medical care providers to share their work-related feelings and discuss work-related problems. The support groups provide medical care providers an opportunity to collaborate and problem solve their work-related issues.

### Compassion Fatigue

Compassion fatigue is a syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout (as cited in Newell & MacNeil, 2010, p. 61). According to Najjar (2009), compassion fatigue has also been described as secondary victimization, vicarious traumatization, burnout or secondary traumatic stress (p. 268). This type of fatigue is very common among healthcare professionals. According to Showalter (2010), those suffering compassion fatigue become physically, mentally, and spiritually exhausted (p. 240)!

There are several common causes of compassion fatigue. According to Showalter (2010), the accumulated stress, cumulative losses from continuously being faced with difficult family dynamics, multiple deaths, and secondary traumas can have profound effects on professionals' coping

abilities (pp. 239-240). These included increased work demands with the reduction of support and increased work load. Compassion fatigue can be predicted according to Jacobson (2012); negative coping is predicative of higher risk for compassion fatigue and burnout and lower potential for compassion satisfaction (p. 69).

All caregivers are at risk for emotional exhaustion from their work and in any level or all degrees described by the constructs proposed in the literature (as cited in Bush, 2009, p. 26). Some suggested strategies to deal with compassion fatigue are allowing for emotional expression and peer support. According to Aycock (2009), patient-care conferences, or debriefing sessions, discussing feelings that emanate from relationships with patients and families allows nursing staff to recognize that they are not alone in their experience.

#### Theories Guiding Conceptualization

This study will utilize social-learning theory. This theory states that a person can learn through observing others' behavior, attitudes, and outcomes of another person's behaviors. "In the social learning system, new patterns of behaviors can be acquired through direct experience or by observing the behaviors of others" (Bandura, 1971, p. 3).

Associated with Albert Bandura's work in the 1960s, social learning theory explains how people learn new behaviors, values, and attitudes. This theory applies to this study. For example, a registered nurse observes another registered nurse try to relax and calm her patients. The nurse approaches her

colleague to ask what she is doing differently. The nurse revealed that she goes to the spa twice a month to de-stress. This example demonstrated social learning requires attention to the person(s) observed, remembering the observed behavior, the ability to replicate the behavior, and a motivation to act the same way.

Through social learning, a person's behavior is motivated and driven by his or her environmental influences rather than psychological function. A person displays his or her behavior by what he or she has learned either deliberately or inadvertently through other influences.

The second theory guiding this study is path-goal theory. This theory is based on the leader's effectiveness to motivate and enhance employee performance. House (1971) stated subordinates' motivation, satisfaction and work performance are dependent on the leadership style chosen by the superior. According to House (1971), a supervisor/leader can impact the performance, satisfaction, and motivation of his or her employees by offering incentives for achieving performance goals, clarifying paths towards these goals, and removing obstacles to performance.

Directive, supportive, and achievement-oriented leaders in the medical field, especially oncology, can provide a holistic work environment. These leaders can encourage and motivate the oncology providers to implement self-care techniques. Once this practice is in motion, oncology providers can provide quality patient care due to having a stressed free mind and body.

## Summary

Chapter Two provided an outline of the meaning of self-care and the three common stressors, stress burnout and compassion fatigue in the event self-care is not properly utilize in a daily routine. The theory of social-learning applies to the study by observing one's behavior and how it will influence someone else to practice the same act.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter contains the research methods used for this study. A quantitative approach was used to collect the data from the participants. On Tuesday January 28, 2014 surveys were passed out during a daily staff meeting huddle, to oncology providers who are currently working at Kaiser Permanente Oncology/Hematology department in Riverside, California. Before the surveys were administered a brief announcement of instructions was given on how to complete the survey and after completion where to return the survey. The informed consent was passed out to provide an understanding of the study. Following the survey, a debriefing statement was passed out to the participants.

The debriefing statement included contact person information such as telephone number and email address in the event a participant may have questions after the study was conducted. The data was anonymous; a blank long letterhead envelope was provided with each survey for participants to enclose the completed surveys in to ensure confidentiality. All data remained confidential and was stored in a secured file box at the researcher's home for one year. After this period, the surveys will be shredded.

On Friday February 7, 2014 the surveys were collected. After collection of the surveys a movie basket was raffled off along with two five dollars

Starbuck Coffee gift cards. The raffle was held during the daily staff meeting. The purpose of the raffle was to motivate participants to turn in their surveys to ensure a large sample size.

### Study Design

The purpose of this study is to conduct an exploratory research study to find out beliefs about self-care among oncology providers as well as to explore the self-care techniques that have an effect on patient quality of care. The literature on the topic of health care management focuses on stress, burnout, and compassion fatigue in the work environment. The research explored which self-care techniques oncology providers are using to reduce their stress level to continue to provide quality care to their patients. Oncology providers deal with life and death issues with their patients and their families. Dealing with critical issues every day can take a toll on a person's well-being if he or she is not properly utilizing self-care techniques. Ferrans (1990) argues that caring for patients with cancer generates significant work related stress and can result in employee dissatisfaction and mental exhaustion. This proves that if self-care is not utilized, the quality of care will decline.

Oncology providers being health conscious and aware of what self-care techniques are occurring among their peers is important.

The research method of choice was a quantitative approach. A quantitative analysis was effective for this study because this method allowed the researcher to have a thorough understanding of what self-care techniques

are being utilized collectively. The following hypothesis was developed: if self-care is not being utilized on a regular basis, patients' quality of care will decline.

The research contained limitations within the study. One limitation included the participants not being truthful when completing their survey. For example, the participants may have answered what they perceived as the correct answer or what was expected to be the correct answer rather than answering the question based on how they really live their lives. The reasoning behind this behavior is the participants may be embarrassed by their lifestyles.

Another limitation was that the participants may not have been comfortable answering the survey questions and therefore, may have rushed through the questions or read them incorrectly. This may have provided inappropriate answers that might have had a negative impact on the data results and research findings.

### Sampling

Availability sampling, also known as convenience, accidental or haphazard sampling, was used for this study. Availability sampling is easy, convenient, and the least time consuming. This sampling allowed the participants to complete the survey in the least amount of time due to their fast paced work environment in the medical field. This study was created to examine insight about practice of self-care or lack thereof. The sample

consisted of thirty-two research participants. The oncology providers were given the survey during a daily staff meeting huddle.

### Data Collection and Instruments

This research used a quantitative design in assessing types of self-care management utilized by health care professionals in the oncology department at Kaiser Permanente in Riverside, California. The independent variable explored self-care techniques utilized, and the dependent variable explored the quality of care.

The data collected utilized the Self-Care and Lifestyle Balance Inventory (SCLBI) which was created by Headington Institute (2008). The survey is a four point Likert type survey. This survey was chosen due to the questions which effectively assess various types of self-care that have been found to be commonly used by medical professionals. The SCLBI consists of twenty-five questions. The following sample includes four questions found in the SCLBI:

- 1) I take some time out for myself to be quiet, to think, meditate, write and/or play;
- 2) I sleep well and get at least seven hours of sleep a night;
- 3) When I leave work at the end of the day, I can disengage and leave the pressure of work behind;
- 4) I do aerobic exercise for at least twenty-five minutes at a time every day.

Carefully reviewing similar surveys indicate that the SCLBI provided the most adequate questions to accurately measure the most current self-care management activities used by medical professionals. The SCLBI uses a four point Likert scale with various responses to each question.

The strength of the SCLBI is that the responses are specific to each question which does not allow the survey participant to blindly choose the same answer to each question. As the subjects of the survey differ in their necessary contact with oncology patients, one could argue that their thresholds of stress may also differ. Therefore, SCLBI should encapsulate self-care activities ranging from the simplest to the most physically challenging events and activities between these options. The scaling for the SCLBI is as follows,

0-25: A score in this range suggests that self-care skills and lifestyle balance strategies may be poor, and could possibly benefit from developing a plan to change lifestyle and improve self-care

26-50: A score in this range suggests self-care skills and lifestyle balance strategies may be poor to average, and could possibly benefit from developing a plan to improve self-care.

51-75: A score in this range suggests that an individual may have moderately good self-care skills and lifestyle balance strategies in place.

76-100: A score in this range suggests that an individual may have good self-care skills and lifestyle balance strategies in place.

### Procedures

The surveys were distributed out during a daily staff meeting huddle, which allowed convenience for the participants to answer the survey appropriately because they were not pressed for time to see a patient. Once the surveys were collected, the researcher entered the data into the Statistical Package for the Social Sciences (SPSS), and analyzed the data using SPSS. The data were analyzed using descriptive statistics for the sample and to conduct a Pearson r correlation coefficient analysis.

### Protection of Human Subjects

Before the distribution, an informed consent was provided regarding the subject matter and purpose of research. The researcher ensured participants had a clear understanding of the research content. If questions or comments arise during the survey, the researcher was available to assist with any questions or concerns. At the end of the survey, a debriefing statement was provided. These two documents provided a clear understanding as to the nature of the study and who to contact if participants had any additional questions or concerns regarding the study.

## Data Analysis

The data analysis utilized for this research project was conducted using a quantitative approach. Respondent's completion of self-care surveys, a statistical analysis was conducted looking for relationships between scale variables, as well as descriptive data for both nominal and ordinal variables. Frequencies and percentages were used to collapse the individual variables into a total score for each of the sections of the questionnaire, which allowed the researcher to evaluate the self-care from a more holistic perspective. The total scores for each section were then collapsed into a total overall score. The scores from each section as well as the overall score were examined using correlations to see if relationships between the survey questions and the total scores existed. T-tests were also conducted which allowed insight to differences between groups including gender, age, occupation, social-economic status, the type of self-care management being utilized, medical providers implementing/not implementing self-care management regularly.

## Summary

This chapter provided an overview of study participants, the process of selecting the participants, as well as sampling methods and procedures for collecting the data. An anonymous descriptive quantitative data analysis was disclosed to participants in a group setting. Lastly, the study addressed termination and follow up procedures with participants.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter is to present the results from the four point Likert type survey. The research data explored difference self-care practice between groups by “occupation, age and number of children.” Exploring these differences revealed implementation methods of self-care practices.

#### Presentation of the Findings

The participants (N = 32) were all medical professionals in the oncology hematology department at Kaiser Permanente in Riverside, CA. The survey included the following professional titles, oncologist (N = 3, 9.37%); registered nurse (N = 11, 34.37%); pharmacy and pharmacy technician (N = 5, 15.62%); medical assistance (N = 2, 6.25%), licensed vocational nurse (N = 2, 6.25%), social worker (N = 1, 3.12%); director (N = 1, 3.12%); instructional aide (N = 2, 6.25%); scheduler (N = 2, 6.25%); volunteer (N = 1, 3.12%); coordinator (N = 1, 3.12%); administration assistance (N = 2, 6.25%). The majority of the sample was female (N = 27, 84.4%) with a small number of males (N = 5, 15.6%). The minimum age of the sample was 27 and the maximum was 57; the average age was 41 (M = 41.7097, SD = 8.37135).

The majority of the sample (N = 18, 56.3%) with a single/never married being the next most frequent marital status (N = 7, 21.9%). The majority of the

participants (N = 10, 31.3%) identified as Asian/Pacific Islanders, with the next most common being African American (N = 8, 25.0%). Most of the participants have children (N = 26, 81.3%) with a small number of participants having no children (N = 6, 18.8%). Most of the participants had between two and three children (N = 16, 50.0%) (See Table 1).

Table 1. Demographics

|                      | N  | %    | Mean    | Standard Deviation |
|----------------------|----|------|---------|--------------------|
| Gender               |    |      |         |                    |
| Female               | 27 | 84.4 |         |                    |
| Male                 | 5  | 15.6 |         |                    |
| Age                  |    |      | 41.7097 | 8.37135            |
| Marital Status       |    |      |         |                    |
| Married              | 18 | 56.3 |         |                    |
| Single/Never Married | 7  | 21.9 |         |                    |
| Divorced             | 5  | 15.6 |         |                    |
| Widowed              | 2  | 6.3  |         |                    |
| Ethnicity            |    |      |         |                    |
| African American     | 8  | 25.0 |         |                    |
| Asian/PI             | 10 | 31.3 |         |                    |
| Latino               | 5  | 15.6 |         |                    |
| Caucasian            | 5  | 15.6 |         |                    |
| Other                | 4  | 12.5 |         |                    |
| Children             |    |      |         |                    |
| Yes                  | 26 | 81.3 |         |                    |
| No                   | 6  | 18.8 |         |                    |

|                                | N  | %    | Mean | Standard Deviation |
|--------------------------------|----|------|------|--------------------|
| Number of Children             |    |      |      |                    |
| 0                              | 1  | 3.1  |      |                    |
| 1                              | 6  | 18.8 |      |                    |
| 2                              | 8  | 25.0 |      |                    |
| 3                              | 8  | 25.0 |      |                    |
| 4                              | 3  | 9.4  |      |                    |
| Occupation                     |    |      |      |                    |
| Oncologist                     | 3  | 9.4  |      |                    |
| Registered Nurse               | 11 | 34.4 |      |                    |
| Pharmacist/Pharmacy Technician | 5  | 15.6 |      |                    |
| Medical Assistance             | 2  | 6.3  |      |                    |
| Licensed Vocational Nurse      | 2  | 6.3  |      |                    |
| Social Worker                  | 1  | 3.1  |      |                    |
| Director                       | 1  | 3.1  |      |                    |
| Instructional Aide             | 2  | 6.3  |      |                    |
| Scheduler                      | 1  | 3.1  |      |                    |
| Volunteer                      | 1  | 3.1  |      |                    |
| Coordinator                    | 1  | 3.1  |      |                    |
| Admin Assistant                | 2  | 6.3  |      |                    |

The four sections of the survey included spiritual, social, physical, and emotional self-care. Each of these sections had to be totaled for a score regarding self-care practice among oncology providers. Section one of the survey explored participant's spiritual activities, section two explored participant's social activities, section three explored physical activities and section four explored emotional support.

The individual response in section one were combined to contain an overall score for spiritual self-care. The maximum possible score was 24 (N = 3.1) and the minimum possible score was 4 (N = 3.1). The average score was 13.63 (M = 13.63, SD = 4.612)

In section two of the survey, the individual responses were combined to contain an overall score for social support self-care. The maximum possible score was 18 (N = 3.1) and the minimum possible score was 8 (N = 3.1). The average score was 13.50 (M = 13.50, SD = 2.700)

In section three of the survey, the individual responses were combined to contain an overall score for physical activities self-care. The maximum possible score was 32 (N = 3.1) and the minimum possible score was 11 (N = 3.1). The average score was 22.19 (M = 22.19, SD = 4.954). In section four of the survey, the individual responses were combined to contain an overall score for emotional support self-care. The maximum possible score was 32 (N = 3.1) and the minimum possible score was 15 (N = 3.1). The average score was 23.78 (M = 23.78, SD = 4.750).

The total sums of the self-care survey, the individual response were combined to contain an overall score for social, spiritual, physical, and emotional support. The maximum possible score was 100 (N = 3.1) and the minimum possible score was 48 (N = 3.1). The average score was 72.81 (M = 72.81, SD = 13.221)

Correlations among the four sections were explained to see if there a relationship between section one spirituality and section three physical self-care Pearson r correlation coefficient test was conducted. There was a significant positive relationship between the variables;

$$r(30) = .609, p < .01, df = N2.$$

There is a relationship between spirituality in section one and section four emotional supports Pearson r correlation coefficient test were conducted. There was a significant positive relationship between the variables;

$$r(30) = .559, p < .01, df = N2.$$

The relationship between section three physical self-care and section four emotional supports Pearson r correlation coefficient test was conducted. There was a significant positive relationship between the variables;

$$r(30) = .547, p < .01, df = N2 \text{ (See Table 2)}$$

Table 2. Correlations - Survey Sections

| Variables                       | <i>r</i> | <i>df</i> | <i>p</i> |
|---------------------------------|----------|-----------|----------|
| Spiritual and Physical          | .609**   | 30        | .000     |
| Spiritual and Emotional Support | .559**   | 30        | .001     |
| Physical and Emotional Support  | .547**   | 30        | .001     |

\*\* Correlation is significant at the 0.05 level (2-tailed)

Under spiritual practices there was a significant difference between oncologist and other medical professionals. Doctors are better at spiritual

self-care than other medical professionals ( $t(12) = 1.926 < .05$ ). The mean for the oncologist ( $M = 14.609$ ) and the mean for other medical professional ( $M = 11.914$ )

For social support, there was a significant difference between younger employees than the older (mature) employees. The mature employees are better at social support than the younger employees are ( $t(29) = -2.648 < .05$ ) the mean ( $M = -2.402$ ). In addition, there was a significant difference with the total score ( $t(29) = -1.996 < .05$ ). The mean ( $M = -8.632$ ).

There was a significant difference between individuals with three or more children than individuals with two children or less. The individuals with three children or more are better at social support, physical activities, emotional support, and the total sum.

### Summary

Chapter Four reviewed the results extracted from the research project. The results showed a significant difference in spiritual practice, social support, physical activities, and emotional support among “occupations, age and number of children.” Data revealed oncologist participate more in spiritual practice than any other medical professionals do. The individuals with three children or more are better at social support, physical activities, emotional support, and total self-care practice than individuals with two children or less. Last, the older (mature) employees are better at social support than the younger employees.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter Five is a discussion of the research data gathered in Chapter Four, a result of completing this research project. This was an exploratory project seeking to find any significant differences in how oncology providers practice self-care techniques within and outside of their work environment, to reduce their stress level while continuing to provide quality care to their patients.

#### Discussion

The majority of the study participants were female with a small number of males. The minimum age of the participants was 27, the maximum age was 57, and the average age 41.

The majority of the study participants indicated their marital status as single/never married. Asian/Pacific Islanders were the largest group in the study with African American being the second largest participants. Most of the participants have two or three children with a small number of participants having no children.

Using the independent samples t-test between group analysis of variance to analyze the variables of “occupation, age, and number of children”, the tested false. The original hypotheses were self-care practices would not be

utilized on a regular basis, would make patient quality of care decline. The research findings concluded the participants practiced self-care techniques on a regular basis.

When looking at the first variable of occupation there was a significant difference among the participants. The research found oncologist to be better at spiritual self-care techniques than any other medical professionals. The data received from the oncologist revealed that they managed their stress through some form of spiritual connection. The literature review states studies have shown doctors and nurses are affected by high levels of stress due to overwork, working with terminally ill patients, witnessing the deaths of patients, and conflicts with hospital management. The doctors may experience some form of stress, but they are managing it with a form of spiritual self-care techniques. According to Migdal(2013), “The fact that spiritually is receiving, more serious consideration by scientists and practitioners alike, may be seen as a good development in a person well-being” (p. 274).

The second variable was age. There was a significant difference between younger employees and the older (mature) employees. The mature employees were better at utilizing social support resources then the younger employees.

Hamama (2012), provides the following reasons why older adults who are still working utilize their social support systems.

These researchers suggested that older workers are more stable, mature, and balanced in their perspectives about work and life in general. They often enjoy a better financial position, stronger familial supports, and more have experience, which all enhance their sense of strength and security. In contrast, young workers generally have lower financial security, emotional support, self-confidence, mental strength, and sense of self-identity; furthermore, they tend to develop unrealistically high expectations of the workplace. (p. 114)

The third variable, number of children, showed a significant difference between individuals with three or more children and individuals with two children or less. The individuals with three or more children are better at engaging in social support, physical activities, and emotional support. According to Jang (2009), “availability of family support policies is particularly important these workers have both child-care responsibilities and work demands” (p. 94). Utilizing the social support from family and friends allowed the individuals with children to implement some form of self-care. According to Jang (2009), Voydanoff’s approach of boundary-spanning is a collective of supportive resources from an individual environment such as workplace support are supervisory support and a flexible work schedule may facilitate work-family balance by reducing conflict between work demands and family responsibilities.

## Limitations

Limitations for this research project included time constraints for data collection, which limited the opportunity to collect a larger sample size. Another limitation was overlooked questions to the oncology providers regarding their health to detect stress questions such as:

- 1) How often have you felt nervous or stressed in the past month?
- 2) Have you been bothered with minor health problems such as headaches, insomnia, or stomach upsets in the past month?
- 3) How often have you had trouble sleeping to the point of affecting your performance at work and home?

The survey failed to include questions to the oncology providers regarding the quality of care provided to their patients such as:

- 1) As a medical professional do you explain medical procedures in a simplified manner for your patients to understanding?
- 2) As a medical professional, do you listen carefully to your patients' health concerns?
- 3) As a medical professional, do you show respect for what you patients' have to say?

Asking these questions would allow a better insight into work related stress and the quality of patient care medical professionals experiences on a daily. The participants stated they practice some form of self-care, which does

not correspond with the literature review, stating medical professionals experience some form of stress working with terminally ill patients.

Using convenience sampling findings is not generalizable to the overall population. Another limitation of the survey response was it was not ethnically diverse; the majority of the participants were Asian/Pacific Islander and African American.

#### Recommendations for Social Work Practice, Policy and Research

Social workers could learn from further exploration of this topic. Social workers as well as medical professionals can implement some form of self-care practices into their daily routine. Professionals, advocate for patients/clients healthy well-being. Social workers and medical professionals should do the same advocating when it comes to their healthy well-being. Healthcare should not be taken lightly; therefore, social workers need to be educated about the importance of self-care and good health management.

One of many roles of a social worker is for them to link their clients to resources in order to empower them to become a better individual. Social workers clients may face many issues such as emotional problems that may require psychological attention, are physical problems that may require attention from a medical professional. Social workers are equipped with a wealth of knowledge to distribute and assist others; they should utilize the same knowledge to maintain their well-being with self-care practice. More

updated research needs to be conducted on self-care techniques to better educate social workers on stress, burn-out and compassion fatigue in the work environment. Social work scholars need to enforce and make a priority of the importance of healthcare and health management.

### Conclusions

The health of an individual is important. Social workers and medical professionals are in the business of helping individuals to improve the quality of their life. Unfortunately, one is assisting social workers and medical professionals to improve the quality of their life. It is vital for these professionals to recognize stress, burnout, and compassion fatigue in the work environment to continue to provide quality care to their selves and to their patients. It is now the time to take a stand to make self-care a priority.

APPENDIX A  
QUESTIONNAIRE

## Self-Care Questionnaire for Oncology Providers

Gender: Female \_\_\_ Male \_\_\_

Ethnicity: African-American \_\_\_ Asian American/Pacific Islander \_\_\_  
 Hispanic/Latino \_\_\_ White/Caucasian \_\_\_ Other \_\_\_

Age: \_\_\_ \_\_\_

Marital Status: Single/Never Married \_\_\_ Married \_\_\_ Divorced \_\_\_  
 Widowed \_\_\_

Do you have any children? Yes \_\_\_ No \_\_\_ If yes, how many \_\_\_?

What is your current job title? \_\_\_\_\_

**(FOR EACH QUESTION MARK THE APPROPRIATE CIRCLE)**

| <b>SECTION I</b>  | Never<br>(0)          | Seldom<br>(1)         | Sometimes<br>(2)      | Often<br>(3)          | Daily<br>(4)          |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I take some time for myself to be quite, think, meditate, write and/or pray?                    | <input type="radio"/> |
| I work for less than ten hours a day?   | <input type="radio"/> |
| I do something I find fun (e.g., play a game, go to theme parks, go to the movies, go dancing)? | <input type="radio"/> |
| I practice muscle relaxation, Pilates, Yoga, stretching, or slow breathing techniques?          | <input type="radio"/> |
| I sleep well and get at least seven hours of sleep at night?                                    | <input type="radio"/> |
| I am careful about what I eat and eat a balance diet?   | <input type="radio"/> |

|   |                      |
|---|----------------------|
| Sum the corresponding number for each circle selected | Section I Score: ___ |
|---|----------------------|

**SECTION II (FOR EACH QUESTION CIRCLE YOUR ANSWER)**

1. I do aerobic exercise (walking, running, swimming etc.) for at least 30 minutes at a time?  
*(0) Never (1) Seldom (2) Once a week (3) Twice a week (4) or 3/more times a week*
2. My ability to communicate with others is?  
*(0) Very Poor (1) Poor (2) Fair (3) Good (4) Excellent*
3. I spend time with groups of people I trust and to whom I feel close who are part of a community of meaning and purpose (e.g., a church group, a group of volunteers, work colleagues)?  
*(0) Never (1) Seldom (2) Sometimes (3) About once a week (4) More than once a week*
4. I drink alcohol, smoke, or use other recreational drugs?  
*(0) Three or more times every day (1) At least once every day (2) Three to six times a month (3) Less than three times a week (4) Never*
5. I take good vacations (at least one/two week vacations every year)?  
*(0) Never (1) Seldom (2) Sometimes (3) Often (4) Every year*

|  |                         |
|--|-------------------------|
| Sum the corresponding number for each answer circled | Section II Score: __ __ |
|--|-------------------------|

**(FOR EACH QUESTION MARK THE APPROPRIATE CIRCLE)**

| <b>SECTION III</b>   | Never<br>(0)                    | Seldom<br>(1)         | Sometimes<br>(2)      | Often<br>(3)          | Always<br>(4)         |
|--|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I have at least one full day off work each week?   | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I drink at least 1.5 liters of water (approx. 3 pints) a day?  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I listen to my body's signal and recognize when I am becoming tired, run down, and vulnerable to illness?  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I leave work at the end of the day I can disengage and leave the pressures of work behind?  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I do something I find creative or expressive (e.g., writing, cooking, painting, gardening etc)?  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I set and maintain healthy boundaries for myself by standing up for myself, saying "no" when I need to, and not letting others take advantage of me? | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At work I take a brief break at least every two hours, or switch tasks regularly so that I don't become too drained?                                 | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are people who care about me that I trust, to whom I can talk if I needed to?  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sum the corresponding number for each circle selected  | Section <b>III</b> Score: __ __ |                       |                       |                       |                       |

**(FOR EACH QUESTION MARK THE APPROPRIATE CIRCLE)**

| <b>SECTION IV</b>  | Never<br>(0)          | Seldom<br>(1)         | Sometimes<br>(2)      | Often<br>(3)          | Always<br>(4)         |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I share how I feeling with at least one friend or my partner?  | <input type="radio"/> |
| I listen to my body's signals and recognize when I am becoming tired, run-down and vulnerable to illness?                                    | <input type="radio"/> |
| I laugh without malice or cynicism?  | <input type="radio"/> |
| I believe in myself and generally give myself positive messages about my ability to accomplish my goals- even when I encounter difficulties? | <input type="radio"/> |
| I feel I have the training and skills I need to do my job well?  | <input type="radio"/> |
| I set realistic goals for my life (both short term and long term) and work towards them consistently?  | <input type="radio"/> |
| I feel good about how I spend my time and energy in relation to what is really important to me in life?                                      | <input type="radio"/> |
| I believe in myself and generally give myself positive messages about my ability to accomplish my goals-even when I encounter difficulties?  | <input type="radio"/> |

|   |                         |
|---|-------------------------|
| Sum the corresponding number for each circle selected | Section IV Score: __ __ |
|---|-------------------------|

|   |                           |
|---|---------------------------|
| <b>SUM THE TOTAL SCORE FOR ALL 4 SECTIONS. (I, II, III, IV)</b> | <b>Total Score: __ __</b> |
|---|---------------------------|

Headington Institute. (2008). *Self-care and lifestyle balance inventory*. [ONLINE]  
 Available at: [http://www.headington-institute.org/files/test\\_self-care-and-lifestyle-inventory\\_best\\_76305.pdf](http://www.headington-institute.org/files/test_self-care-and-lifestyle-inventory_best_76305.pdf) [Last Accessed October 16, 2013].

APPENDIX B  
INFORMED CONSENT

## **INFORMED CONSENT**

The study that you are asked to participate in is designed to examine beliefs about self-care among oncology providers. The study is being conducted by Dimitri Ashford, a Master's of School Work student at California State University, San Bernardino under the supervision of Dr. Rosemary McCaslin, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine personal beliefs about and utilization of self-care techniques among oncology providers.

**DESCRIPTION:** Participants will be given a paper survey on beliefs about self-care among oncology providers.

**PARTICIPATION:** Participation in this survey is completely voluntary, and participants may stop at any time after beginning the survey or choose not to answer any of the survey questions. Participants who choose to discontinue or not answer any of the questions will not be penalized or lose any benefits entitled to them.

**CONFIDENTIALITY:** Your responses will remain anonymous and the collected data will be reported in group form only.

**DURATION:** This survey will take 10 to 20 minutes to complete.

**RISKS:** There are no foreseeable risks to participating in the research study.

**BENEFITS:** The anticipated benefit is to better implement self-care techniques utilized by oncology providers to improve job satisfaction.

**CONTACT:** Paper surveys will be kept in a secured box for one (1) year. If you have any questions about this study, please feel free to contact Dr. Rosemary McCaslin, School of Social Work, at (909) 537-5507 or email her at [rmccasli@csusb.edu](mailto:rmccasli@csusb.edu).

**RESULTS:** Research results and analysis will be available in a thesis format at the Pfau Library after September 2014.

**Please keep a copy of this form for your records.**

**SIGNATURE:** Your mark indicates that you have read and understood this informed consent and have decided to participate in this research.

Mark: \_\_\_ Ex. (X)      Date: \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

## **DEBRIEFING STATEMENT**

Thank you for taking time to participate in this study, conducted by Dimitri Ashford. The study you have just participated in was designed to examine beliefs about self-care among oncology providers. This research project will contribute to social work by better preparing and managing self-care techniques in the work environment for oncology providers.

I would like to thank you for your participation in my study. If you have any questions or concerns in regards to this study, please contact Dr. Rosemary McCaslin at (909) 537-5507 or email her at [rmccasli@csusb.edu](mailto:rmccasli@csusb.edu). To obtain a copy of the completed study in a thesis format, please contact the John M. Pfau Library at California State University, San Bernardino after September of 2014.

APPENDIX D  
APPROVAL LETTER



September 27, 2013

Human Subjects Committee  
School of Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, CA 92407

Dear Committee Members:

This is to confirm that Dimitri S. Ashford has permission to carry out her research project on Self-Care Management of Oncology Providers' to manage stress, burnout and compassion fatigue in working with cancer patients at the Oncology/Hematology Department. She plans to gather data from Oncology Providers by collecting surveys from January 6, 2014 to June 16, 2014.

Sincerely,

A handwritten signature in black ink, appearing to read "F Lopez".

Fita Lopez, BSN, RNFA  
Department Administrator  
Hematology & Oncology

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