

La terapia non ha funzionato  
come ci aspettavamo.  
Cosa vorrei sentirmi dire dal mio  
oncologo

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# I problemi

- Tempistiche (figure da investire: psicooncologo, case manager<sup>9</sup>)
- Burn out/Empatia
- Formazione

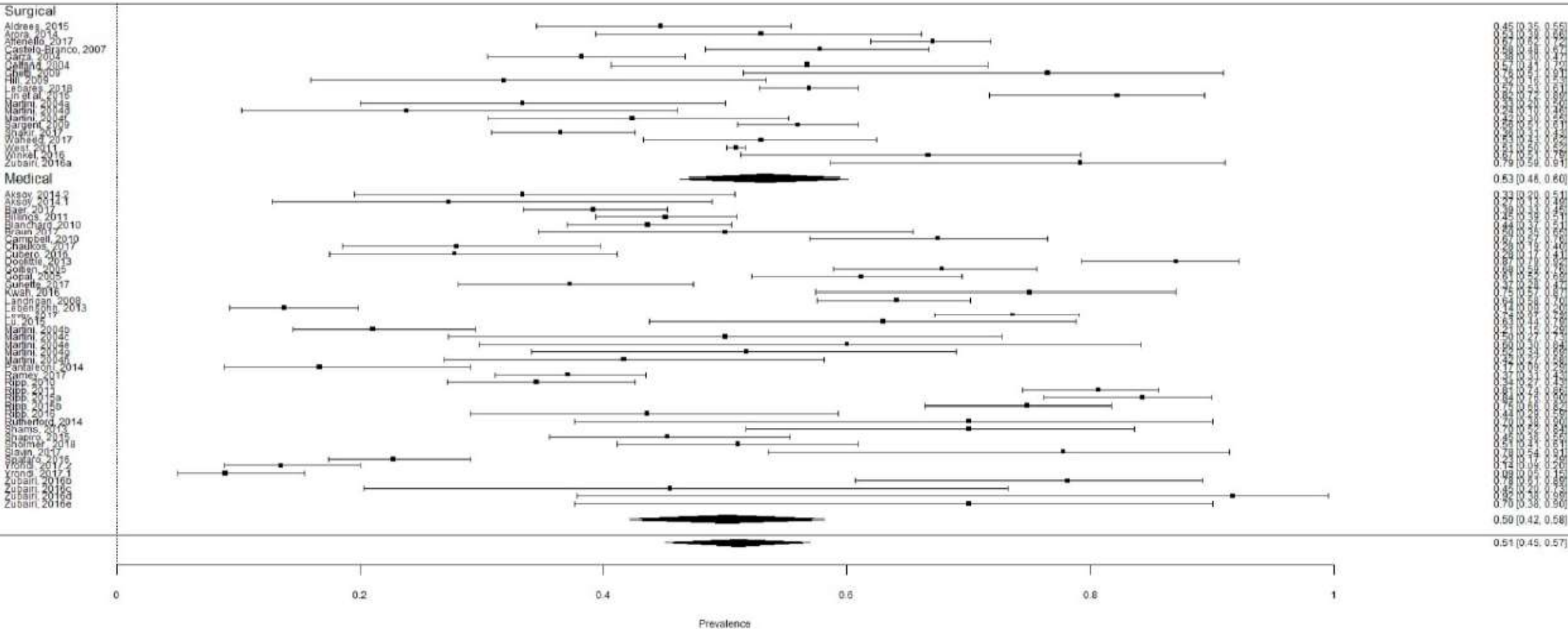
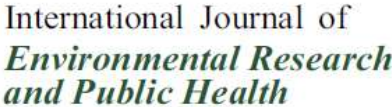
ORIGINAL ARTICLE

Professional buy-in and  
results of the ESMO  
(ESMO) Young Oncologists  
Survey

S. Banerjee<sup>1,\*</sup>, R. Califano<sup>2</sup>, J. C. C. Jordan<sup>8</sup>, E. Martinelli<sup>9</sup>, G. Mc  
C. Qvortrup<sup>15</sup>, M. N. M. Volkov



52.3%	Northern Europe & British Isles	73.0%	Eastern Europe
63.4%	Western Europe	79.1%	SouthWestern Europe
84.2%	Central Europe	82.9%	SouthEastern Europe







## Medical oncology job satisfaction: Results of a global survey

Michael I. Raphael<sup>a,b</sup>, Adam Fundytus<sup>a</sup>, Wilma M. Hopman<sup>c,d</sup>, Verna Vanderpuve<sup>e</sup>, Bostian Seruga<sup>f</sup>

**Table 3**

Top 5 reported barriers to patient care as reported by respondents to a global medical oncology workload survey for those with low, moderate, and high job satisfaction (N = 1,115).<sup>a</sup>

Job satisfaction Low (N = 222)	Moderate (N = 573)	High (N = 320)
High clinical volumes (70%, 156/222)	High clinical volumes (60%, 344/573)	High clinical volumes (48%, 155/320)
Insufficient time for reading (40%, 89/222)	Insufficient time for reading (41%, 234/573)	Limited access to newer treatments (37%, 119/320)
Shortage of oncologists (32%, 72/222)	Limited access to newer treatments (34%, 196/573)	Insufficient time for reading (32%, 103/320)
Limited access to newer treatments (25%, 56/222)	Shortage of oncologists (29%, 166/573)	Shortage of oncologists (25%, 81/320)
Shortage of nurses (21%, 46/222)	Shortage of nurses (26%, 146/573)	Shortage of nurses (22%, 71/320)

<sup>a</sup> Job satisfaction was reported on a 10-point Likert scale with 10 representing high satisfaction. Respondents were classified as low (1-6), moderate (7-8), and high (9-10) job satisfaction.

# Emotional impact and compassion fatigue in oncology nurses: Results of a multicentre study



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## ARTICLE INFO

### Keywords:

Oncology nurses

Compassion Fatigue

Burnout

Secondary Traumatic Stress

Anxiety

Intention to leave

Nurses' vulnerability

## ABSTRACT

**Purpose:** To assess the prevalence of Compassion Satisfaction, Compassion Fatigue (Burnout and Secondary Traumatic Stress) and anxiety in oncology nurses and the association with demographics, training, work-related conditions, and psychological factors.

**Method:** A multicentre, cross-sectional study in 8 selected hospitals in Catalonia (Spain) involving oncology nurses. Primary outcomes were Compassion Satisfaction and Compassion Fatigue (Burnout/Secondary Traumatic Stress), evaluated with the Professional Quality of Life questionnaire v.IV, and anxiety, evaluated with the State-Trait Anxiety Inventory.

**Results:** Of 297 participants, 18.2% (95% confidence interval [CI]:16.1–20.3) presented low Compassion Satisfaction; 20.2% (95% CI:18.0–22.4), high burnout; and 37.4% (95% CI:34.8–40.0), high Secondary Traumatic Stress. Trait and State Anxiety were high in 5.4% (95% CI:4.2–6.6) and 8.1% (95% CI:6.6–9.6) of participants, respectively. Nurses' desire to leave the unit was associated with high burnout (adjusted odds ratio [ORa] 3.7, 95% CI:1.9–7.5) and Secondary Traumatic Stress (ORa 3.2, 95% CI:1.9–5.3), while the desire to leave the profession was related to high State Anxiety (ORa 12.5, 95% CI:4.6–33.7). Most participants (96.9%) were interested in receiving emotional management training.

**Conclusions:** Continuous demands on oncology nurses' empathy can lead them to experience compassion fatigue, anxiety and a desire to leave the profession.

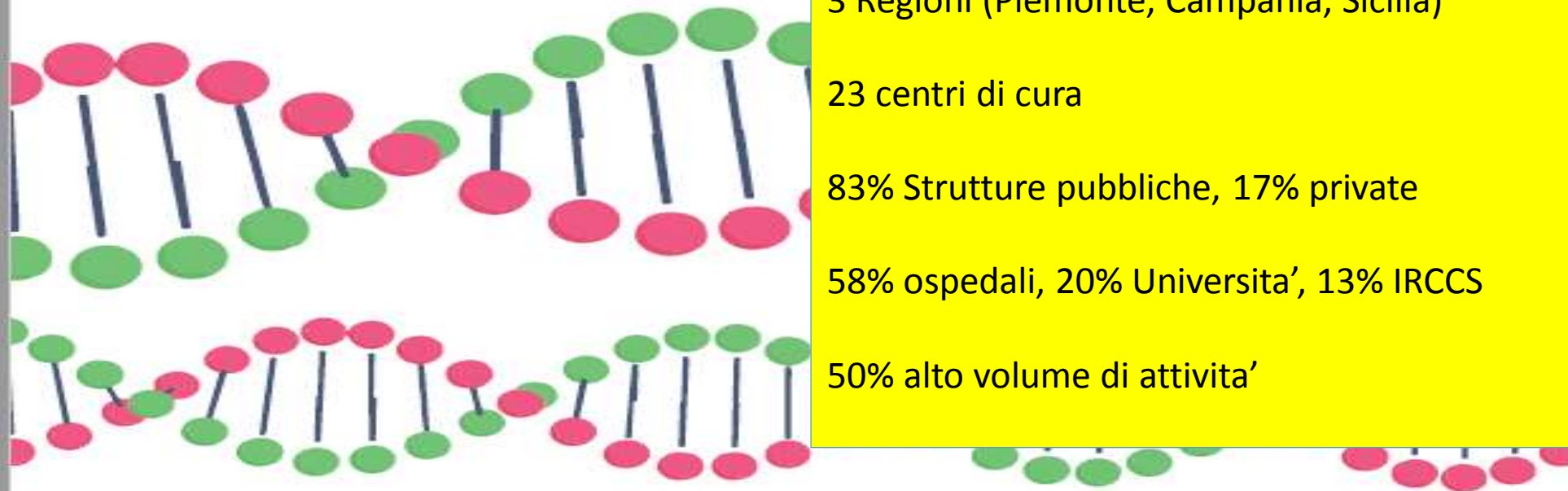
The first study carried out with Spanish oncology nurses shows Compassion Fatigue is highly prevalent. This is related to nurses' desire to change units, leave their profession and has negative implications on staff satisfaction and quality of care. This problem justifies institutions support strategies for these professionals.



# Test genetici:

tra prevenzione e diritto alle cure

*Focus BRCA*



3 Regioni (Piemonte, Campania, Sicilia)

23 centri di cura

83% Strutture pubbliche, 17% private

58% ospedali, 20% Università, 13% IRCCS

50% alto volume di attività



# LA FORMAZIONE DEL MEDICO

