

Canadian Oncology Nursing Journal

Revue canadienne de soins infirmiers en oncologie

Volume 33, Issue 1 • Winter 2023
eISSN: 2368-8076



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

An evaluation of the Interdisciplinary Psychosocial Oncology Research Group and Laboratory: An initiative to enable intersectoral and interdisciplinary collaboration

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ABSTRACT

Background: Psychosocial oncology (PSO) is an interdisciplinary field that is often practised and researched in disciplinary silos. The Interdisciplinary PSO Research Group and Laboratory (IPSORGL) was developed in Ottawa (Ontario) to foster interdisciplinary collaboration and training amongst trainees, healthcare professionals (HCPs), and researchers.

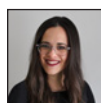
Methods: The research team conducted an implementation and outcome evaluation of the IPSORGL. Data were collected using sequential mixed methods, including surveys and interviews.

Results: Eight trainees, six HCPs, and five researchers completed the survey. Six trainees and four HCPs participated in an interview. Benefits of the IPSORGL included establishing interdisciplinary connections and collaborations and obtaining unique training in a supportive environment. Challenges included members' differing preferences for meeting formats and content, and difficulties prioritizing the IPSORGL over other academic or clinical demands.

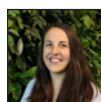
Conclusions: The IPSORGL fosters essential interdisciplinary training and collaboration, which bolsters psychosocial oncology research and practice. The sustainability of such initiatives, however, requires formal institutional support.

Keywords: interdisciplinary, intersectoral, collaboration, training, psychosocial oncology, research, practice

AUTHOR NOTES



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DOI: 10.5737/2368807633161

INTRODUCTION

Cancer Care Ontario's 2012 psychosocial guidelines outline a framework for improving psychosocial oncology (PSO) care both at an individual and systemic level (Macdonald et al., 2012). They recommend that healthcare organizations offer interprofessional collaborative care to people affected by cancer and their families. Furthermore, they recommend that practitioners in cancer care, research institutions, and educational organizations actively participate in research, education, and training to improve capacity and skills in PSO (Macdonald et al., 2012).

We still lack unanimous adoption of definitions of key terms used throughout the guidelines (and within this article). Therefore, for the purpose of this article, we start by describing key terms that will be covered, given that this document is written for various individuals involved in the care or research of persons with cancer.

Interdisciplinary activities are defined as participation and/or collaboration of a practitioner, trainee, or researcher from a certain health or academic field (e.g., oncology nursing) with a member of another discipline (e.g., clinical psychology). Interdisciplinary training involves learning about the practice and research of other disciplines and how they contribute to healthcare (or for our purposes, cancer care). The Public Health Agency of Canada and World Health Organization defined intersectoral activities for health as "actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity" (World Health Organization & Public Health Agency of Canada, 2008). Researchers are defined as any person with academic appointments, often for example, professors, who conduct research and are involved in teaching and training in PSO. Trainees include individuals registered in formal training programs, including clinical and academic programs (e.g., graduate students, post-doctoral fellows, or undergraduate students) with specialization in psychosocial oncology. Practitioners include anyone who provides clinical services in cancer care, such as nurses, clinical psychologists, oncologists, or social workers.

Rationale for a new PSO group

There are many examples that demonstrate the need for interdisciplinary training and collaboration in PSO. For example, the lack of interdisciplinary care models and interdisciplinary training have created major barriers to caregiver support in cancer care (Ratcliff et al., 2019). Specialized teams,

like palliative care, have flagged significant concerns when there is a lack of interdisciplinary representation for psychosocial needs (Robinson et al., 2021). Additionally, many patients have reported wanting psychosocial care from their primary care teams, such as their nursing staff, instead of needing to see a mental health professional, such as a clinical psychologist (Daem et al., 2019).

Despite interdisciplinary care being mandated in guidelines, there are often barriers to interdisciplinary PSO clinical care in practice (Daem et al., 2019; Heidelberg et al., 2021; Jansen, 2008; Ratcliff et al., 2019; Robinson et al., 2021) and in research activities (Jansen, 2008). These include (but are not limited to) a lack of clarity around how interdisciplinary collaboration can be implemented into professional environments and funding models that are not meant to accommodate interdisciplinary practices (Jansen, 2008).

Reciprocal interactions overlap disciplinary boundaries and generate new common methods, knowledge, and perspectives. Yet, there are few mechanisms to foster such collaboration and training (Choi & Pak, 2006), particularly in PSO. Rather, research, training, and practice in PSO remain rooted typically in specific disciplines (e.g., nursing, medicine, social work, psychology, human kinetics). Interdisciplinary exposure is contingent on the accessibility of different PSO supervisors and teaching centres. As disciplines remain separated both physically and administratively, interdisciplinary training programs are scarce. Certain programs have been designed for PSO specialization, such as the Psychosocial Oncology Research Training program (Loiselle et al., 2004); however, these depend on sufficient resources (e.g., human, financial) that are often not sustained.

Similarly, PSO research faces barriers to interdisciplinary collaboration. PSO is largely underrepresented among funding award recipients, though the structures of funding are increasingly favouring groups from different disciplines and sectors that work together. Nevertheless, without collaborative efforts, researchers and healthcare practitioners (HCPs) are constrained by limited resources (e.g., human, financial, material). This siloed professional environment was particularly evident in Ottawa (Ontario), where PSO researchers, HCPs, and trainees were numerous but largely disconnected, thus limiting the development of local interdisciplinary and intersectoral PSO activities. The Interdisciplinary Psychosocial Oncology Research Group and Laboratory (IPSORGL) was founded to fill this gap. Its main goals are to support collaboration and training across PSO disciplines and sectors in Ottawa.

The IPSORGL

Drs. Sophie Lebel and Jennifer Brunet, professors at the University of Ottawa (uOttawa), founded the IPSORGL in 2015 after obtaining a three-year grant from the uOttawa. A doctoral trainee (DPW) was hired as a coordinator to help organize meetings, facilitate communication between members, and develop promotional materials. Since 2015, the IPSORGL has attracted 58 members. The IPSORGL involved regular in-person meetings where members gave presentations on various topics (e.g., research projects, evidence-based practice) and group discussion ensued. Meetings were generally

every month and lasted one hour. Additionally, half-day annual retreats (“Research Days”) were held to engage all members and reinforce interdisciplinary and intersectoral networking. Meetings and retreats were held at uOttawa’s medical campus, adjacent to The Ottawa Hospital’s general campus. In parallel, DPW communicated with members regularly by email to share information and prompt further discussion, trainees were offered opportunities to join different research and practice teams, and IPSORGL awards were offered to trainees (on a competitive basis) to present PSO-based research at conferences. These activities and opportunities were developed to achieve the IPSORGL’s goals, and ultimately build interdisciplinary and intersectoral PSO research and practice capacity.

Current Study Purpose

This paper seeks to provide a description of the IPSORGL during its first three years of funding and presents self-evaluation findings to support others seeking to implement their own interdisciplinary groups. The program evaluation was conducted to identify the IPSORGL’s achievements and determine its sustainability, with an emphasis on members’ needs and preferences. The evaluation research questions were:

1. Did the IPSORGL achieve its aims?
2. What is needed for the IPSORGL to be sustained without funding?
3. What do members believe is required to maintain commitment and engagement in the IPSORGL’s activities?

METHODS

The protocol to conduct the IPSORGL program evaluation was approved from the uOttawa’s Research Ethics Board. A sequential mixed-methods approach was used to evaluate implementation and outcomes of the IPSORGL. First, a mixed quantitative and qualitative online questionnaire was distributed to members via email. Following this, qualitative interviews were conducted with willing participants via phone. All members were sent invitations to participate.

Participants

At the time of the evaluation, the IPSORGL members consisted of researchers and HCPs ($n = 22$), as well as undergraduate, graduate, and post-doctoral trainees ($n = 36$) affiliated with an institution in Ottawa (e.g., uOttawa, The Ottawa Hospital) who research and/or practice in PSO. Members’ disciplines included nursing, human kinetics, clinical psychology, cognitive and neuropsychology, occupational therapy, social work, palliative care, and sociology. Although some members may have qualified as being both researchers and practitioners, we classified them based on their primary vocational roles for the purpose of this research. For example, a clinic nurse who offered training and conducted some research was categorized as an HCP, whereas a uOttawa professor who also had a clinical practice was categorized as a researcher.

Data Collection

A third-party investigator (KC) conducted the interviews and analyzed survey and transcribed interview data. Survey questions focused on participation, logistics, content of meetings and activities, benefits, and challenges. Questions related

to the goals of the IPSORGL, including whether collaboration and training opportunities were created. Interviews included predetermined, open-ended questions aiming to further explore the evaluation questions (see Appendix 1). The interview questions were developed by the research team in consideration of the evaluation aims and included 1) whether the group facilitated interdisciplinary collaboration for that participant; 2) what would be needed for sustainability; and 3) what would be needed for commitment and engagement from members. Participants were also encouraged to provide any additional, relevant information.

Data analysis: Quantitative data were scored using descriptive statistics on frequencies of responses. Qualitative data were analyzed using qualitative manifest content analysis (Downe-Wamboldt, 1992), where the analyst would consider each research question independently, and examine and organize the collected data based on these specific questions. The data were then synthesized to identify overarching themes. Afterwards, results were discussed amongst the authors; the results presented below originate from these discussions.

RESULTS

Nineteen of the 58 total members completed the survey, meaning there was a response rate of 33%. Program evaluation participants included trainees ($n = 8$), HCPs ($n = 6$), and researchers ($n = 5$). Ten members also participated in the interviews, including trainees ($n = 6$) and HCPs ($n = 4$), with no participation from researchers (see Table 1 for descriptive statistics collected). Of the 19 participants, 12 had attended one to three of the monthly meetings during the last year, six had not attended any meetings that year ($n = 1$ not reported), and 11 had attended the Research Day. Participants' disciplines were nursing, psychology, or kinesiology.

Table 1

Sample Descriptive Statistics

Sample descriptors	Participating in survey (n)	Participated in interview (n)
<i>Group members</i>	19 (total)	10 (total)
Trainees	8	6
Professors	5	0
Healthcare professionals	6	4
<i>Participants' fields of practice/study</i>		
Nursing	6	2
Psychology	8	5
Kinesiology	3	3
Sociology	1	0
Social work	1	0

All participants reported appreciation for the IPSORGL and identified multiple benefits. Most participants expressed encouragement for the IPSORGL, hoping that it would continue despite funding termination. Preferences and needs differed for logistics, structure, and content, with differences most apparent across professionals and trainees. For reporting purposes, researchers and HCPs were combined under the term "professionals," but we have specified where necessary to distinguish between these two groups.

Benefits for Trainees

Trainees enumerated several gains from the IPSORGL. They reported identifying thesis committee members, obtaining volunteering positions, collaborating with practitioners, and adding new components to their research. They acquired experiences of applying for funding and presenting their research to a broad audience of academics and non-academics. Trainees learned about applications of theoretical knowledge from their training, and discussions with HCPs enriched their understanding of complex issues in PSO. The professional context allowed them to explore different career opportunities in PSO and appreciate interdisciplinary research and practice.

Trainees described the environment as non-intimidating, creating a sense of safety to ask questions and offer new ideas in discussions. It also reduced their feelings of isolation. Some reported that they would not have met other PSO trainees, researchers and HCPs had it not been for the IPSORGL, and some reported it strengthened existing relationships.

Benefits for Professionals

Professionals indicated that the IPSORGL offered an opportunity to market themselves as potential supervisors and collaborators. One professional reported hiring a trainee-member as a research assistant. HCPs indicated that the group enabled the implementation of certain research projects, which could otherwise not have taken place due to insufficient funding and support. Some members, particularly clinic nurses, had limited research capacity, and the IPSORGL connected them with trainees and researchers capable of undertaking research projects that aligned with their interests and mandate. The group also allowed them to fill training mandates. Similar to trainees, HCPs reported connecting with researchers and trainees who they otherwise would not have met.

Challenges to Engagement

Meeting location and scheduling. Meeting length was reported to influence attendance by both HCPs and trainees; however, in different ways. HCPs expressed preferences for shorter meetings to accommodate their schedules. Conversely, trainees preferred longer meetings. Trainees believed shorter meetings did not justify travelling to uOttawa's medical campus. As a result, the location was also reported as an influential factor in meeting attendance. Trainees and some out-of-hospital professionals experienced difficulties attending meetings given the distance, as these were in-person. HCPs, including nurses, noted that having the meetings within short walking distance was essential to their attendance.

A particular challenge for HCPs was having to prioritize daily tasks and duties over the IPSORGL meetings, leading to sporadic meeting or Research Day attendance. Meeting scheduling was also discussed as an important consideration for participants, as meetings took place at different times and days of the week. Participants highlighted a need for more consistency, as many, particularly HCPs, found this challenging with respect to regular attendance.

Meeting attendees and content. Trainees were disappointed when few researchers and HCPs attended the meetings. Poor attendance from professionals limited networking opportunities and hindered the ability of the trainees to gain knowledge and perspectives from multiple disciplines and professional levels. This said, trainees appreciated mentorship opportunities offered through the IPSORGL, though they mentioned these should be made more explicit. They found that receiving informal feedback was helpful, but asked to also receive formal evaluations coupled with constructive criticism. Finally, trainees recommended having more discussion throughout meetings, as opposed to lectures/presentations. Conversely, professionals believed meetings were, at times, overly geared toward trainees and, thus, not as relevant to them. If professionals judged that a meeting may not be informative, this deterred them from prioritizing the meeting over other responsibilities.

DISCUSSION

Interdisciplinary training, research, and practice are recommended to strengthen the work of PSO clinicians and scientists (Macdonald et al., 2012). The integration of different knowledge, methods, and perspectives invariably results in a better understanding of complex patient and family needs, facilitates knowledge sharing across disciplines, and leads to more effective cancer care than when research and practice remain siloed (Koritzinsky et al., 2016). Indeed, policymakers have often advised on the integration of interdisciplinary collaboration, and yet, there are numerous barriers to applying these recommendations (Jansen, 2008).

The IPSORGL was, thus, created to fill a gap in PSO research in Ottawa, and evaluation results are encouraging. Members seem to value the IPSORGL, as it facilitated opportunities and allowed for collaboration and training in PSO. Further, their accounts suggest the IPSORGL's goals of creating new synergies and developing training opportunities were met. Researchers strengthened existing relationships and collaborated on grants, and HCPs connected with trainees and researchers who were able to implement previously tabled research projects. Trainees earned training opportunities and research assistantships and furthered their understanding of PSO as an interdisciplinary field. Nevertheless, challenges were encountered, as discussed below.

Recommendations

The literature suggests that core elements of effective interdisciplinary psychosocial collaboration includes having a common goal; recognizing each member's roles and

responsibilities; and having adequate communication, identified leadership (Daem et al., 2019), conflict resolution methods and flexibility (Jansen, 2008). In addition to these elements, the results emanating from the current program evaluation suggest that there are also practical considerations needed, such as a commitment to collaboration and formal recognition by hiring institutions that collaborative efforts are a part of psychosocial oncology professionals' roles.

Commitments. The results have highlighted challenges to the maintenance of the IPSORGL. Trainees and professionals had some divergent needs regarding meeting schedules and implementation. The IPSORGL maintained an open, non-committal framework to encourage members to stay involved and attend when possible; however, attendance may be strengthened by explicit requests for time commitments. Given the recent rise in virtual meetings during the COVID-19 pandemic, the option to have virtual meetings may improve accessibility. Nonetheless, this may be at the expense of informal relationship building that occurs within in-person settings.

Competing demands in academia and practice create challenges for dedicating professional time to activities that are not recognized by one's employer. Sustainability of groups such as the IPSORGL would, thus, benefit from formal approval by institutions and employers. Participants reported that the lack of consistency in meeting schedules made it hard to justify protected time for the IPSORGL activities to their employers. However, if meetings are scheduled at regular times, some members with conflicting schedules can never attend. Groups like IPSORGL are, therefore, encouraged to advocate for institutional recognition.

Membership needs. Another challenging consideration in organizing an interdisciplinary group is meeting the different needs of members at different career stages. The results reflect the need to ensure that professionals are gaining new information and opportunities, while offering developmentally appropriate content for trainees. Balancing learning and collaborative opportunities, while creating a supportive environment for all members to engage in discussion, may foster more engagement. This may include protected discussion periods and facilitation of introductions at the beginning of meetings.

Evaluation and management. The IPSORGL's management by a doctoral trainee is both a strength and limitation. The trainee gained experience in an administrative role and in advocacy for trainees, while establishing a network of colleagues in PSO. This presents a challenge, however, due to turnover of trainees because of graduation. Having a professor or HCP involved can ensure stability in the role, although commitment may be challenging if it is not recognized as part of their workload. For these reasons, the group proposed the implementation of managing representatives. This would involve a professor or researcher, a healthcare professional, and a student, who collectively would represent the different members and share administrative tasks.

Limitations

This program evaluation has several limitations that restricts its generalizability. First, not all members took part in the evaluation, and relatedly, several more trainees participated in the evaluation survey compared to HCPs and no researchers were interviewed. This limited our understanding of how to engage and sustain diverse membership. Thus, future evaluations should strive to understand the perspectives of researchers. Second, data were only collected from members of the IPSORGL using data collection measures tailored to the group's needs, limiting its potential comparability with other data. More importantly, it is acknowledged that the results cannot be generalized to other groups. It will be necessary to explore in which way and to what extent, if at all, the current results differ across different PSO groups. In this regard, the current study provides themes to develop and test specific hypotheses in future studies evaluating PSO groups.

CONCLUSIONS

Initiatives like the IPSORGL cater to the evolving needs of oncology and the increasingly recognized strength of interdisciplinary and intersectoral training, research, and practice.

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Its sustainability, though, depends on appropriate coordination and commitment from members to maintain such group activity in light of competing demands from training programs and professional responsibilities. Balancing conflicting needs and fostering commitment from members and institutions will facilitate the maintenance of groups such as the IPSORGL. Programs hoping to improve interdisciplinary collaboration and training in psychosocial oncology may consider these factors in development or evaluation phases.

CONFLICTS OF INTEREST AND SOURCES OF FUNDING

Funding for this work was obtained from the Faculty of Social Sciences at the University of Ottawa.

The authors declare no conflict of interest.

ACKNOWLEDGEMENTS

Thanks and appreciation are extended to the members who generously shared their time, insights, and experiences with us. The third author holds a Tier II Canada Research Chair in Physical Activity Promotion for Cancer Prevention and Survivorship.

Appendix 1

Interview Guide for Interdisciplinary Psychosocial Oncology Research Group and Laboratory Program Evaluation

1. How do you think the group can meet your needs? What are your specific needs?
 2. What were the biggest barriers to you attending or participating with the group?
 - a. Logistical (i.e., time; location; format- length of time, delivery mode; frequency)
 - b. Content topic?
 3. How can the group keep you engaged?
 - a. Has the presenter, topic, or content of the meeting been a deciding factor as to whether you attended?
 4. What are your thoughts on the group composition?
 - a. Do you like the mix of trainees, researchers, healthcare providers? Why/why not?
 - b. Do you like that trainees and researchers present? Why/why not?
 5. FOR TRAINEES: Has your supervisor encouraged you to contribute to the group?
 - a. If so: what have they said or done?
 - b. Did that influence your decision to participate?
 - c. Have you invited other trainees? Staff? What has prevented you from doing so?
 - d. One of goals is to facilitate training opportunities, do you feel the group has been able to do that for you?
 - e. If so: is this something that you would not have had otherwise?
 6. FOR RESEARCHERS: Have you encouraged trainees or students to attend?
 - a. Do you think that influenced their decision to participate?
 - b. If so: how did you discuss the group with them?
 - c. Have you invited other colleagues? Staff? What has prevented you from doing so?
 - d. One of goals is to facilitate training opportunities, do you feel the group has been able to do that for your trainees?
 - e. If so: is this something that your trainee would not have had otherwise?
 7. FOR HEALTHCARE PROVIDERS: Has anyone encouraged you to come to contribute to the group?
 - a. If so: Who?
 - b. If so: What did they do?
 - c. If not: what has brought you to the group?
 - d. Have you invited other colleagues? Trainees? What has prevented you from doing so?
- FOR EVERYONE:
8. What prompted you to join the group?
 9. What have you attended (individual meetings, research days)? What brought you to attend?
 10. What topics interested you the most and why?
 11. One of the goals of this group is to facilitate networking in order to create opportunities in psychosocial oncology. Did the group facilitate professional relationships with trainees, researchers, or healthcare providers? Yes or no – can you tell me more about that?
 12. No funding means there would not be an RA, but likely could have an organizer just less involved, no food or lunches, no paid guest speakers but most have been unpaid to date, no trainee award. Would you still be willing to work with this group knowing that these “perks” may not be there anymore? How you do picture this initiative in the future, considering the change in funding?