Full-Length Article

Storytelling through music to facilitate meaning reconstruction and address psychosocial stress in oncology nurses

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Abstract
Frontline healthcare workers are exposed to significant suffering and loss. Recent studies have shown increased rates of depression among nurses and physicians [1], and increased rates of suicide in nurses compared to the general population [2]. Few clinician well-being interventions focus on increasing the awareness and expression of clinician's emotions to improve psychosocial well-being. In particular, nurses are at the forefront of cancer care, and studies indicate that they cope with work-related emotions in isolation. Storytelling Through Music is a 6-week intervention that combines storytelling, reflective writing, songwriting, and stress management skills. The parent study was a quasi-experimental design, with 43 oncology nurses in either the intervention group or a non-randomized comparison group. This study evaluates the post-intervention qualitative data from participants in the intervention group (n=22). Content analysis was used for analysis, which revealed the following themes: belonging, finding meaning, and emotional transformation. Participants reported learning they were not alone in the emotional experience, that they were reminded of why they work in oncology, and that hearing their story in song transformed their feelings from sadness to something beautiful. Further, they described that hearing their story reflected back to them in song was deeply moving and provided them with emotional insight.

Keywords: ***professional grief, psychosocial stress, meaning, music intervention, burnout***

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Introduction

Prior to the COVID-19 pandemic, burnout and compassion fatigue rates were rising among healthcare workers (HCWs) [3,4]. Currently, increasingly, front-line HCWs face unprecedented mental health challenges and are at significant risk for long-lasting psychological trauma as a result of the COVID-19 crisis [5,6]. Psychosocial stress in the workplace is complicated, and the surrmounting adverse effects have a detrimental impact on the well-being of HCWs and, in turn, patient outcomes [6,7]. Burnout and compassion fatigue can result from systemic workplace problems and unaddressed psychosocial and emotional stress [3,7].

Professional grief is one component of psychosocial and emotional stress that confronts HCWs [8], yet little attention has been paid to helping HCWs understand their work-related grief and how to cope with it. Much of the literature examining how oncology nurses cope with work-related emotions suggests that they cope in isolation [9-11]. Papadatou and colleagues (2002) found that HCPs also avoid their emotional experience. They noted that HCPs fluctuated between experiencing and avoiding grief, with most HCPs avoiding grief, which resulted in various burnout levels. Twenty years later, there are few tools to help HCW cope with their work-related emotions, particularly professional grief.

One way oncology nurses positively cope with patient death is by finding meaning in their work [12]. Holland and Niemeyer (2005) found that HCWs coped more effectively with repeated exposure to death when they were able to integrate and modulate these experiences through a broader meaning-making framework or spiritual worldview. Research suggests that when bereaved caregivers make meaning of their caregiving and bereavement experiences, they may exhibit lower depression and anxiety [14]. Studies also suggest that, when allowed to tell personal stories of caregiving and death, bereaved caregivers can understand the purpose of these events in their life, and are thus able to make meaning of these experiences [15-17]. Research on storytelling's psychological

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and emotional benefits has shown that the process of developing a story and sharing it with others in a safe and supportive environment may reduce depression and anxiety among caregivers [18,19], as well as increase their connections with others who share a similar experience, reduce isolation, and potentially increase social support.

Songwriting is a method used by some music therapist to help people explore grief, loss, and trauma through the exploration of narrative and has been shown to be useful in providing emotional insight, expression, and finding meaning [20-22]. Music therapists employ numerous strategies for lyric creation [23]. Story-songs is a specific technique created by Loewy and Rubin-Bosco (20, 24) to aid adolescents in a creative exploration of their traumatic experience to find musical and emotional resolution. Loewy (20) also created the Song Sensitization method to provide clients with an opportunity to safely share and engage with their story in a safe creative process.

The purpose of this study was to explore the post-intervention qualitative findings from a larger pilot study that evaluated the feasibility and effect of the intervention, Storytelling Through Music, to help oncology nurses cope with their worked related emotions. A preliminary analysis of this research was presented in Abstract form at the International Association of Music and Medicine conference [26].

Material and Methods

The parent study was a feasibility study that employed a two-group quasi-experimental design utilizing multiple methods of data collection and analysis. Approval to conduct the study was obtained through a university institutional review board (2018-05-0061). This paper reports the qualitative data from participants in the intervention group (n=22) with analysis focused on participants' perception of using "Storytelling Through Music" to address work-related emotions. Qualitative data was collected immediately after intervention participation and one-month later.

Sample and Setting

Convenience sampling was used to recruit 43 oncology nurses throughout Central Texas to the parent study [27]. Twenty-two participants were in the intervention group, and data from only this group is reported. Potential participants were primarily recruited through the local oncology nursing professional organization, but also through presentations at local hospitals and outpatient cancer clinics. Inclusion criteria included: oncology nurses over 18 years of age, able to read and speak English, who had worked in oncology for at least one year, or they had worked in oncology within the past five years if not currently in oncology. Oncology nurses were excluded if their role did not include direct patient care.

Storytelling Through Music Intervention

A full description of the intervention can be found in a previous publication [27]. In summary, the Storytelling Through Music intervention is a 6-week intervention combining storytelling, reflective writing, songwriting, and stress management skills. During the first four weeks, participants meet weekly for approximately one to one-and-a-half hours. The meetings began with a 10-minute stress management (guided breathing, meditation, body scan, and self-compassion) skills teaching provided by the intervention facilitator. No music was used during the teaching of the stress management skills, but each session ended with the group singing a cappella to a Loving-Kindness meditation. The writing sessions were guided with writing prompts (e.g., describe a memorable caregiving experience) to assist the participants in writing their caregiving stories. Once the caregiving stories are written, during the fifth week, participants meet with a songwriter, who creates a song from their caregiving story.

This method is similar to "Playback Theatre" [28] in that the songwriter creates and plays back a song that reflects the participant's story. It is different from "Playback Theater" in that the other participants in the group do not play a role in reflecting back the other participants stories. The songwriters were professional singer-songwriters located throughout the United States. All songwriters participated in a 2-hour orientation that was led by intervention facilitator. The majority of the songwriters played the acoustic guitar, but two songwriters played the piano. At the end of the fifth week, there was a live performance of the stories and songs. Each participant read their story and then the songwriter followed their story with a performance of their song. The last week of the intervention concludes with a final writing session to debrief and provide closure for the participants.

Data Collection

Individual Factors. An information sheet was used to collect background data (age, education, race, ethnicity, marital status, employment, number of years in nursing, number of years in oncology, additional certifications, etc.) to describe the sample (see Appendix A).

Qualitative Questionnaire. Participants' experience and perception of the intervention were captured from a series of open-ended, qualitative questions asked immediately after

completing the intervention and 1-month post-intervention (see Appendix B).

Data Analysis

Descriptive statistics were used to describe the sample characteristics. Conventional content analysis was used to analyze the qualitative data. This analysis method is appropriate when little is known about the experience being studied [29]. The analysis flows using inductive coding methods [30] instead of being driven by pre-conceived categories. In vivo coding methods, which entails using words or short phrases from the participants' own language [30], were used to derive the first cycle of codes from the open-ended questions. Then from that list of codes, the second layer of coding—pattern coding—was used to create a smaller number of categories [30]. To improve the credibility and trustworthiness [31] of the analysis, the first (CP) and second (DV) authors independently reviewed the qualitative data and generated the initial set of codes. Then they met to discuss the initial codes and sought resolution where there was discrepancy. The final coding was reviewed by all three authors (CP, DV, and BJ). All three authors are experts in qualitative data analysis. Throughout the study, an audit trail of coding and decision-making was maintained to promote credibility and dependability [31]. For this analysis, only the open-ended qualitative data was analyzed. A musical analysis was not conducted.

Results

The demographic characteristics of the sample are described in Table 1. A total of 22 oncology nurses participated in the intervention [mean age: 39.7 years (SD=11.5; range = 25-65 years)]. They were primarily female (91%) and white (100%), and 27% self-reported as Hispanic. Three themes emerged from the post-intervention, qualitative data: Belonging, finding meaning, and transforming emotions to reveal how storytelling through music helped oncology nurses cope with work-related emotions. Each theme is discussed in detail below.

Table 1. *Demographics and Workplace Characteristics (N=22)*

Characteristics	Mean	SD
Age	39.7	11.5
Years of Nursing Experience	11.8	10.7
Years of Oncology Nursing Experience	8.6	9.0

Characteristics	Category	n
Gender	Female	20
	Male	2
Race	White	22
Ethnicity	Non-Hispanic	16
	Hispanic	6
Highest level of Nursing Education	Associate's	4
	Bachelor's	17
	Graduate	1
Employment Status	Full-time	21
	Part-time	1
Working in Oncology (currently)	Yes	21
	No	1
Patient Setting	Inpatient	1
	Outpatient	19
	Other	2
Patient Population	Adult	19
	Pediatric	3
	Both	0
Certifications	Yes	12
	No	10
Formal Education about Self-care	Yes	7
	No	15
Self-care CEU Attendance	Yes	4
	No	18
Workplace Bereavement Support Programs	Yes	4
	No	17

Belonging

The theme of "belonging" is explained by three sub-themes: not alone in feelings of grief, collective suffering in isolation, and shared healing through common humanity. The majority of participants remarked that sharing their emotions about their caregiving experiences with other nurses was unfamiliar, but rewarding. They learned that their peers had similar emotional experiences, which lessened their isolation and strengthened feelings that they shared a common humanity. One participant stated, "Joy, remembrance, happiness, healing. I felt comforted by the collective shared experiences that other nurses wrote about. They were similar in some form and reminded me that we often need more emotional support for ourselves and for others than we tend to believe."

Another stated, "It was helpful hearing that I am not the only nurse in this arena of nursing who suppresses my feelings of grief. Letting it out verbally and through song was cathartic."

Others commented on feeling more connected to their co-workers, "I always knew this was an emotional job, but it did help to hear from my co-workers that they not only understood

my feelings but they shared the same." Another said, "I feel more open and connected with my co-workers."

Finding Meaning

The second theme that emerged through the qualitative data was "finding meaning." This theme builds on the first theme of belonging because participants found meaning in their connection with their peers, which changed how they wanted to interact with their peers and patients in the future. One participant stated, "I hope to be able to mentor my younger co-workers to take the time to savor and record their experiences. Encourage them to share their stories with me." Another stated, "I've been reminded of the values I wanted to hold as a new nurse and how to incorporate those back into my nursing practice. I've learned that everyone has a story and that I must remember to be respectful of them."

The theme of "finding meaning" evolved from writing their stories to hearing their stories in song. Some participants described that they were reminded of the meaning they derive from their work through the writing. For example, one participant said, "When patients come to say good-bye, or they walk out, and we know they are dying, we do not have time to grieve. We do not have time to honor the patient and their journey. This writing gave me that opportunity, but it also helps me see why I continue to do what I do. It's the patients and their journey and what they teach me along their way."

Participants also remarked that writing, as a form of emotional expression, was also meaningful. One stated, "Being able to sit quietly and write. I find writing a purifying way to purge the thoughts and emotions that fill my mind on a daily basis, but rarely have the time. I enjoyed the purposeful moments taken to encourage this purge." Another commented on both the writing and the shared experience, "The fact that it forced me to write about and discuss these feelings. And sharing them with peers with whom I work helped me feel less isolated and I enjoyed getting to know the other nurses."

Participants described the song as providing new insight and sometimes new meaning to their stories. One participant said, "I heard things about my experience that I had not previously noticed or understood." Another said, "Without the song, I wouldn't have seen the beautiful side of my story. The songwriter captured things that I hadn't recognized before."

Transforming Emotions

The third theme that arose from the post-intervention qualitative data was "transforming emotion." Participants described emotions being transformed through each phase of the intervention. For example, one participant said she "watched [her] despair turn into hope through writing, storytelling, and music." Another said, "… Now I think about it when I'm having a hard emotional time and remind myself of the story. It was cathartic each time I sang it with the music."

There were many comments about recognizing and honoring emotions. For example, one participant said, "Coping mechanisms, changing the way we talk about our suffering, accepting my feelings without judgment." Another stated, "I've learned to give myself grace and forgiveness." Another example of the emotional transformation is illustrated in this quote, "My soul had become somewhat numbed to all the pain and devastation that I see daily in my workplace. This program helped bring back my kindness and empathy."

One participant discussed how the song helped transition a sad story to a positive memory and that specific lyrics have become a tool to help her through hard days. She said, "I fell in love with the song and memory more and more each time I listened to the song. I became joyful about my experience with [the patient] instead of saddened by her loss. The lyrics to the song would stick in my head for hours, or even days at a time, and encourage me throughout false beliefs I have had about myself in the past. For instance, the line "time to listen to me" has continued to encourage me to tune in with my emotions and thoughts, use them or release them as needed, and practice self-care and love mentally and emotionally."

Finally, in addition to transforming their work-related emotional experiences and expression, some participants also described a transformation in their emotional expression in their personal lives, which resulted in more genuine conversations, communication, and connection. Specifically, some participants remarked that they felt more emotionally open with their spouses. One participant said, "I am more willing to share my sadness with my husband instead of suppressing it. He loves that I have shared some of this process with him. Brought us closer as a couple." Another remarked, "I've uncovered a story and emotions that I need to express to the rest of my family so that they don't stay bottled up for another 20 years." This participant went on to say, "I've also found myself more willing to open up about my story. So far, I have shared it with my husband and good friend, both of whom stated they were very glad to have learned more about me."

Discussion

Findings from this analysis suggest that oncology nurses who participated in the Storytelling Through Music intervention found belonging, meaning, and emotional transformation by sharing their caregiving stories with their peers and working with songwriters to create songs from their stories. The oncology nurses expressed emotions of sadness, despair, and grief in their caregiving stories. By telling their stories through

music, they could transform their emotions to see the beautiful side of their stories, find meaning, and embrace their emotional experience without judgment and in the company of the peers who understand the grief that can accompany caregiving in oncology.

In 2000, Papadatou created the Model of Health Professionals' Grieving Process, which was influenced by the Dual Process Model of Coping and Bereavement [32] and conceptualized HCPs' reactions to cumulative patient deaths [33]. It suggests that grieving is personal, but also influenced by a social-interactive process. It incorporates a fluctuation between avoiding and experiencing grief, which allows the professional to attribute meaning and ultimately transcend loss [33]. Findings from this study suggested that participants constructed meaning together as they allowed themselves to share their stories authentically and as the songwriters crafted their song reflecting back their stories in music.

Adwan (34) utilized the Model of Health Professionals Grieving Process as the conceptual framework to explore the relationships between pediatric nurses' (N=120) self-reported and measured grief experiences to burnout and job satisfaction. They found that nurses experience grief over patient death in similar ways to family caregivers. However, the intensity of grief reflected on the grief scales was less than the levels found in family caregivers from the scale validation study. Their findings suggest that the interaction between the nurses' grief, burnout, and job satisfaction is dynamic, and there is a need for grief interventions [34].

We learned in our work that interventions that address deeply held emotions must be delivered with caution and in a safe space [35]. It was essential to teach self-care skills during the writing sessions to help participants tell their stories. At times, emotions were intense during the writing and sharing of stories. To prevent secondary trauma in the group setting, we defused the emotions with the self-care skill we learned that session. These "in the moment" experiences provided good opportunities for the participants to practice self-care skills in intensely emotional settings. In those moments, we helped them learn to feel their emotion and actively cope with them through breathing, mindfulness, and self-compassionate thoughts, instead of avoiding their emotions.

Historically, the mental health of HCWs has remained a silent topic. Qualitative studies analyzing nurses' grief have asked how many nurses received grief education in their formal training or on the job. The studies that proposed this question reported that very few nurses received any such training [35-40]. Aycock and Boyle (40) found that 45% of nursing respondents did not receive education or skill-development opportunities that addressed work-related coping. Currently, medical and nursing education systems are failing to educate their students about professional grief. The culture surrounding emotional and mental well-being of HCWs must change, and healthcare practitioners' education is the first opportunity to influence culture.

The data from this study were collected before the COVID-19 pandemic. Over this past two years, the amount of suffering and death that nurses have been exposed to is unprecedented [3-4]. In addition to the need for more interventions to address professional grief, there is also a need to measure this construct. Many other measures (moral distress, compassion fatigue, burnout, secondary traumatic stress) are currently being used to measure nurses' and other HCWs' emotional experiences, and they are appropriate for some situations. However, the effects of the COVID-19 pandemic have heightened the need to also address professional grief.

Limitations

Study limitations include small sample size and the use of convenience sampling. With this sampling method, it is possible that participants in the study do not represent the general nursing population. The sample in this study was also homogenous and overly represented by outpatient oncology nurses rather than inpatient. Future studies should aim for more diverse sampling to understand generalizability.

Conclusion

Nurses who work in oncology have few opportunities to reflect on the impact caregiving has on the self. Storytelling Through Music provided a setting for these nurses to discuss their emotions with their peers, thus providing a community and an opportunity to learn that they are not alone, which served their capacity to find meaning, and transform their emotional experience. Future research is needed to foster interventions that address professional grief in order to maintain a healthy and robust healthcare workforce. Further, opportunities to educate future HCWs is also needed. If HCWs are expected to give care that utilize their emotions, we must teach them how to cope.

References

1. Olaya B, Pérez-Moreno M, Bueno-Notivol J, et al. Prevalence of depression among healthcare workers during the COVID-19 outbreak: A systematic review and meta-analysis. J Clin Med. 2021;10(15):3406. Published 2021 Jul 30. doi:10.3390/jcm10153406
2. Davidson JE., Proudfoot J, Lee K, et al. A longitudinal analysis of nurse suicide in the United States (2005–2016) with recommendations for action. Worldviews Evid Based Nurs. 2020;17:6-15. https://doi.org/10.1111/wvn.12419

3. Salyers MP, Bonfils KA, Luther L, et al. The relationship between professional burnout and quality and safety in healthcare: a meta-analysis. J Gen Intern Med. 2017;32(4):475–482. doi:10.1007/s11606-016-3886-9
4. Gómez-Urquiza JL, Aneas-López AB, Fuente-Solana EI, et al. Prevalence, risk factors, and levels of burnout among oncology nurses: A systematic review. Oncol Nurs Forum. 2016;43(3):E104-E120. doi:10.1188/16.ONF.E104-E120
5. Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA Netw Open. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976
6. Lu W, Wang H, Lin Y, Li L. Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. Psychiatry Res. 2020;288(April):1-5. doi:10.1016/j.psychres.2020.112936
7. Hao Q, Wang D, Xie M, et al. Prevalence and risk factors of mental health problems among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. Front. Psychiatry. 2021;12:567381. doi: 10.3389/fpsyt.2021.567381
8. Gerow L, Conejo P, Alonzo A, et al. Creating a curtain of protection: nurses' experiences of grief following patient death. Int J Nurs Stud. 2010;42(2):122–129. doi:10.1111/j.1547-5069.2010.01343.x
9. Banning M, Gumley VA. Clinical nurses' expressions of the emotions related to caring and coping with cancer patients in Pakistan: a qualitative study. Eur J Cancer Care (Engl). 2012;21(6):800-808. doi:10.1111/j.1365-2354.2012.01364.x
10. Papadatou D, Bellali T, Papazoglou I, Petraki D. Greek nurse and physician grief as a result of caring for children dying of cancer. Pediatr Nurs. 2002;28(4):345-353.
11. Saunders, JM, Valente SM. Nurse's grief. Cancer Nurs. 1994;17(4);318-325.
12. Raingruber B, Wolf T. Nurse perspectives regarding the meaningfulness of oncology nursing practice. Clin J Oncol Nurs. 2015;19(3):292-296. doi:10.1188/15.CJON.292-296
13. Holland JM, Neimeyer RA. Reducing the risk of burnout in end-of-life care settings: the role of daily spiritual experiences and training. Palliat Support Care. 2005;3(3):173-181. doi:10.1017/s1478951505050297
14. Gillies J, Neimeyer RA. Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. J. Constr. Psychol. 2006*;19*(1), 31-65. https://doi.org/10.1080/10720530500311182
15. Barnato AE, Schenker Y, Tiver G, et al. Storytelling in the early bereavement period to reduce emotional distress among surrogates involved in a decision to limit life support in the ICU: A pilot feasibility trial. Crit Care Med. 2017;45(1):35-46. doi:10.1097/CCM.0000000000002009
16. Rolbiecki AJ, Washington KT, Bitsicas K. Digital storytelling as an intervention for bereaved family members. Omega. 2021;82(4):570-586. https://doi.org/10.1177/0030222819825513
17. Rosner R. Prolonged grief: setting the research agenda. Eur. J. Psychotraumatol. 2015;6(1):27303. https://doi.org/10.3402/ejpt.v6.27303
18. Chidubem ME. Formats for storytelling by caregivers for sharing knowledge in home-based health care. Doctoral dissertation, Cape Peninsula University of Technology. 2012.
19. Fels DI, Astell AJ. Storytelling as a model of conversation for people with dementia and caregivers. Am J Alzheimers Dis Other Demen. 2011:535-541. doi:10.1177/1533317511429324
20. Loewy J, Hara AF. Caring for the caregiver: The use of music and music therapy in grief and trauma. American Music Therapy Association, Inc; 2007.
21. Clements-Cortés A. The use of music in facilitating emotional expression in the terminally ill. Am J Hosp Palliat Care. 2004; 21(4):255-260.
22. Hatcher J. Therapeutic songwriting and complex trauma. Canadian Journal of Music Therapy. 2007;13(2):115–131.
23. Stewart R, McAlpin, E. Prominent elements in songwriting for emotional expression: An integrative review of literature. Music Ther Perspect. 2016;34(2):184-190.
24. Rubin-Bosco J. Resolution vs. re-enactment: A story song approach to working with trauma." In JV Loewy & AF Hara (Eds.), Caring for the caregiver: The use of music and music therapy in grief and trauma. Silver Spring MD: The American Music Therapy Association Inc.; 2002.
25. Loewy JV. Song sensitization: How fragile we are. In JV Loewy & AF Hara (Eds.), Caring for the caregiver: The use of music and music therapy in grief and trauma (pp. 33–43). Silver Spring, MD: American Music Therapy Association; 2002
26. Phillips CS. "Storytelling Through Music: Finding Meaning Through Writing and Song to Address Grief in Oncology Nurses." Podium presentation at the International Association of Music & Medicine, Boston, MA, 2020.
27. Phillips CS, Volker DL, Becker H, Davidson KL. Storytelling through music to improve well-being in oncology nurses: A feasibility study. Cancer Nurs. 2021:44(6):473-481. doi:10.1097/NCC.0000000000000836
28. Salas J. Improvising real life: Personal story in playback theatre. New York: Tusitala; 1993.
29. Sandelowski M. Whatever happened to qualitative description?. Res Nurs Health. 2000;23(4):334-340. doi:10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g
30. Miles MB, Huberman AM, Saldana J. Qualitative Data Analysis. A methods sourcebook. 3rd ed. Sage Publications; 2013.
31. Lincoln, Y.S., & Guba, E.G. Naturalistic inquiry. Newbury Park, CA: Sage; 1985.
32. Stroebe M, Schut H. The dual process model of coping with bereavement: rationale and description. Death Stud. 1999;23(3):197-224. doi:10.1080/074811899201046
33. Papadatou D. A proposed model of health professionals' grieving process. OMEGA - Journal of Death and Dying. 2000;41(1):59-77. doi:10.2190/TV6M-8YNA-5DYW-3C1E
34. Adwan JZ. Pediatric nurses' grief experience, burnout and job satisfaction. J Pediatr Nurs. 2014;29(4):329-336. doi:10.1016/j.pedn.2014.01.011
35. Phillips CS, Volker DV, Davidson KL, Becker H. Storytelling Through Music: A Multidimensional Expressive Arts Intervention to Improve Emotional Well-Being of Oncology Nurses. JCO Oncol Pract. 2020;16(4):e405-e414.
36. Wenzel J, Shaha M, Klimmek R, Krumm S. Working through grief and loss: oncology nurses' perspectives on professional bereavement. Oncol Nurs Forum. 2011;38(4):E272-E282. doi:10.1188/11.ONF.E272-E282
37. Rice KL, Bennett MJ, Billingsley L. Using second life to facilitate peer storytelling for grieving oncology nurses. Ochsner J. 2014;14(4):551-562.
38. Lobb EA, Oldham L, Vojkovic S, et al. Frontline grief: The workplace support needs of community palliative care nurses after the death of a patient. Am J Hosp Palliat Care. 2010;12:225-233.
39. Ko W, Kiser-Larson N. Stress levels of nurses in oncology outpatient units. Clin J Oncol Nurs. 2016;20(2):158-164. doi:10.1188/16.CJON.158-164

40. Aycock N, Boyle D. Interventions to manage compassion fatigue in oncology nursing. Clin J Oncol Nurs. 2009;13(2):183-191. doi:10.1188/09.CJON.183-191

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Appendix A

Background Information

(Timing: O^1)

1. What is your preferred method of communication? (please check your #1 preference but list all options)

   ☐ Text: _____

   ☐ Email: _____

   ☐ Phone: _____

2. What is your age? _____

3. What is your race?
   ☐ Asian
   ☐ Black or African-American
   ☐ Native Hawaiian or other Pacific Islander
   ☐ Native American or Alaska Native
   ☐ White
   ☐ Mixed race

4. What is your ethnicity?
   ☐ Hispanic or Latino
   ☐ Not Hispanic or Latino

5. What is your marital status?
   ☐ Single
   ☐ Married
   ☐ Long-term relationship, unmarried
   ☐ Divorced
   ☐ Widowed

6. Highest level of nursing education?
   ☐ Associate's Degree
   ☐ Bachelor's Degree
   ☐ Diploma
   ☐ DNP
   ☐ Master's Degree
   ☐ Other

☐ PhD/DNSc Degree

7. Highest level of other education?
   ☐ Associate's Degree
   ☐ Bachelor's Degree
   ☐ Master's Degree
   ☐ Doctoral Degree

8. Years of Nursing Experience? _____

9. Years of Oncology Nursing Experience? _____

10. Employment status?
    ☐ Full-time
    ☐ Part-time
    ☐ Retired
    ☐ Unemployed

11. Are you currently working in oncology?
    ☐ Yes
    ☐ No
    If not, what caused you to leave oncology? _____

12. What is your current practice setting?
    ☐ Inpatient
    ☐ Outpatient
    ☐ Other

13. What is your primary patient setting?
    ☐ Adult
    ☐ Pediatric
    ☐ Adult and Pediatric
    ☐ N/A

14. What is your specialty?
    ☐ Bone Marrow Transplant
    ☐ Medical Oncology
    ☐ Palliative Care
    ☐ Radiation Oncology
    ☐ Surgical Oncology

- ☐ Non-oncology
- ☐ Prevention/Detection
- ☐ Other_____

15. What certifications do you hold?
    - ☐ OCN
    - ☐ AOCNP
    - ☐ AOCNS
    - ☐ AOCN
    - ☐ End of Life Nursing Education Consortium (ELNEC)
    - ☐ None
    - ☐ Other_____
16. Did your nursing education teach you how to care for yourself while caring for others?
    - ☐ Yes (please explain)
    - ☐ No (please explain)
17. Have you attended any CE programs about self-care for the caregiver?
    - ☐ Yes (please explain)
    - ☐ No (please explain)
18. Do you feel your workplace has sufficient staff support and/or programs in place to effectively deal with work-related emotions that you experience around patient death?
    - ☐ Yes (please explain)
    - ☐ No (please explain)

Appendix B

Storytelling Through Music Evaluation: Immediate Post

(Timing: O^3)

Writing Workshop:

1. Do you feel like you had enough time to write your story? (please mark an "X" on the line)

_____

0 5 10

Not enough Just enough Too much

2. Tell me about your emotional experience of writing your caregiving story?

3. Did you read your story out loud to the group?

☐ Yes (please explain)
☐ No (please explain)

4. Do you think that sharing out loud with the group was beneficial? Please explain.

☐ Yes (please explain)
☐ No (please explain)

Songwriting Portion:

5. Did you have enough time to work with your songwriter?

_____

0 5 10

Not enough Just enough Too much

If not, how would you have structured your time with them differently?

6. Did you find it useful to check back in with the songwriter to check your song for accuracy?

_____

0 5 10

Not useful Very Useful

7. Did you feel comfortable talking to your songwriter about your story?

_____

0 5 10

Uncomfortable Very Comfortable

8. Do you feel like the songwriter captured your story in your song?

_____

0 5 10

Not at all Perfectly

If not, please explain.

9. How did it feel to hear your story put to music?

10. Please tell me about your experience sharing your story and song in performance with your cohort.

General:

11. Was this program a helpful way to process your work-related emotions?

_____

0 5 10

Not helpful Very helpful

12. What have you learned through this program that you intend to carry forward in your career?

13. What has been the impact of participating in this program on your professional life? What has changed for you?

14. What has been the impact of participating in this program on your personal life? What has changed for you?

15. Has anything about this experience surprised you?

☐ Yes (please explain)

☐ No (please explain)

16. Would you recommend this program to other nurses?

☐ Yes, absolutely. (please explain)

☐ Yes, probably. (please explain)
☐ No (please explain)

Future Programming:

17. What other suggestions do you have for future programming?