



# Cultivating Resilience and Connection in Remote Oncology Social Work Teams

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AOSW 2026 Annual Conference

Portland, OR - June 2026

# Session Agenda

1 The Remote Work Landscape

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2 Theoretical Frameworks

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3 Leadership Strategies

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4 Outcomes and Impact

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5 Future Directions

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# Learning Objective

## Identify

Key challenges and opportunities associated with remote oncology social work team dynamics

## Apply

Evidence-informed strategies for fostering resilience and connection among remote clinical teams

## Develop

Actionable plans to enhance psychological safety, foster collaboration, and mitigate burnout in virtual settings

# Innovent Social Work and Patient Navigation Program

Partnering with practices to deliver comprehensive, patient-centered care



## About the Program

The Innovent Social Work and Patient Navigation Program is designed to **strengthen your care team and improve patient outcomes**. By addressing health-related social needs (HRSNs) and psychosocial challenges, we help practices deliver holistic care that supports both clinical and emotional well-being.

## Benefits for Practices in The Network



### Extend Your Care Team Without Added Burden

We provide licensed clinical social workers (LCSWs) and patient resource coordinators (PRCs) who integrate seamlessly into your workflow. The Innovent Program team will manage recruitment, credentialing and supervision so you can focus on what matters most: your patients.



### Enhance Patient Experience

Patients receive personalized support — emotional counseling, resource navigation and crisis intervention — leading to improved adherence, reduced barriers and greater satisfaction.



### Unlock New Revenue Streams

Our services support billing for reimbursable codes, including:

- **Psychotherapy:** 90832, 90834, 90837
- **Advance Care Planning:** 99497, 99498
- **Principal Illness Navigation:** G0023

This can create a sustainable model that supports practice growth while enhancing patient care.



### Improve Quality Performance

Participation supports Merit-Based Incentive Payment System (MIPS) Quality and Improvement Activities, helping your practice achieve higher scores, avoid penalties and earn incentives.



Cheri Bedwell, LBSW



Johnny Saiz,  
LMSW



Darlly Dyson,  
LCSW



Megan Parker,  
LBSW



Washaun Simpson,  
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# The Remote Work Landscape

# The Remote Work Reality: By the Numbers

**1 in 5 workers now work remotely,**  
Signaling a sustained shift in workforce structure

**35 million Americans (~23% of the workforce)**  
Telework at least part of the week

**16% of companies are fully remote,**  
Operating without physical offices

**3X higher than pre-pandemic WFH levels**

**98% of workers want remote work at least some of the time**

**Cost to replace one registered nurse, increasing with specialization level— underscoring retention urgency**



# The Emergence of Remote & Hybrid Oncology Social Work

## Pre-COVID

Predominantly in-person care model; limited telehealth pilots; social work services tied to physical clinic presence

## During COVID

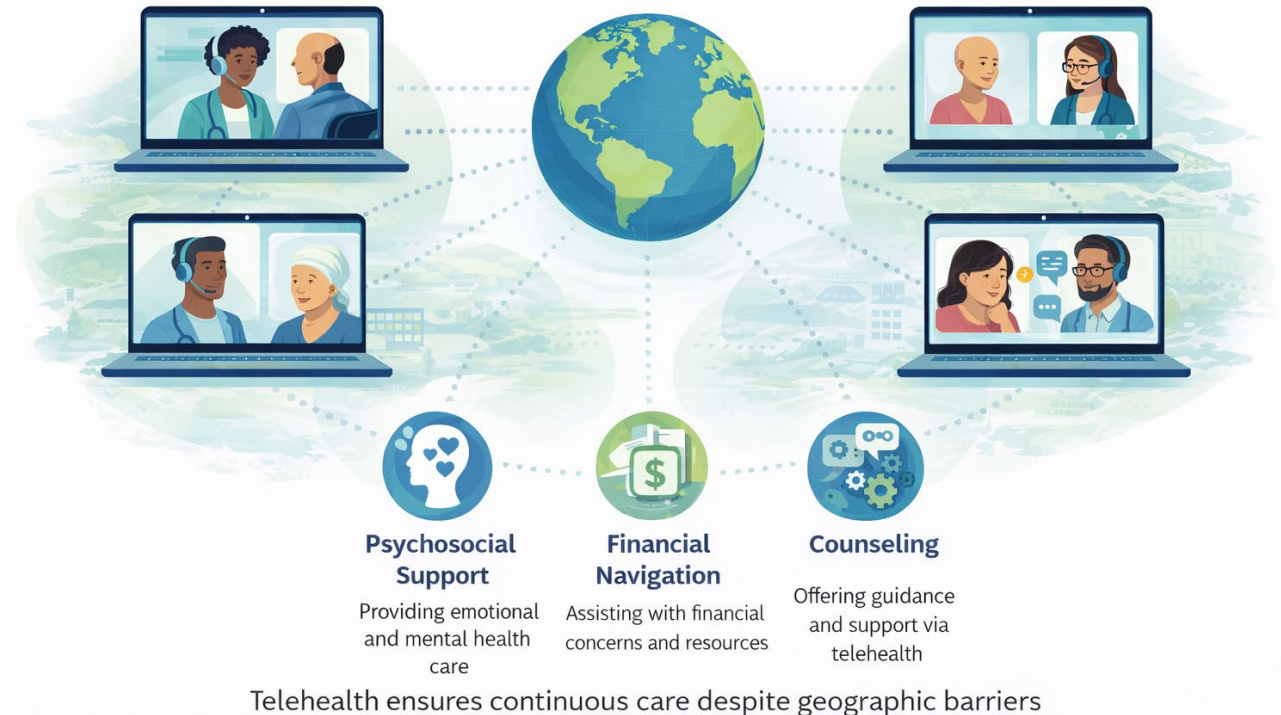
Rapid pivot to telehealth; emergency licensure waivers enabled cross-state practice; 88% of physicians adopted telemedicine by 2022

## Post-COVID

Hybrid models are the new standard; 60% of medical groups maintaining remote/hybrid roles; Social Work Licensure Compact now active in 35+ states

## Remote & Hybrid Oncology Social Work Teams

A Vital Evolution in Cancer Care



# The Value of Remote Oncology Social Work

Eliminates travel barriers, reduces financial burdens, and meets vulnerable, immunocompromised patients directly in their home environment. It ensures continuous access to emotional counseling, resource navigation, and distress management while avoiding exhausting commutes to the clinic.

## Value to PATIENTS & CAREGIVERS

- Improved Access & Convenience
- Resource Navigation
- Equivalent Quality of Life
- Reduced Infection Risk

## Value to PROVIDERS & HEALTH SYSTEMS

- Reduced Healthcare Utilization
- Interdisciplinary Integration
- Integrated Care
- Expanded Reach

# Challenges of Remote Oncology Social Work

Social work leaders in healthcare are finding that the biggest challenge with this virtual model is not in providing care to patients, but in creating and maintaining an agency culture in a virtual world.

- Digital Divide
- Professional isolation in high-stress settings
- Communication barriers in virtual care
- Heightened burnout and compassion fatigue
- Limitations in crisis management
- Weakened psychological safety and trust
- Boundary maintenance
- Cross-State Licensing Rules

# Impact on Teams and Patient Care

## Connection gaps...

- **53% of remote workers** say it is harder to feel connected to coworkers

## Lead to...

- **Team fragmentation** and **diminished morale** due to professional isolation
- **Burnout** and **secondary trauma**

## Resulting in...

- **Decreased quality of care**
- **Equity gaps** in psychosocial care access & **resource disparities**

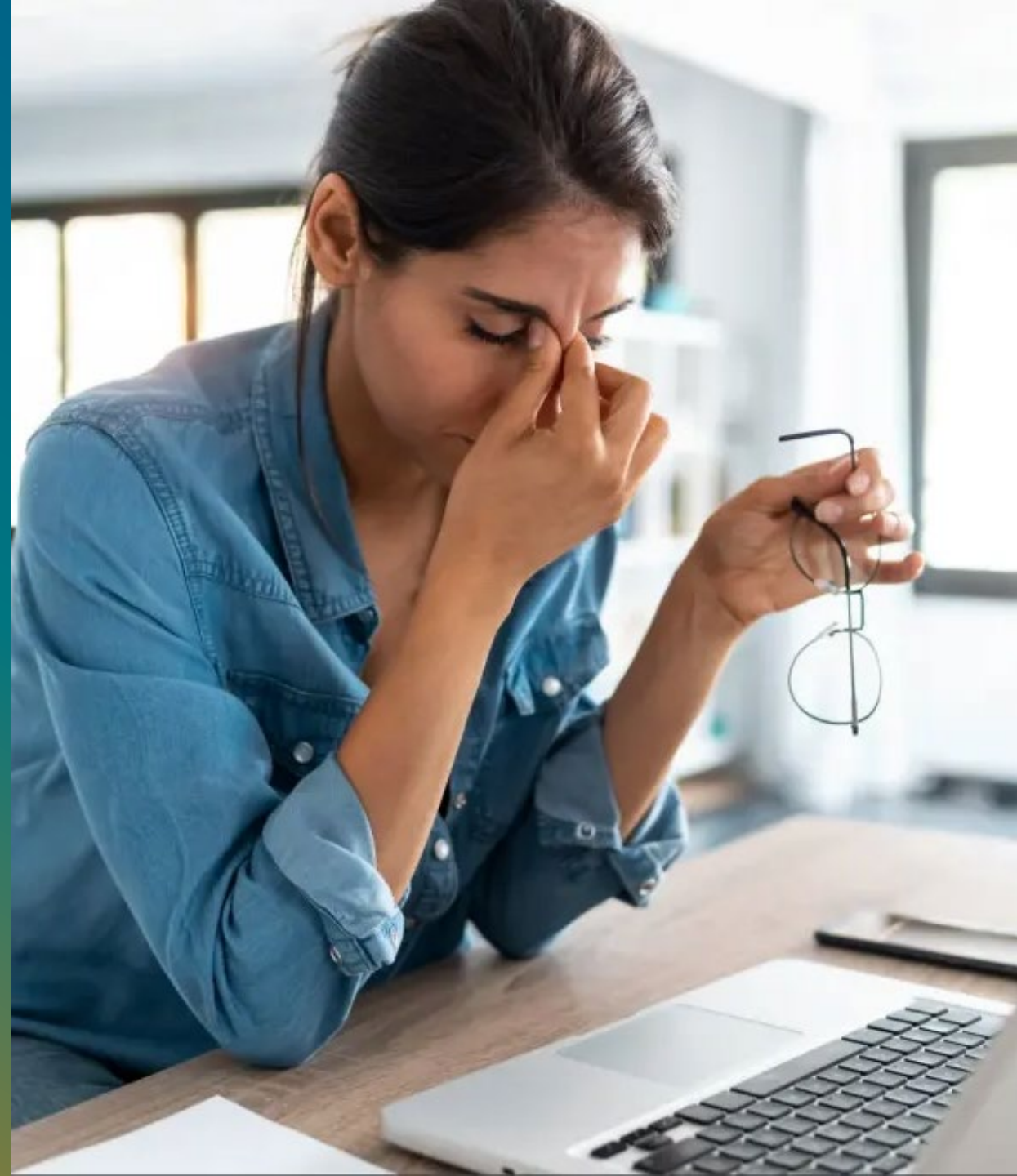
## Why this matters

Emotional labor role (like oncology social workers) deal with grief & loss, caregiver stress, and complex psychosocial needs.

Remote teams rely heavily on **peer connection, debriefing, and relational support**

Without intentional structure, **connection becomes variable – not guaranteed**

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(Haan, 2026)





# Pause & Reflect

## Identify Your Top Challenge

Which of the challenges we discussed resonates most with your remote/hybrid team?

What does it look like day-to-day?

What are the impacts on the team and on patient care?

# Theoretical Frameworks for Assessing & Addressing Challenges

# Theoretical Frameworks

Foundational theories provide a comprehensive framework for understanding and addressing the challenges of remote oncology social work.

## Tuckman's Model of Group Development

### Forming + Storming

Onboarding and trust-building

Managing conflict through dialogue

### Norming + Performing

Shared practices and trust

Collaborative flow and resilience

*(Tuckman, 1965; adapted for virtual teams )*

## Surgeon General's Framework for Workplace Well -Being

### Five Essentials for Workplace Mental Health

1. Protection from harm — physical and psychological safety
2. Connection and community — social support and belonging
3. Work-life harmony — autonomy and flexibility
4. Mattering at work — dignity and meaning
5. Opportunity for growth — learning and accomplishment

*(U.S. DHHS, Office of the Surgeon General, 2022)*

# Tuckman's Model for Virtual Teams

## Forming

**The Challenge:** Members are physically isolated, unsure of team goals, and hesitant to ask for help. Trust and psychological safety do not form organically through casual hallway interactions.

**Leadership Action:**

Provide crystal-clear role definitions and communication protocols.

Create "virtual watercooler" spaces, host synchronous ice-breaker sessions, and use onboarding tools and guides to establish a shared vision.

## Storming

**The Challenge:** Digital communication lacks non-verbal cues, making it easy to misinterpret tone in Teams messages or email, which can escalate interpersonal tensions and conflict.

**Leadership Action:**

Encourage open dialogue but require the use of video-based conferencing (e.g., Teams) for difficult conversations or tough feedback so non-verbal cues can be seen.

Establish "decision rules" and conflict management channels proactively.

## Norming

**The Challenge:** Teams may settle into inefficient digital habits (e.g., poor document version control, lack of response-time boundaries) causing collaboration to stall.

**Leadership Action:**

Document team rules explicitly. Decide which tasks belong on instant messaging, which require shared project boards, and which need real-time meetings.

Define digital office hours to protect work-life boundaries.

## Performing

**The Challenge:** Sustaining high performance without physical oversight requires managers to shift from micromanagement to outcomes-based leadership

**Leadership Action :**

Focus entirely on deliverables rather than hours logged.

Provide the autonomy and the tech stack necessary for team members to collaborate seamlessly, leveraging resources.

# The Surgeon General's Framework for Workplace Mental Health and Well -Being

Five essentials that support workplaces as engines of well-being



## Protection from Harm

### Human Need:

Safety & Security

### Key Components

- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health

## Connection & Community

### Human Need:

Social Support & Belonging

### Key Components

- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

## Work-Life Harmony

### Human Need:

Autonomy & Flexibility

### Key Components

- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Respect boundaries between work and non-work time

## Mattering at Work

### Human Need:

Dignity & Meaning

### Key Components

- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

## Opportunity for Growth

### Human Need:

Learning & Accomplishment

### Key Components

- Offer quality training, education and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback



# Pause & Reflect

## Assess Your Current State

What stage (Tuckman's Model) do you think your team is at? What are the signals that tell you this?

Which of the 5 essentials do you think your team desperately needs?

# Leadership Strategies and Practical Application

# Understanding Resilience in Oncology Teams



## Multifaceted Resilience Concept

Resilience extends beyond individuals to include team dynamics and organizational structures in oncology settings.

## Remote Team Adaptability

Remote oncology teams require adaptability to virtual communication and self-regulation in isolated work environments.

## Organizational Support Systems

Leadership, workflows, and policies are essential to foster team resilience and workforce well-being.

## Enhancing Well-being and Care

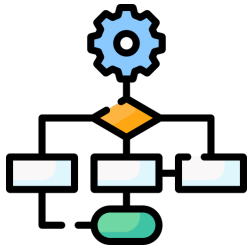
Cultivating resilience reduces burnout and ensures high-quality patient care through supportive environments.

# Connected Resilience Model

The Connected Resilience Model provides a structured, leadership-driven approach to cultivating resilience and connection within remote oncology social work teams

## Workflow Optimization

Aligning tasks with skills and reducing inefficiencies to prevent burnout and improve productivity.



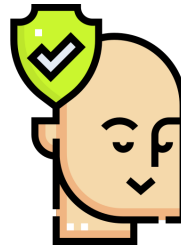
## Structured Communication

Consistent channels like team huddles and case conferences ensure reliable information sharing.



## Psychological Safety

Creating a judgment-free environment where team members express concerns openly and seek support.



## Intentional Relationship-Building

Virtual retreats and peer mentorship programs strengthen interpersonal connections among remote teams.



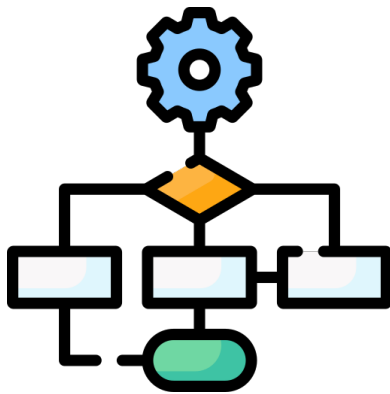
## Inclusive Leadership

Leadership promotes equity, diversity, and cultural responsiveness to engage all team members.



# Workflow Optimization

Aligning tasks with skills and reducing inefficiencies to prevent burnout and improve productivity.



## Formalize Workflows & Role Delineation:

- Make interdependencies clear.
- Use explicit communication protocols for distress screening, crisis management, and warm handoffs to the broader medical team so social workers know exactly where their scope begins and ends.

## Structured Communication

Consistent channels like team huddles and case conferences ensure reliable information sharing.

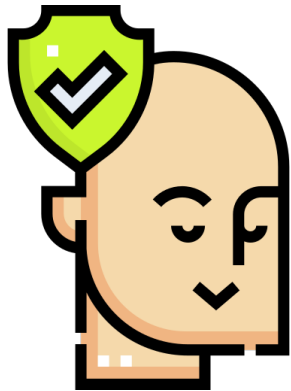


## Reflective Supervision

- Structured reflective supervision sessions provide dedicated time for clinicians to process emotional experiences, examine practice challenges, and receive supportive feedback
- Essential for sustaining workforce well-being in emotionally demanding oncology settings

# Psychological Safety

Creating a judgment-free environment where team members express concerns openly and seek support.



## Establish Structured Peer Support & Debriefing:

- Implement dedicated, non-work-related virtual “water cooler” sessions or coffee breaks to encourage relationship building.
- Create safe, structured spaces specifically for processing vicarious trauma, such as virtual reflective supervision and groups.

## Normalize Boundaries & Self-Care:

- Require staff to truly log off during non-working hours and mandate the use of mental health days.
- Leaders should actively model healthy boundaries, such as not answering non-urgent emails at all hours, to mitigate burnout.

# Intentional Relationship - Building

Virtual retreats and peer mentorship programs strengthen interpersonal connections among remote teams



## Virtual Retreats

- Structured virtual retreats create dedicated space for team bonding, reflection, and shared purpose-building beyond daily -task coordination
- Incorporate interactive activities, team celebrations, and collaborative goal-setting to strengthen interpersonal bonds

## Peer Mentorship

- Formalized peer mentorship programs pair experienced and newer clinicians for mutual support, knowledge sharing, and professional development
- Cross-regional pairings broaden perspectives and reduce geographic silos within the team

# Inclusive Leadership

Leadership promotes inclusion, diversity, and cultural responsiveness to engage all team members.



## Culturally -Informed Engagement

- Embedding diversity, inclusion, and belonging principles into team practices ensures all voices are heard and valued regardless of background or location
- Culturally responsive approaches strengthen team cohesion and improve care for diverse patient populations

# Outcome of connected resilience model on remote oncology social work teams



## Higher Engagement Scores

Organizations implementing structured well-being programs see measurable improvements in employee engagement and alignment



## Stronger Psychological Safety

Teams with higher psychological safety show improved patient safety outcomes, fewer errors, and greater willingness to report concerns



## Reduced Staff Turnover

Healthcare turnover averages 22.7%; targeted resilience interventions reduce voluntary attrition in clinical teams



## Enhanced Collaboration

Cross-regional peer mentorship breaks down geographic silos and improves care coordination across distributed teams

*Press Ganey, 2026; O'Donovan & McAuliffe, 2020; McParland, 2025; Morrison et al., 2023*



# Pause & Reflect

## Highlights and Opportunities

What is one thing your team already does well to maintain connection?

How did it develop?

What is the next thing you can do to improve connection and resilience for your team?

# Future Direction & Call to Action

# Future Directions

## Innovation and Research

Explore long-term impacts of resilience-building and conduct cost-effectiveness analyses for informed decisions.

## Emerging Technologies

Leverage AI and advanced data analytics to improve communication, workflows, and decision-making in social work. Explore telehealth integration models that center social work teams and leverage skills and connection.

## Standardized Metrics

Develop metrics to assess team resilience and engagement for tracking progress and identifying improvements. Identify appropriate patient-level outcome metrics to assess.

## Leadership and Engagement

Leaders should design supportive systems; practitioners must foster peer support and psychologically safe environments.

# Action Plan

## Week 1-2: Assess Baseline

Administer a team psychological safety survey; review current turnover and engagement data; identify top 3 pain points

## Month 1: Establish Communication Infrastructure

Implement recurring structured huddles (15 min); launch recurring reflective supervision; establish clear escalation pathways for crisis situations

## Month 2-3: Cultivate Relationship & Culture Building

Launch peer mentorship pairings across regions; schedule first virtual retreat; embed DEI-informed practices into team meetings

## Ongoing: Measure & Iterate

Track engagement scores regularly; monitor compassion fatigue indicators; adjust interventions based on data; celebrate wins publicly

## Key Tools

Professional Quality of Life (Health Measure) Scale ([ProQOL](#)); [Psychological Safety Index](#); [Social Work Licensure Compact](#); [AOSW](#) peer network.



# Key Takeaways

With a proactive, intentional approach, oncology social work can break barriers and strengthen the threads of support that build resilient, connected, and equitable care



## Remote work is structural, not temporary

23% of the U.S. workforce teleworks; 60% of medical groups maintain hybrid roles — design for it intentionally.

## Connection must be engineered, not assumed

53% of remote workers feel less connected; structured huddles, reflective supervision, and peer mentorship close the gap.

## The Connected Resilience Model is the blueprint

Five pillars — workflow optimization, structured communication, psychological safety, relationship-building, and inclusive leadership.

## Resilience delivers measurable ROI

Stronger psychological safety, higher engagement, and lower turnover against a 22.7% healthcare baseline.

## Policy and technology shape what's next

Licensure Compact in 35+ states, AI-enabled workflows, and advocacy for permanent telehealth parity.

# Questions



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