

# Caring For Yourself: Resilience and Empowerment

BROUGHT TO YOU BY:

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**OncologyNurseAdvisor**





# GOALS:

- Review barriers to resiliency and empowerment at home and in the workplace
- Recommend strategies and interventions to integrate personally and occupationally

# **PERSONAL ISSUES AFFECTING RESILIENCY & EMPOWERMENT**

# STRESS/WORRY INVENTORY

- Is my high school son getting in with the wrong crowd?
- Will my husband be laid off?
- Will dad be able to take care of mom at home after her stroke?
- I don't think the new manager fits well with our department dynamic.
- My daughter seems to be struggling in her marriage.
- I can't lose the weight.

## Balanced Wellness Wheel



## Out-of-Balance Wellness Wheel



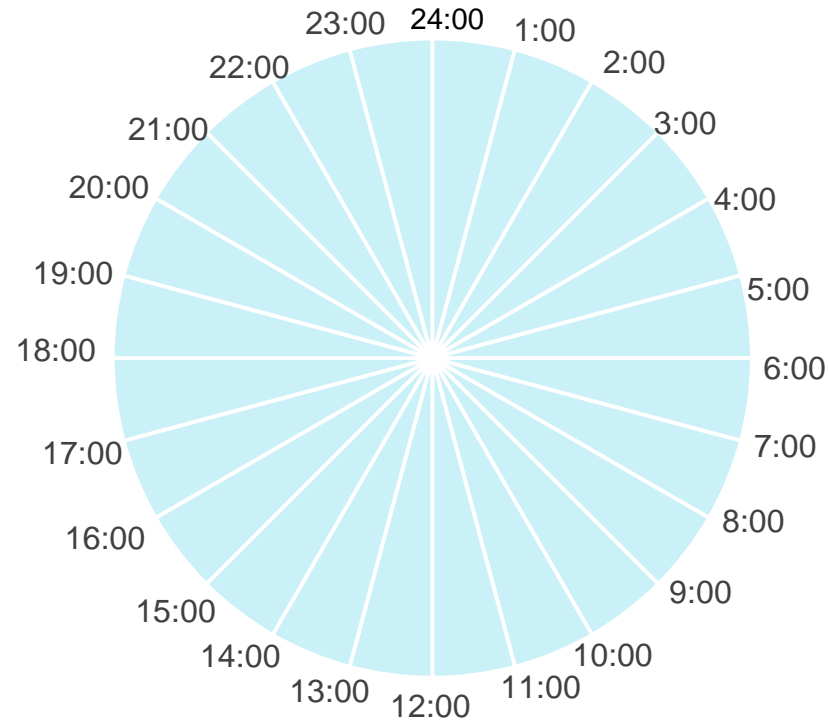
# WHAT'S ON YOUR PLATE?



**Routine Role  
Responsibilities**



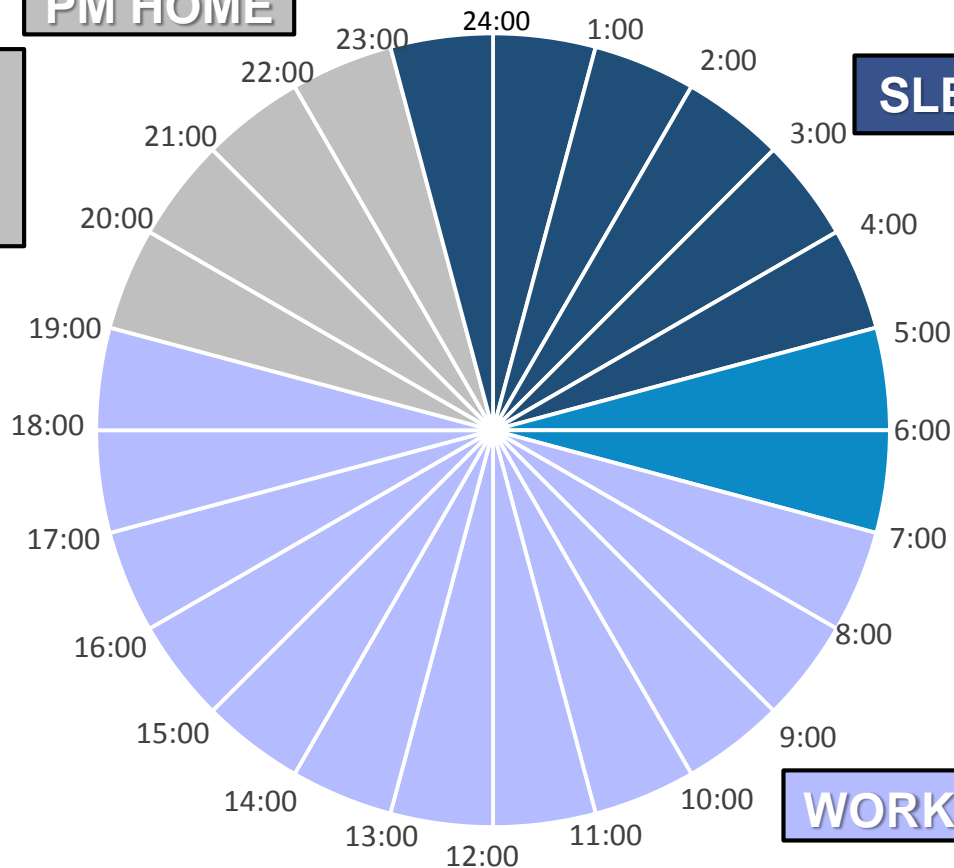
# 24 HOUR DAY



## PM HOME

Get kids to soccer;  
Brownies; homework;  
iron; prep/cook/clean up;  
ck on Mom; ck emails;  
baths/kids; RSVP movies

Multi-task; review caseload  
issues; prioritize competing  
patient/family/administrative  
demands; make/return phone  
calls; document; attend  
meetings; manage conflict;  
provide emotional support;  
deal with EOL issues;  
respond to unplanned  
crises/needs



**SLEEP**

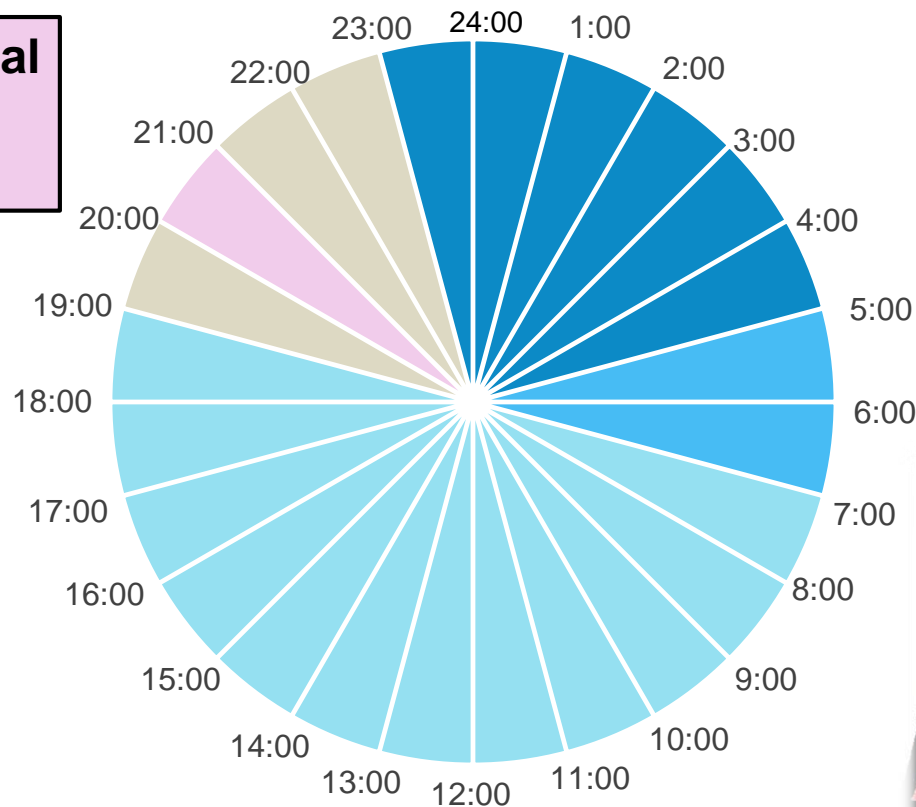
**AM HOME**

**WORK**



- **3 hrs./week total**
- **2 during week**
- **1 on weekend**

✓ REMOVE  
✓ MINIMIZE  
✓ DELEGATE



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# GENERAL HEALTHCARE/WORKFORCE

- **Technology explosion**
  - Emphasis on objects vs. people
- **Do ‘more with less’**
- **Financial predominance**
- **Rapid cycle of change**
  - New discoveries
  - Leadership
- **Influence of mental health issues**
- **Team diversity (age)**
- **Social:**
  - Single head of household
  - Mobile nature of society
  - Lay caregivers expected to assume professional duties in the home
  - Double-duty caregiving
    - ‘Sandwich Generation’
    - ‘Silver Tsunami’



# CANCER PARADIGM



- Heightened rate of discovery

## NEW LAUNCHES BY INDICATION 2011- 2016

- 68 agents for > 22 indications

**Source:** QuintilesIMS Institute (2017).  
**Global Oncology Trends, 2017.**

# CANCER PARADIGM

- Heightened rate of discovery

## EXPLOSION OF IMMUNE APPROACHES

Source: QuintilesIMS Institute (2017).  
Global Oncology Trends, 2017.



# CANCER PARADIGM

- Heightened rate of discovery

**GROWTH IN TREATMENT OPTIONS OVER  
TIME FOR SELECT CANCERS, 1996-2016**

**Source: QuintilesIMS Institute (2017).  
Global Oncology Trends, 2017.**



# CANCER PARADIGM



- **Role confusion:**
  - Navigators
  - APNs
- **Financial predominance:**
  - Overall cost of care
  - Reimbursement
- **‘Google Medical School’**
- **Denial of aging influence**
- **Adherence to quality metrics**
- **Oncologist Issues:**
  - **Resistance to palliative care:**
    - Death denial
  - **Team approach:**
    - ‘Team of 1’
    - Hierarchical
    - Interdisciplinary?
  - **Non-recognition of psychosocial morbidity influencing care**

# ONCOLOGY NURSE-SPECIFIC

## Recognition of our role as “1<sup>st</sup> responder

- Unsettling and tenuous nature of shock, disbelief, confusion, worry, and despair
- Consequences of physical and emotional loss
- Disfigurement and depression
- Profound debility and incapacitation
- Significant disruption of family norms
- Deconstruction of the family’s future orientation
- Considerable energy targeting avoidance of ‘bad news’
- Death -
  - Tragic
  - Unanticipated
  - Intolerable
  - Premature



# UNIQUE ELEMENTS OF ONCOLOGY NURSE 1<sup>ST</sup> RESPONDER DISTRESS

- Cannot leave the tragic scene
- Need to return to the disaster
- Multiple catastrophes occurring concurrently in caseload
- No preparatory guidance
- No antidotes
- Relationship established

**Nursing is a metaphor for intimacy.  
Nurses are involved in the most private  
aspects of patient's lives and they  
cannot hide behind technology or a veil  
of omniscience as other practitioners in  
hospitals do. Nurses do for others  
publicly what healthy persons do for  
themselves behind closed doors.  
Nurses, as trusted peers, are there to  
hear secrets, especially the ones born of  
vulnerability.**

**Source:** Fagin C & Diers D (1983). Nursing as metaphor.  
**New England Journal of Medicine**, 309: 116-117.

# RISK FACTORS FOR UNATTENDED SORROW

# INTERVENTIONS RELATED TO WORK

Education ... Support ... Personal ... **>20 Examples**

**The capacity for compassion and empathy seems to be at the core of our ability to do our work and at the core of our ability to be wounded by our work.**

Source: Stamm, 1999.



## **DISTINGUISHING BURNOUT FROM COMPASSION FATIGUE**

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# EDUCATION

- Resilience training\*
- Mandatory ELNEC participation
- Schwartz Rounds
- Communication competency:
  - Skill building
  - Dealing with conflict
  - Caring for 'difficult' practice scenarios
- Recognition & management of compassion fatigue
  - Can't deal with it if you don't know you have it!



\*Source: Boyle DA, Bush NJ (2018). Reflections on the emotional hazards of pediatric oncology nursing: Four decades of perspectives and potential. **Journal of Pediatric Nursing**. 40, 63-73, 2018.

# THE COST OF CARING: UNIQUE COROLLARIES OF NURSE COMPASSION FATIGUE

**Occupational  
Hazard of  
Nursing!!**

- **Unrecognized**
- **Underreported**
- **Understudied**

- **Education preparation gap**
- **Moral anguish & questioning**
- **Need for protracted compassion**
  - Sustained intimacy
  - Affective weariness
- **Neglected grief; mourning aversion**
  - Experienced in isolation
  - Disenfranchised grief

# How Do I Know If I Have Compassion Fatigue?

- Feelings of depression, responses of negativity
- Lethargy, little energy
- Sadness, emotional lability, or response out of context to situation severity
- Sustained effort to subdue mounting melancholy
- Boundary issues/overextension\*

\*Source: National Council of State Boards of Nursing (2011). **Professional Boundaries: A Nurse's Guide to the Importance of Professional Boundaries.**

# How Do I Know If I Have Compassion Fatigue?

- Lack of attention to self (i.e., diet, exercise, personal enjoyment)
- Reward substitution (i.e., food, ETOH)
- Difficulty accepting feedback (+ or -)
- Job transfer, turnover
- Impatience with family or issues not deemed 'life threatening'
- Frustration with partner insensitivity to needs



# SUPPORT

- **Support Activities**
  - Formal groups
    - Weekly patient care conferences
  - Retreats
  - ‘Code White’
- **Spiritual**
  - @ start of shift
  - Blessing of Hands
  - Tea for the Soul
  - Honoring Ceremony
- **Complementary Approaches**
  - Massage
  - Reiki
- **EOL/Enhance Closure**
  - Grief Cart
  - Post-death de-briefings
  - Sympathy card
  - Remembrance ceremonies
  - Acute Bereavement Protocol
    - Delineate preferences for family support
    - Offer to pray with me
    - Ask about wanting to help with final care
- **Unique Options**
  - Pet therapy for staff
  - Humor therapy



# PERSONAL STRATEGIES

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- **Pre- & post-work car exercise**
- **Consider skill requirements prior to entering patient room**
- **‘Closing the drawer’ after work**
- **Journaling**
  - Work-related
  - Personal
- **Learning forgiveness & gratitude**

# MAKING A SELF-CARE CONTRACT

## • Home

- “Within the next 2 days, I will talk with my family about my intent to integrate (amount of time), (frequency), to (identify new self-care behaviors), starting (date).
- “Within the next 2 days, I will talk with my family about my intent to integrate 1 hr., 3x/week to walk in the evening starting June 20<sup>th</sup>.

## • Work

- “Next week I will talk to my colleagues and manager about considering one of the following interventions to implement @ work: 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_.”
- “Next week I will talk to my colleagues and manager about considering one of the following interventions to implement @ work: process for sending sympathy cards, support for attending the ELNEC course, systematic debriefing following patient deaths.

# KEEPING UP WITH CURRENT FINDINGS

- Empowerment Through Knowledge -

## Review ONS Congress Proceedings

### ONN SESSIONS:

- Building relationships and collaborating through the navigation process
- Oncology nurse navigation: Innovative programs that improve patient outcomes



## POSTERS

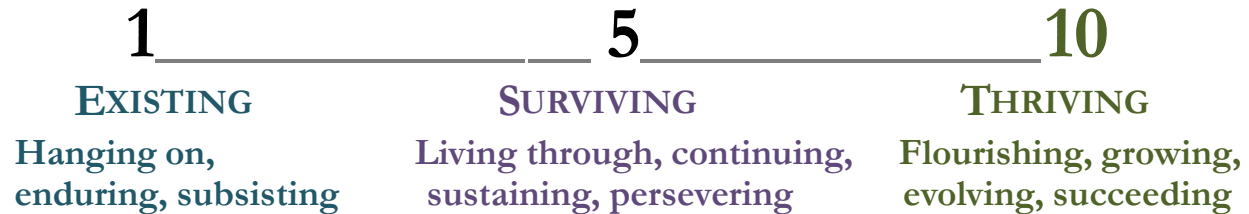
#	TITLE	AUTHOR
8	Expansion & creativity in oncology nursing: The oncology navigator model at the Taipei medical university hospital	Wang, SF
55	Nurse navigation: An important aspect of multidisciplinary care for hepato	Chapates, A
103	How the implementation of a complex GI cancer nurse navigator helped change clinical practice for pancreatic cancer therapy at a community cancer hospital	Hannon, H
159	Oncology nurse navigation: Examining a correlation between caseload & acuity	Mascarenhas, D
188	Role of the nurse navigator in implementing intralesional drug therapy for non resectable malignant melanoma	Page, N

## POSTERS

#	TITLE	AUTHOR
206	Improving a cancer patient's quality of life with the support of an oncology nurse navigator through standardization of care in the out-patient oncology setting	Pugh, G
275	Nurse roles and responsibilities in navigating prostate cancer care – Are you delivering and managing treatments correctly?	Witt, W
278	Evaluation of the impact of a navigation program to breast cancer care and services at a community medical center	Wright, K
404	Nurse navigation and the effectiveness of preoperative education	Solden, R
405	Improvements in communication between radiation oncology and medical oncology nurse navigators to enhance care coordination for patients receiving concurrent treatment modalities	Somerstein, G.
452	Exploring stakeholder experiences with interpersonal communication in patient navigation	Gallup, S
496	A novel online navigation program: Patient helpline for self-advocacy	Santos, M
529	Building a system-wide navigation program	Domb, A
534	Oncology navigation quality of life assessment and interventions	Godoff, J

# CONCLUSION

## THE NURSE THRIVING SCALE



**Self-care begins with healing.  
It requires a relentless pursuit of  
mind, body and spiritual balance.**

Bush & Boyle, 2012

**Some of the best  
caregiving advice we've  
ever heard comes from  
flight attendants ...**

*“Put on your own oxygen mask  
first before assisting others.”*

# Kitchen Table Wisdom

Rachel Naomi Remen, MD

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. This sort of denial is no small matter...”

In traditional Native American teaching, it is said that each time you heal someone, you give away a piece of yourself until at some point, you will require healing.

**Source:** Mark Stebnicki (2008). **Empathy Fatigue.** Springer Publishing: New York.

**For a Nurse**

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- Horneffer-Ginter K. 50 ways to take a break. Full Cup, Thirsty Spirit website. [www.fullcupthirstyspirit.com/posters.php](http://www.fullcupthirstyspirit.com/posters.php). Copyright 2018, Full Cup, Thirsty Spirit.
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