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Practical self-care and stress management for oncology nurses

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Abstract

This paper aims to discuss notions of supportive care, stress for oncology nurses in provision of such care, and practical strategies for stress management. Role-related stress and burn-out in oncology nurses are challenges that require effective management at both organisational and personal levels. Oncology nurses, as do others, strive to provide exemplary nursing care for people affected by cancer, and their families. These needs reach across the physical, psychosocial, cultural and spiritual dimensions, and change over time from diagnosis through to end of life^{1,2,3}. One source of stress for many oncology nurses is the attempt to manage tensions that arise from trying to provide a person-centred approach to care in a biomedically driven and physically focused health care delivery system⁴. The key concepts of self-awareness, self-care and resilience will be discussed and specific practices that empower nurses to better management stress will be presented.

Keywords: holistic care, supportive care, stress, stress management, self-care, resilience.

Introduction

The total number of people affected by cancer is growing – and will continue to grow – as the incidence of cancer diagnoses increases and survival rates improve⁵. In other words, more people are living with a cancer diagnosis, and they are living longer. Thus the potential for role-related stress encountered by oncology nurses will continue and in all likelihood increase. This has implications for the ability of nurses to sustain the delivery of best-quality care for patients and families, and for retention in the oncology nursing workforce⁶. It is imperative, therefore, that organisations and individual nurses engage in practice to effectively manage work-related stress⁷. This paper draws on evidence and the authors' experience to discuss practical practices that empower individual nurses to better manage work-related and personal stress. These practices serve to not only reduce the impact of stress on the nurse, but also to enhance professional and personal relationships, resilience, personal growth and satisfaction.

Background

Patients with cancer and their families are individuals with diverse needs that change over time as their experiences and

challenges change throughout their cancer journey³. While for some people it is a life-threatening experience, for many people it is a life-changing experience. Because the phenomenological experience is individual, the meaning of that experience is unique to the individual and changes across the cancer journey^{1,8}.

In light of the individual nature of the cancer experience, the aim of supportive care is to provide for those individual needs throughout the cancer continuum – from diagnosis to survivorship, or death^{1,3}. Although the definition of supportive care itself is arguably somewhat biomedically focused (“the prevention and management of the adverse effects of cancer and its treatment”³) the aim is to provide care for the needs of individual patients and their families across bio-psycho-social-spiritual dimensions⁹. Much supportive care is provided by nurses. Care and caring are familiar terms in nursing, yet remain difficult to quantify or define. Caring has been identified as a “moral philosophy” that serves to guide nurses' behaviour¹⁰. A study by Hudacek¹¹ on caring from the nurse's perspective, using a sample of 200 nurses from several countries and work areas, identified seven main themes. From a synthesis of the paper, these themes are summarised in Table 1.

Table 1. Themes of caring from nurses' perspectives (Hudacek, 2008).

Caring	Being "attentive, concerned and knowledgeable", and a "free offering of oneself".
Compassion	Empathetic concern, going beyond just hands-on skills to being <i>present</i> physically and emotionally.
Spirituality support	Listening to patients' concerns, providing access to resources to allow for prayer and expression of faith.
Community outreach	Health promotion and advocacy within the community on behalf of the disadvantaged.
Providing comfort	Facilitating provision of relief from pain, physical and emotional distress.
Crisis intervention	Critical thinking, using knowledge, skills and intuition to recognise life-threatening situations and initiate interventions.
Going the extra distance	Acts of person to person caring, simple courtesies such as a cup of coffee, humanising the experience for patients and their families.

A key finding was that caring encompassed the body, mind and soul of the nurse in that it "entails commitment, kindness and respect for patients [and families]"¹¹. Although *holistic* nursing is not specifically identified by nurses in the study, engagement of the body, mind and spirit of the nurse, the use of presence and spiritual care are mentioned as important aspects of care¹¹, suggesting that caring is viewed by nurses as a holistic endeavour.

Holistic nursing care is underpinned by a philosophy that recognises the whole human being and "the interconnectedness of body, mind, emotion, spirit, energy, social, cultural, relationship, context and environment"⁹. Integration of patients' physical, psychological and emotional needs with their cultural and spiritual beliefs and values is fundamental in holistic nursing practice. In providing *holistic* nursing care, therefore, the nurse considers the bio-psycho-social-spiritual dimensions of an individual and how these dimensions relate to each other^{12,13}. The focus is on optimising health and wellbeing, alleviating suffering, supporting the whole person throughout their journey and finding meaning from their experience⁹. This is congruent with the intent of supportive care and, as such, oncology nurses draw on their knowledge, expertise, skills and intuition to act in therapeutic partnership with the patient and family^{9,11}. Indeed, the provision of emotional, psychological and spiritual, supportive care for patients and families is seen as a core component of oncology nursing^{14,15}. The provision of holistic care, however, requires nurses to give of themselves at a personal and spiritual level – within a professional relationship. In much of the holistic nursing literature, the therapeutic use of self or empathetic engagement^{16,17} by the nurse is considered the single most important instrument in the provision of holistic patient care and in sustaining patient relationships^{9,18,19}.

Challenges for oncology nurses

Giving of oneself, however, can have costs⁷. The prevalence of stress, compassion fatigue and burn-out amongst oncology nurses has been well documented^{7,20}. The very caring qualities that attract nurses to cancer nursing are also a source of their risk to the impacts of work-related stress¹⁶. Regardless of external workplace factors, it is the emotional and spiritual component of the role; the burden of witnessing human suffering; and feelings of unpreparedness that can create moral, emotional, and spiritual stress (intrinsic stress) for the nurse. This can lead to dissatisfaction, compassion fatigue and burn-out in nurses specialising in oncology^{16,21,22}.

Researchers of stress assert that it is not the actual stress itself, but an individual's response to stress that influences the individual's wellbeing stress²³. This can deplete the inner spirit of the nurse, reduce personal resources for managing stress (such as resilience), which, in turn, can result in the individual being unable to successfully manage their stress^{16,24}. This may manifest as feelings of hopelessness or ineffectiveness, or even a loss of a sense of self or purpose. These feelings, together with the loss of the ability to respond empathetically or compassionately have been characterised as compassion fatigue or burn-out^{4,16,25}. The prevalence of burn-out in oncology nurses is arguably no greater than in other areas of nursing, but there is a greater prevalence of emotional dissonance and greater potential for burn-out amongst cancer nurses²⁶. Cancer nurses, therefore, need effective personal strategies to counter and manage their increasing risk of work-related stress.

Key concepts for stress management

Regardless of the source of stress, an individual's response occurs inside the mind, spirit and body of the individual⁷. In order to develop better stress management strategies and practices, it is important to firstly understand the concepts of self-awareness, self-care and resilience.

Self-awareness

Self-awareness and management of the psycho-social self is known as Emotional Intelligence (EQ). This term was popularised by Goleman²⁷, and describes an ability to sense, perceive, use, understand and effectively manage emotions. The practice of being self-aware provides individuals with a choice about how they act, rather than responding through impulse, instinct or without thought for consequences²⁷. Self-awareness, therefore, is arguably fundamental in any form of stress management²⁸. Practices to develop self-awareness involve engaging in practices that enable transformation or reframing of events in order to understand them in context²⁸. Practices include meditation, radical enquiry, mindfulness and reflection. Reflection or reflective practice is widely used in nursing and is a cognitive process used to guide personal and professional development²⁹. Developing self-awareness at a deeper level provides insight into how our past experiences, beliefs and values

inform our perceptions of events and situation, and thus shape our behaviours and response^{7,27,30}.

Self-care

Self-care has been defined as “the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being”³¹. Therefore, self-care nurtures one’s bio-psycho-social-spiritual wellbeing by enhancing self-awareness, self-efficacy, confidence and a sense of purpose and meaning^{13,16,25,32,33}. Nurses who practise self-care, develop self-awareness which, in turn, reduces their work-related stress and predisposition to burn-out; enhances their ability to provide an effective therapeutic relationship; and improves collaborative relationships with colleagues^{16,31}. Examples of self-care activities include: exercise; meditation; massage; conscious breathing or breath work; yoga; aromatherapy and self-reflection³⁴. When choosing self-care activities, it is important to engage in activities that are congruent with personal beliefs and culture and are thus meaningful to the self⁷. Self-care programs and practices that support bio-psycho-social-spiritual wellbeing and promote positive adaptation and transformation have been shown to result in greater resilience among nurses^{7,35}.

Resilience

Resilience is an eclectic concept that has been characterised as an enabling resource in managing response to stress²⁰. Resilience as an individual characteristic has been described as having the ability to: restore and strengthen the bio-psycho-social-spiritual wellbeing of the “self”; cope more effectively during stressful situations; and grow and learn from the experience^{25,36,37}. Importantly, resilience is able to be developed or enhanced through self-care practices that enhance bio-psycho-social-spiritual wellbeing^{7,13,16,32,33}.

Resilience development has been conceptualised as a cyclic process of first using one’s innate resilience to cope with stress or adversity, and then developing that innate resilience through supportive self-care practices. This, in turn, has been shown to lead to positive adaptation and cognitive transformation and, therefore, greater resilience⁷. A conceptual representation of the resilience development cycle is shown in Figure 1.

Practices for stress management and personal growth

Self-care practices such as meditation, breath work, reflection and racial enquiry enable an individual to become more self-aware and change perception and response in times of acute stress as well as support long-term wellbeing^{7,38}. Cultivating a strong sense of self-awareness and engendering the practice of “taking a breath” before responding, provides an opportunity to notice when a stress response is occurring and thus moderate the response^{38,39}. In the state of acute stress, a four-step process of awareness, breath, curiosity and doing things differently (ABCD) is recommended. This process is summarised in Table 2.

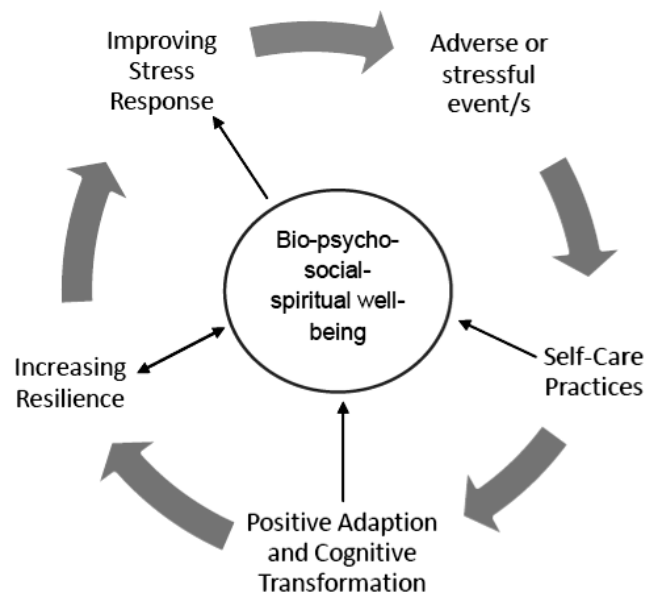


Figure 1. Cyclic Resilience Development Model (Grafton, 2009).

Table 2. The ABCD Stress Management Strategy.

<p>A: Awareness of self Honest, non-judgemental self-reflection Notice and release negative self-talk Mindfulness practices – observe, without needing to avoid or change Acknowledge what you are feeling without judgement Journal observations</p>
<p>B: Breath Take a deep breath (abdominal, yogic or “belly” breathing) Bring awareness to the body (scan though the body) How is my breathing? Is the breath catching, restricted somewhere? What do I feel? (emotion) What sensation is there in the body? And where do I feel it? Can I soften within – take breath to it?</p>
<p>C: Curiosity, compassion and choice Who am I giving power over me? (real or imagined) Ask “what is this feeling really about – what needs attention?” What is driving me or underlying the feeling? (beliefs, values, ideals ...) Create empowerment statement – “I choose to allow ...”</p>
<p>D: Do something differently Nurture yourself regularly with self-care practices Attend to the physical body – diet, sleep, rest, exercise Nurture the emotional and spiritual body with things that are meaningful to you Seek help See health professional (GP, counsellor, trusted friend) Conversation is not about justifying, defending or criticising – authentic friend will help/support your self-discovery</p>

Following up on stressful events or experiences through practices such as reflective journal writing deepens awareness, supports release of the emotions and uncovers learning from the experience^{13, 20,25,38}. Regular engagement in these and other practices that nurture the bio-psycho-social-spiritual self enhances resilience, aids the release of self-limiting beliefs and behaviour patterns, transforms perceptions and thus buffers against chronic and future stress^{6,7,25,39}.

Conclusion and implications for practice

Supportive care provides meaningful, timely care across the physical, psycho-social and spiritual dimensions of each person, throughout their cancer journey. Nurses engaged in provision of supportive care for patients with cancer and their families encounter intrinsic role-related stress. Active engagement in self-care practices develops awareness of the interconnectedness of the body, mind and spirit within themselves, nurtures and restores the self of the nurse, and develops resilience. Nurses who are resilient are less vulnerable to the impact of stress associated with their role and are, therefore, better equipped to be fully present and available to provide care that is holistic and sensitive to individual needs across the cancer continuum.

While this paper is aimed at practical stress management practices for nurses, the practices may be equally appropriate for patients and families. Through relationship and sharing of stress management practices, the nurse is also able to support patients and families to reflect and reframe their experiences, nurture their own resilience and find meaning in the cancer experience.

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