Challenges & Rewards for Oncology Nurses

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Caring relationships

<table>
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<tr>
<th>Associated with:</th>
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<tr>
<td>Emotional burden (Showalter, 2010; Walton &amp; Alvarez, 2010; Yoder, 2010)</td>
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<th>Exacerbated by:</th>
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<tr>
<td>Increased workloads</td>
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<tr>
<td>Heightened client acuity and complexity</td>
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<td>Repeated contacts with patients who are suffering</td>
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Mak et al (2013)-Hong Kong

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<th>To explore the experiences and perceptions of nurses caring for dying patients and their families</th>
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<td>Four themes were derived from the findings:</td>
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<tr>
<td>Lack of preparedness for patients’ deaths</td>
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<td>Reflecting on their own nursing roles for dying patients</td>
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<td>Reflecting on the meaning of death and their personal experiences of the death of their own family members</td>
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<td>Coping with caring for dying patients</td>
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Nurse experiences:

- Trust issues
- Loss of control
  (Figley, 1995)
- Decreased capacity for intimacy
- Loss of independence

Anxiety, anger, and irritability
Burnout

A prolonged response to chronic physical or emotional stressors

exhaustion and ineffectiveness
“I was going to ask how working with a severely limited staff was, but I think I can already guess.”
What Causes Nurse Burnout?

- Heavy workloads
- Long shifts
- Too much overtime
- Relationship conflict with other staff
- Lack of managerial support
- High emotional needs of patients and families
- Lack of reward

(Chippai & McKenna, 2010)
(Hughes & Jennings, 2008)

*Demonstrates a depth of understanding*
“I know it’s been a rough shift, but look at the bright side... only 7 hours to go.”
“Instead of throwing your phone away and hiding in the closet the entire weekend ... if the hospital calls ... just be brave and tell them you can’t work.”
Nurses experience

- Significant physical and emotional energy in caring for their patients
- Acute or latent feelings of loss, grief
- A perceived loss of meaning
Compassion fatigue

Severe malaise

Results from caring for patients who are in pain or suffering (Sabo, 2006)

Compassion fatigue most closely reflects the experiences of oncology nurses (Aycock & Boyle, 2009)
Consequences

- Increased absenteeism
- Loss of productivity
- The choice to leave the workplace
At the mid-Atlantic university teaching hospital

The turnover rate of oncology nurses had been increasing steadily from 13.3% in 2001 to 16.7% in 2004.
Workforce shortages

Negatively affect both the quantity and quality of cancer care

Research

Healthcare access

Survivorship
Faculty shortages

Decreased nurses receiving specialized oncology education and training

(Institute of Medicine, 2009)
Challenges to nurse

- Inadequate staffing
- Long work hours

(Buerhaus, Donelan, DesRoches, Lamkin, & Mallory, 2001).
<table>
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<td><strong>59% to 65% of oncology RNs perceived staffing as inadequate</strong></td>
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<td><strong>Nearly 80% of RNs cited difficulty retaining experienced staff.</strong></td>
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<td><strong>Nurse executives cited a lack of qualified applicants as a major barrier to filling vacant positions</strong></td>
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<tr>
<td>State of the Oncology Nursing Workforce: Problems and Implications For Strengthening the Future 2001</td>
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</table>
The cycle of the oncology nursing shortage

Dissatisfied

Stressed

Burned out leave the workforce

Resulting in fluctuations in the staffing levels

Potentially exposing patients to suboptimal care
Intrusive imagery

Fragments of specific autobiographical events or imaginal extensions of such events

Nurses may relive and re-experience traumatic events repeatedly in their minds.

Psychological disturbances can have personal and professional consequences (Sabo, 2008)
Intrusive imagery

- Personal and professional consequences (Sabo, 2008)
- Increase stress for nurses
- Feelings of powerlessness
- Helplessness
- Hopelessness (Abendroth & Flannery, 2006)
Care for dying patients

- Higher emotional exhaustion levels
- Adverse effects on psychosocial health and well-being of nurses (Sabo, 2008).
- Psychological distress (AbuAlRub, 2004).
New oncology nurses face challenges in their first year of practice

Pamela Bowman & Nicola Brooksbank
Stress levels in nursing staff working in oncology

- France
- Esco et al (2001)
- 37 members of the nursing staff

| Table I. Percentage of subjects reporting difficulties related to working conditions. |
|---------------------------------|------|-----|
| Lack of time both for tasks and patients | 75   | 27  |
| Insufficient organization of tasks | 39   | 13  |
| Not adequately informed of clinical decisions | 73   | 26  |
| Conflicts due to inadequate management of terminal phases | 89   | 32  |
| Sick leave over past year          | 36   | 13  |
| Use of tranquilizers               | 6.5  | 2   |
| Use of analgesic medication        | 16   | 6   |
| Fear of ‘catching’ cancer          | 64   | 23  |
| Repugnance with visual aspects of the disease | 30   | 11  |
| Disgust with odours               | 68   | 25  |
Wenzel et al (2011):

Methodologic Approach—Focus groups were held with 34 oncology staff nurses to identify challenges regarding work-related bereavement.
Going back to work after a death
“Taking care of myself doesn’t mean ‘me first.’ It means ‘me too.”

L.R. Knost

GoodTherapy.org
Oncology nurses' communication challenges with patients and families
Thank to be an Oncology Nurses
Gieter et al. (2006)

Nurses usually value non-financial and psychological rewards.
A key motivator for nurses is the desire to help others
Rewards

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<th>Cohen et al (1994): A qualitative study on 38 oncology nurses,</th>
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<td>The three most important sources of rewards were patients, co-workers, and new skills.</td>
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<td>Sources of difficulties include lack of competent administrators, lack of time, and life stresses.</td>
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<td>Aspects that are rewarding also are difficult</td>
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<td>Individual experiences and perceptions change the meaning of work and the needs that nurses have.</td>
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Job Satisfaction

• Three out of four American Nurses’ members rank recognition for their contributions as a central element of a healthy work environment.

• Lack of recognition leads to:
  • Discontent
  • Poor morale
  • Reduced productivity
  • Suboptimal care outcomes
REWARD & RECOGNITION

Improved staff Satisfaction

Improved Retention

Improved patient satisfaction
HAPPY STAFF HAPPY PATIENTS