

## ARTICLES

# Seeds of Hope, Blossoms of Meaning

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2005 Mara Mogensen Flaherty Memorial Lectureship

**T**he connections that we all share in this community of oncology nurses are rich and palpable. Few professions have this sense of camaraderie. Regardless of whether we provide direct patient care or are researchers, educators, or administrators, we all are bonded by a common intention: to reduce the burden of cancer and to improve the quality of the lives of those affected by cancer.

This article essentially will be divided into two parts. For the first part, I will describe some of the healing programs in which I have been involved over the years: specifically, the group Path to Healing With Cancer; the organization Retreats to Renew: Clarity and Creativity for Healing; the nonprofit organization Virginia Thurston Healing Garden; and staff renewal retreats at the Dana-Farber Cancer Institute. The second part will describe the parallels between extraordinary patients with cancer and extraordinary oncology nurses. Highlighting research on spontaneous remissions, I will describe similarities between patients with cancer who have experienced remarkable recoveries and oncology nurses who thrive and shine after years of working in the field. This will be illustrated through the stories that I received from oncology nurses across the country. Through my own experiences and the stories of other nurses, my hope is that the seeds will be planted for you to move forward and to embrace a holistic approach to living fully and taking care of the body, mind, and spirit—for your patients and for yourself.

## Healing Programs

“It’s about life, not cancer”—that was the motto for the group called Path to Healing With Cancer that I began in 1999. We met monthly during the course of four years at an American Cancer Society facility, Hope Lodge, located in Worcester, MA. Hope Lodge is a beautiful restored Victorian house that serves as a “home away from home” for patients with cancer and families from around the world who come to the Boston area for cancer treatment. My friend and colleague, Elana Rosenbaum, LICSW, cofacilitated the group with me. Elana is a clinical social worker, a lymphoma and stem cell transplant survivor, and an experienced mindfulness meditation teacher. The two of us complemented one another in leading the group as we each brought our own personal experiences and professional skills.

Unlike other kinds of support groups, we did not spend a lot of time talking about or dwelling on cancer. From 6–8 pm,

we would participate in guided mindfulness and loving-kindness meditations, gentle body movement, and art and writing. There were opportunities for open dialogue during the first and last half hour. At the end of two rich hours of self-reflection, creative expression, and group sharing, participants had an opportunity to informally connect and receive a 20-minute chair or foot massage or Reiki session. Trained and certified professionals, each who had a loving presence and true desire to heal and provide service, would volunteer their time to this group month after month. Participants so appreciated this “bonus” at the end of the group. Receiving a massage was a perfect way to end the evening.

Feedback from participants in the Path to Healing group was consistently positive and affirming. We would hear comments such as, “This group is my haven. Two hours isn’t enough time. I wish we could do this for a whole day or a weekend.” These words resonated with Elana and me and provided the impetus for us to start Retreats to Renew: Clarity and Creativity for Healing. Based on the same premise and using similar activities as the Hope Lodge group, Retreats to Renew conducts full-day and weekend retreats for patients with cancer and families. Our work later expanded, based on observed and solicited need, so we also conduct retreats and training workshops for healthcare professionals. The retreats and professional trainings usually are held at lovely locations surrounded by the beauty of nature.

Speaking of the beauty of nature, another program that I have been intimately involved with is the Virginia Thurston Healing Garden located in Harvard, MA. Founded in 2000, the mission of this nonprofit organization is to provide education, individual and group support, and complementary therapies to women with breast cancer, without financial barriers. A guiding principle



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of the Healing Garden is that being in a setting with nature enhances feelings of wellness and connection to something powerful and continuous. I have been fortunate to facilitate retreats and groups at the Healing Garden and to serve on its board of directors for the past three years, and currently I serve on its advisory board. Needless to say, this organization has been an important part of my life, and the commitment and time supporting this cause have been personally very meaningful.

The last program that I would like to share with you is the implementation of staff renewal retreats, occurring over the past year at the Dana-Farber Cancer Institute. Last summer, my colleague, Anne Gross, MS, RN, CNAA, who is vice president for Adult Ambulatory Services, came to me to help her think through ways to help her staff. She had been struck by the outpouring of caring by staff that takes place every day in such a demanding and complex medical environment that is compounded by frequent losses of patients with cancer for whom they provide care. She came to me knowing my experience in leading renewal and self-care groups and retreats. Our first step was to secure funds to pilot two retreats. Funds came from a grateful patient's family and from the support of our leader, chief nurse and senior vice president for Patient Care Services, Pat Reid Ponte, RN, DNSc, FAAN. I must underscore Pat's unwavering commitment to this endeavor. She is passionate about fostering a healing environment for our patients and families as well as for our staff. Clearly, without such support from administration, none of our efforts to foster staff's well-being would be possible. The first two staff renewal retreats were piloted in January and February 2005.

The overall goals of the retreats were to bring staff together, away from the work environment; to relax and have fun together without pagers, computers, or laboratory coats; to learn or be reminded of self-care techniques; to self-reflect; to rekindle the spirit; and to leave feeling rejuvenated and professionally re-inspired. These overnight retreats were held off-site in a rustic setting, about an hour from the city, at a large farmhouse that is used as a hostel and retreat center. The retreats started on Saturday around 9 am and ended after lunch on Sunday.

I coordinated and cofacilitated the retreats with three phenomenal nursing colleagues. Katherine Brown-Saltzman, RN, MA, from the University of California, Los Angeles, Medical Center has been conducting similar retreats for nearly 15 years. She was a huge asset in our planning and implementation, and we were so fortunate to have her join us for both retreats. Carol Picard, RN, PhD, CS, is a professor at the University of Massachusetts Amherst and the president-elect of Sigma Theta Tau International. Carol has had a longstanding interest in the therapeutic use of body movement and dance and in nurses' self-care. The fourth cofacilitator was Mary Jane Ott, MN, MA, APRN-BC, who is a nurse practitioner from Dana-Farber with expertise in many complementary therapies, especially mindfulness meditation, therapeutic touch, and yoga.

The theme for the retreats was "Creating Balance and Peace in a Life of Blessings and Losses." All of the activities centered around this theme. There were four experiential small group breakout sessions to choose from. "Keeping Hope" used art, imagery, and story to explore hopefulness in its many dimensions and as a self-care practice. "Coming Home to Your Body" explored the therapeutic use of movement through such activities as "walking out your lifeline." "Being Peace" used different forms of mindfulness meditation practice that foster peace and

balance in everyday life. "What Matters Most" provided participants with an opportunity to self-reflect on what matters most in their personal and professional lives and to quietly express themselves through collage and writing.

Saturday afternoon was devoted to free time—to go sledding, take a walk, read, take a nap, give each other manicures, or do whatever they wanted to do. Everyone was given an opportunity to receive a 40-minute massage from licensed professional therapists. Saturday evening was a time to really let loose. Live entertainment with a guitarist and singer set the stage for singing, dancing, and laughing. On Sunday morning, participants could partake in a relaxing yoga session or an invigorating walk outside or just sleep in.

Just over 24 hours later, of being together in this way, we could sense the deepening connections and lighter hearts among those who shared in the experience. We learned that "a little bit, goes a long way"—just 24 hours, one night, at a modest facility in a rustic setting—laughing, crying, just being together with peers and leaders. We got a brief glimpse of one another as regular people who are also walking this professional path of oncology care—living a life of blessings and losses. I have had participants go out of their way, weeks later, to give me a hug in the hospital hallway, to thank me, and to acknowledge how much fun they had and how much they learned.

## Remarkable Cancer Survivors

When I go away on vacation, like many of you, one thing I do is catch up on pleasure reading. So while I was away during Christmas week, I brought along one of my favorite magazines called *Shift*. It is published quarterly by the Institute of Noetic Sciences. In the winter 2004–2005 issue, the article titled "Stories of Hope" in the Frontiers of Research section of the journal caught my attention. This article reminded me of a clinical phenomenon that always has fascinated me—spontaneous regression and extended survival of patients with cancer.

Spontaneous regression is a term often used synonymously with the term spontaneous remission and is defined as "a significantly measurable reduction in tumor size or reversal in the progression of a disease, and when this improvement cannot be attributed to Western allopathic medical treatment" (Institute of Noetic Sciences, 2004b). It is associated with longer survival than expected and, in a sense, those who "beat the odds." Many of us who have been in the field for a long time likely can recall particular patients who come to mind—those who "did much better" or lived much longer than we expected, based on statistics and compared to others with the same medical profile. When we think of remarkable cancer survivors, one famous person comes to mind for many of us: Lance Armstrong.

While he was receiving treatment for testicular cancer that had metastasized to his brain and lungs, if anyone had suggested that he could get back on the bike and competitively race, you would think, slim chance. And if anyone suggested that he could ever go on to win the Tour de France one time, you would think he or she was absolutely crazy or instilling "false hope." Well, here we are, nine years later, and he has been the unbeatable champion of six Tour de France titles. Lance Armstrong truly stands out as an extraordinary cancer survivor. He continues to inspire many. His story reminds us to consider that the impossible may, in fact, be possible.

If you think about it, I'm sure you can recall patients whom you have known personally who are remarkable cancer survivors. These people are more the exception than the rule, however. Based on documentation, it is estimated that spontaneous regression or remarkable long-term survival occurs in approximately one in 60,000–100,000 cases. Of note, it is estimated that the number is actually 10- to 20-fold greater than what is found in the medical literature because many cases are not formally reported (Institute of Noetic Sciences, 2004a).

In an effort to understand what is known about this topic, Brendan O'Regan, MS, and Caryle Hirshberg, PhD, as part of the Remission Project at the Institute of Noetic Sciences, cataloged the world's medical literature from 1865–1990 and assembled the largest database of medically reported cases of spontaneous regression. The database consists of more than 3,500 cases, including almost every type of cancer, from 800 journals in 20 different languages. Their work is summarized in the more than 700-page book titled *Spontaneous Remission: An Annotated Bibliography*, comprised of cases published in credible medical journals such as the *New England Journal of Medicine*, *Cancer*, and *BMJ* (O'Regan & Hirshberg, 1993). Although this work is the most compelling of the past two decades, it does not stand alone. In 1974, Johns Hopkins School of Medicine hosted the World Conference on Spontaneous Remissions. The purpose of the conference was “to listen more closely and attentively to those ‘whispers of nature,’ where a rare and extraordinary patient with clinically confirmed cancer responds in an unusual and exceptional way without adequate treatment” (as cited in O'Regan & Hirshberg, p. 26). Dynamic presentations and thoughtful dialogue among esteemed scientists provided potential theoretical explanations as to the mechanisms of spontaneous remission and extended cancer survival. The proposed mechanisms discussed at the conference 20 years ago continue to be considered today.

Although the etiology remains unclear, there is consensus that this is a very complex issue and a number of mechanistic factors are likely to play that may vary from person to person. There are a number of proposed biologic and physiologic factors as well as proposed theories regarding psychological and spiritual factors. The burgeoning field of psychoneuroimmunology incorporates biologic and psychological factors and is a useful framework that helps to explain the potential mechanisms involved with this phenomenon (Ader, Felten, & Cohen, 2001; Post-White & Bauer-Wu, in press). After compiling the database, the researchers carefully reviewed and compared the different cases to try to identify similarities. Although no fixed set of characteristics can predict survival, the researchers did identify patterns in how these special survivors account for their positive outcomes. “Such similarities do not represent a recipe for survival, but illuminate a set of possibilities” (Schiltz, 2004–2005, p. 39).

The following characteristics were noted in the patterns of the remarkable cancer survivors.

1. Strong sense of self-sufficiency or a “can-do” attitude; these individuals feel competent and in control, despite what the statistics show or what others say.
2. Living a fulfilling and enjoyable life, beyond the crisis of having cancer
3. Having at least one strong, supportive, and trusted relationship with another person and having the motivation to help others

4. Emotionally expressive; becoming comfortable with, expressing, and accepting the full gamut of emotions, both positive and negative
5. Finding meaning in the cancer experience and accepting the diagnosis but not the prognosis
6. Work in partnership with the healthcare team in making decisions related to their health and well-being
7. Regular participation in activities and practices that reduce stress and promote increased awareness
8. Having a sense of spiritual connection or renewed spiritual awareness
9. Flexibility; willingness to try new things that make sense or to make changes when something is no longer working

## Nurse “Thrivers”

When I considered the list of characteristics of remarkable cancer survivors, it struck me that they are very similar to the qualities of many remarkable oncology nurses whom I have known and consider to be “thrivers.” These nurses are thrivers because they continue to flourish and shine despite ongoing stressors—the complex treatments, the fast-paced and changing work environment, and the multiple losses experienced in this professional specialty. How do they do it? How do they maintain balance, at work and at home, day after day? Perhaps it is many of the same attributes of the remarkable cancer survivors that also sustain the oncology nurse thrivers.

### Stories of Oncology Nurse Thrivers

I solicited friends and colleagues, nationally and internationally, for exemplars of seasoned nurses who epitomize thriving, balance, and passion. I received an incredible response from oncology nurses near and far, and their stories are amazing. What pearls can we learn from those who shine day after day, who do not burn out, and who continue to embrace this special work?

**Self-sufficiency and “can-do” attitude:** Ann Culkin, RN, OCN®, and many of the nurses from the New York City ONS chapter exemplify the can-do attitude that is at the heart of the characteristic of self-sufficiency. Five years ago, the New York City chapter embraced the challenge by the ONS National Office to promote lung cancer awareness. Five nurses went to the studio of *Good Morning America* at 5 am, where they were met by Diane Sawyer. Each year since then, they have stayed committed to the cause, although recruitment of volunteers has been a challenge. Although funding for the project was pulled this past year, these committed nurses were not stopped.

Ann asked Al Roker of *Today* to assist them with the cause because she had a connection with him and knew that his father died from the disease. The chapter purchased a banner for our 2004 appearance, and a friend of a patient bought us t-shirts for our appearance on NBC. The 23 nurses who proudly appeared on *Today* in November 2004 wore the t-shirts, carried the banner, and were smiling at the crack of dawn. Ann's colleagues describe her as “having . . . the ability to engage the resources that she needs.” I commend Ann and her colleagues in New York City. They certainly are models for a can-do attitude. Despite tight resources and many obstacles, they are not stopped and they make things happen.

**Fulfilling and enjoyable life:** Brian Highhouse, RN, OCN®, a staff nurse on the bone marrow transplant unit at Dartmouth-Hitchcock Medical Center in Lebanon, NH, exemplifies living

a fulfilling and enjoyable life. He was one of the 20 riders selected to ride with Lance Armstrong on the 2004 Bristol-Myers Squibb Tour of Hope™ team. The Tour of Hope is a ride across America, from Los Angeles to Washington, DC, designed to inspire and raise public awareness about cancer clinical trials. Brian was one of two oncology nurses on the 2004 team. For Brian, it was a great honor and personally fulfilling to ride in the Tour of Hope. When I asked Brian why he cycles, his response was, “First of all, I really enjoy it. It is a time for me to escape, a time for me to get my thoughts together, and also quality time with my friends, including my wife and my dog. It helps to keep me in shape and feeling good about myself.”

Sandra Kelly, MS, RN, CS, is a nurse practitioner at the Dana-Farber Cancer Institute in Boston, MA. She is someone who has impressed me with her positive energy and zest for her work and life in general. From my perspective, Sandra epitomizes an oncology nurse thriver. Although Sandra’s story illustrated all of the characteristics of nurse thrivers, the characteristic of fulfilling and enjoyable life was especially fitting. She explained,

For 20 years, I rode on the back of my husband’s motorcycle for recreation, always preferring to be at his side. For my 50th birthday, I took the “rider’s course,” loved every grueling moment, and got my own Harley®. The learning curve was challenging with some bruises, scrapes, and tears of frustration. Now we ride side by side, and dreams of spring get us through the cold spells and deep snows of winter. This new shared passion for riding the back roads of the Lakes Region of New Hampshire in the clean air and sunshine has added a new fun aspect to our relationship.

**Strong, supportive, and trusted relationship:** Many seasoned nurses who thrive can identify the value of a strong, supportive, and trusted relationship. The relationship may be with a spouse, partner, parent, sibling, or close friend: someone who is a confidant with a shoulder to lean on or a warm hug at those moments when we really need a hug.

Ellen Lavoie Smith, MS, APRN-BC, AOCN®, from Lebanon, NH, is a dear friend and colleague of mine. We met 22 years ago when we were both young, new graduates working on a medical oncology floor. Through the years, Ellen and I have remained friends. I have marveled at her ability to stay focused and healthy and to keep it all together at work, at home with two young boys, and now also in her doctoral studies. Ellen admitted that her husband, Andy, makes it possible.

He loves and respects me and does everything possible to help me to succeed professionally. For example, just last week, when I had an intense day of deadlines at work and also a statistics final exam, he got up early in the morning to see me off and gave me a special lunch of lobster stew, my favorite. On the lunch bag he had drawn a big smiley face. Later on that day, he called me up at work and asked how my day was going. He is always there for me and our boys, to make things easier, and to make us smile. I see Andy as the beginning of a circle that self-perpetuates. He gives unselfishly to me and the kids, which then helps us to want to continue to give back to one another. He helps me to meet my needs, so I can meet the needs for others. I know that I couldn’t do it without him.

**Expresses emotions:** There is a growing body of literature demonstrating the health benefits of expressing one’s emotions (Bennett, Zeller, Rosenberg, & McCann, 2003; Esterling, L’Abate, Murray, & Pennebaker, 1999; Targ & Levine, 2002). Although many of you may be familiar with this research and advocate such interventions as support groups, expressive writing, or humor for your patients, you may not have considered the implications for yourself. Getting in touch with your emotions and authentically expressing them, in a sense “getting them off your chest,” can be very therapeutic. In addition, finding opportunities to lighten our intense work environments and to foster laughter among colleagues and patients can go a long way. Laura McVay, RN, a nurse from Glendale, CA, shared her funny story.

My friend and I wreaked havoc on our oncology floor. We were always up to no good, and staff waited with excitement for our next trick. Like most cancer floors, the stress can be cut with a knife, and we thought it was our job to destress the staff. The funniest thing I cooked up involved a grouchy elderly man and a nurse’s uniform. I overheard that this patient was so cantankerous that most staff did not want to take care of him. He, unfortunately, was dying from leukemia. He recalled his days in the war with staff and shared that the nurses then were pretty, in white starched uniforms, and took such good care of him. That night I proceeded to buy three nurse’s uniforms for my cohorts and I, including the old nurses’ caps. The next morning, I walked into the patient’s room and introduced myself. My hair was up, the uniform perfectly pressed and the cap on—I meant business. I thought he had had a stroke. He kept on staring and said nothing. After finishing my assessment, I left the room and signaled my buddies to follow suit. One at a time they filed in, looking like a scene from the old television show, *Marcus Welby, MD*. A short time later, I went into his room to give his medications. He was on the phone calling his family and friends to come down and see his nurses today. He was laughing, crying, smiling, and hugging us, all at the same time. He got the joke, luckily, and we had a great time ribbing him all shift. I was off the next two days and when I returned he had been discharged home on hospice. His family notified us when he had passed away and commented on what a difference our little joke had made. Apparently, he met his late wife in the war. She had been his nurse and wore the white uniform. Those were the best uniforms I have ever bought.

Another nurse who incorporates humor into her professional role is Hob Osterlund, RN, MS, CHTP. Hob is a clinical nurse specialist in pain and palliative care at Queens Medical Center in Honolulu, HI. For years, Hob has been performing a comedy skit as an alter-ego character named Ivy Push, RN. Hob creatively uses humor in a way that unites and strengthens rather than divides and insults. She recently received a grant to film a second professional video called *Health, Humor, and Hospitals*, in which the local ONS chapter got involved. Hob clearly touches many people’s lives with her wit and her wisdom. She eloquently described her perspective as follows.

I share with all nurses the challenge of thriving while caring for people who are not. If, in the process of that caregiving, I lose perspective and mistake the patient for

the disease, or the woman for her pregnancies, or the man for his occupation, then I've forgotten why I'm there. I'm there because compassion matters. I'm there because human intimacy is everything. I'm there for a laugh. Not as an aloof jokester, interested in bracing my anxious spine with the reactions of an audience, but to unearth life's absurdities like a dog digs up bones, to chew on them until every last particle has been tasted and swallowed, and to share the choicest morsels—even the gristle when necessary—as often and as generously as I can. It's coming at life belly first. The uncertain, vulnerable, hungry parts just as present as the decisive, courageous, and satiated parts. It's being present enough to recognize that we're in this bloody mess together, and something funny just happened, so we laugh ourselves silly because there it is, and because we still have breath.

**Finding meaning in work:** It is fairly universal: Most nurses openly recognize that their work is meaningful. Oncology, probably more than any other specialty, attracts individuals who are drawn to it. For some, it is the connection with patients and families and seeing the difference you make in improving one's life throughout the cancer journey, whereas other nurses are drawn to it for personal reasons, such as having survived cancer themselves or experiencing it with a loved one. Each of us has our own story of why we have chosen this path. As I listened to oncology nurses across the country, it is evident that those who are passionate about their work also find meaning in it. Each has a story to tell of how their personal lives have shaped their work.

Seth Eisenberg, RN, ADN, OCN®, from Seattle, WA, has been an oncology nurse for 22 years. He has many examples of how he has found meaning in his work as an oncology nurse throughout the years. However, his personal experience with his wife's cancer six years ago brought a different perspective and richer meaning to his work. Just six months after her diagnosis with glioblastoma multiforme, his wife died. Seth recalled his experience.

Throughout her battle, I was husband, father to four kids from our blended family, and private-duty oncology nurse. It was a role I never thought I would have to play, and yet in retrospect, who else would have been better equipped to take care of her? It was my first real experience from “the other side of the bed.” I was the inquisitive husband and the personal patient advocate. . . . Throughout our ordeal, we experienced both good care and less-than-optimal care. I experienced the grief so many of my patients' families have experienced. I witnessed caring individuals and professional indifference. In the end, I have become a more compassionate nurse. And when I stand at the patient's bedside, I not only treat my patient, I treat their family. For I have been in those very same shoes.

Another nurse, Christine Davenport, RN, OCN®, from Cape Cod, MA, has been a radiation oncology nurse for 20 years, and she recognizes a thread in her family history that led her long ago to choose this work that continues to nourish and sustain her. Christine told the touching story of her 86-year-old father, Stanley. Her dad is a remarkable person—a man of strong faith who survived many challenges and losses early in his life. He commented, “My mother, from day one, probably had the greatest influence on my life. She left me, I do believe, with an

overabundance of tenderness.” Stanley's mother (Christine's grandmother), Sophia, raised six sons in the midst of the Great Depression and a difficult marriage. Sophia died from advanced breast cancer around age 40, when Christine's dad was just 14 years old. Christine wondered, “How did my dad survive?” He reflected, “You are tempered; you are honed by people, by time, by events, and by heritage.” Christine believes that her life has been shaped by her heritage, which has led her into oncology nursing and has helped her to shine and to thrive. She stated, “The abundance of tenderness willed to my dad found its way into my life to enrich my encounters with those in my care. I think my grandmother, Sophia, loving so well and losing so much so long ago, lives on in me in the person I am and in what I do for my patients.”

**Partnership with patients and colleagues:** Inherent in the concept of “partnership” is the idea of “synergy.” Synergy is about coming together in relationship and unity, thereby bringing greater strength and quality than either entity alone. Stephen Covey has written extensively about synergy. “Synergize” is the sixth habit described in his book, *The Seven Habits of Highly Effective People*. He wrote,

Synergy is everywhere in nature. If you plant two plants close together, the roots commingle and improve the quality of the soil so that both plants will grow better than if they were separated. If you put two pieces of wood together, they will hold much more than the total of the weight held by each separately. The whole is greater than the sum of its parts. One plus one equals three or more (Covey, 1989, p. 263).

The American Association of Critical-Care Nurses has created a conceptual model, called the Synergy Model, that has practical application and relevance to this notion of partnering with patients. When patient needs and nurse characteristics are synergized, optimal patient outcomes result (Curley, 1998).

For you, what does it mean to be in synergy with your patients? Are you responsive to the unique conditions and idiosyncrasies of your patients and families? Do you individualize care based on their needs? Are you comfortable with partnering with your patients? When we are authentic and fully present with our patients, the human connection that unfolds can be very healing for patients and nurses.

Barbara Ann Bearman, RN, from Duarte, CA, shared her story about her experiences with a patient named Jack. They had a strong bond that developed during the months of her taking care of him. They knew each other well enough that they would tease one another, just enough to nudge the other and get a good laugh. Barbara said,

Since his family was usually working during the day, I would take my lunch to his room and eat with him. We both enjoyed this time. In this ever-changing world of health care, with budget cuts and patient ratios, in spite of our differences, one thing still remains: the ability of one human being to care for another.

Carolyn Charron, RN, BSN, OCN®, from Boston, MA, shared her story of partnering with her patient's children. Her patient, Cordelia, was from Mexico. She was on a phase I clinical trial and had to stay in Boston for three months and receive treatment. Her children, Peter and Anna, would visit as often as possible. It was December and it had not snowed yet. Peter and Anita had never seen snow before and were

hoping to experience a snowstorm while in Boston. Carolyn noticed that the children were folding paper. She suggested that they make paper snowflakes to help decorate the clinic. They had never done that before, so Carolyn showed them how. They caught on quickly and became very creative. They had so much fun and were proud to see their art hanging on the windows by the end of the day. On subsequent visits, they would break into huge grins whenever they would walk into the clinic and see that their snowflakes were still hanging. Carolyn's story is a wonderful example of creatively partnering with patients and families. What she did was not time consuming or a big deal to her, yet it is evident that it had such a huge effect on this patient and her children.

The concept of synergy also applies to our relationships with our colleagues. Remember, relationships and unity bring strength and quality. Partnering with colleagues is critical in the optimal delivery of patient care. We cannot work in isolation. Collaborative practice, where each individual on the team provides a unique and valued contribution, is the cornerstone of outstanding of oncology care. Even more importantly, partnering with our colleagues is essential to our own well-being and quality of life. Knowing that we are "in this together"—and that we genuinely care about one another—brings camaraderie and an esprit de corps.

Lisa Whelan is a seasoned radiation oncology nurse who said this about her colleagues:

We have shared in the many joys and losses in our lives.

We enjoy spending time away from work together, which is very healing for us all. I am fortunate to work with a great team of people who are not just colleagues, but friends. This is a blessing because our work is difficult.

We can also learn a lot about partnering with colleagues from those less experienced. Aran Levine, RN, OCN®, from Los Angeles, CA, has worked in oncology for nearly five years and is incredibly grateful to her colleagues who have supported and mentored her in the formative years as an oncology nurse. She shared the following.

As a new graduate, I remember feeling apprehensive when going to work and just trying to survive my 12-hour shift without doing any harm. The other nurses took time out of their busy shift to teach and lend a helping and more advanced hand. They encouraged my professional growth by providing opportunities to learn and advance in my oncology skills.

Aran graduated in June with her master's degree. She said that she remembers how wonderful and welcoming her first meeting of the local ONS chapter was and how it had such a positive effect. She said, "I would not be at this place in my career, if it was not for all of the amazing nurses in this chapter who have taken me under their wing and fostered my growth."

Remember that taking time to foster our colleagues' learning and professional growth speaks volumes; it also has a great ripple effect on morale and patient care for years to come.

**Reduce stress and increase awareness:** Activities that reduce stress and increase one's sense of awareness contribute to oncology nurses' thriving. When we consider ways to reduce negative effects of stress, we can approach it in a few ways. One way is to get rid of the stressor. In oncology nursing, the stressors are many and cumulative. Realistically, to get rid of all of the stressors would likely mean leaving the profession.

Some oncology nurses may choose that path. Because each of you is invaluable, we hope that this option would not have to be chosen. Another way is to change your perception of the stressors. Extensive research has shown that it is not exposure to stressor that is harmful, but rather one's perception of how stressful it is. Perception is key. This is exemplified in the following quote: "Serenity is not freedom from the storm, but peace within it" (author unknown).

It is important to acknowledge unhealthy behaviors used to cope with stress that often are used as temporary "quick fixes." Drinking alcohol, taking drugs, overeating, and smoking give the illusion that the stressor is not so bad or is going away. They take their toll, though, and negatively affect the quality of one's work and relationships, and self-esteem then deteriorates. It becomes a vicious and destructive cycle. Rather than helping to deal with stress, these behaviors actually become a source of stress.

There are many healthy behaviors you can use to deal with stress. Some examples include aerobic and weight-bearing physical activities; listening to or playing music; writing expressively or creatively; getting a massage, pedicure, or facial; reading a good book; watching an entertaining movie; watching your favorite sport's team (which sometimes backfires and can actually end up being a source of stress); taking a bubble bath; gardening; drawing or painting; being in nature; doing yoga or tai chi; and meditating.

Mindfulness meditation, in particular, can change our perception of stressors and also promote awareness. Through regular meditation practice, our minds become clearer and focused throughout the day. We learn to pay better attention to subtle changes around us and within our bodies (Kabat-Zinn, Massion, Hebert, & Rosenbaum, 1998). Mindfulness meditation helps us to not get so caught up in past regrets and disappointments or uncertainties and fear of the future. It helps us to let go of mental clutter and to come back and fully experience the present moment—right here, right now.

Ellen DeBondt, RN, BSN, OCN®, of Seattle, WA, has been an oncology nurse for 14 years and recognizes the risk of burnout because she has witnessed it in others throughout her career. In Ellen's words,

I have always found a lot of peace in nature. Whitewater kayaking and mountain biking allow me to be active and experience nature of a different level. Doing this, I have to focus and concentrate on what I am doing, which helps to leave all other thoughts behind. There is so much I have gotten from these sports . . . above all, this is what I have found to feed my spirit.

**Spiritual connection:** What is meant by spiritual connection? How can this be helpful? "Spiritual" is defined as affecting the spirit or a person's nonphysical being. The word "spirit" comes from the Latin word "spiritus," meaning breath (Merriam-Webster Online Dictionary, 2005). Metaphorically and literally, the spirit and the breath keep us alive. Hence, "spiritual connection" can be defined as a state of being united or connected with what gives vitality.

A wonderful nurse scientist from the City of Hope in Duarte, CA, Betty Ferrell, RN, PhD, FAAN, shared her perspective.

I have been an oncology nurse for my entire career of 28 years. I can't imagine any profession in the world being better. My research has focused on dimensions of quality of

life, including physical, psychological, social, and spiritual well-being for patients and families. I believe that quality of life for nurses is equally important and that to sustain a career in oncology nursing we have to nurture each of those domains for ourselves. The longer I have remained in oncology nursing, the more I see it as sacred work.

Betty spends time every year at a spiritual retreat center. She said, "Taking a few days to spend time there in silence, prayer, and meditation is a wonderful renewal of the spirit."

Pat Baldwin, RN, MS, OCN<sup>®</sup>, from Boston, MA, had been an oncology nurse for 28 years. She thoroughly enjoys nature and spends much of her vacation time in national parks in the United States and Canada. She finds nature to be so comforting and helps to put life in perspective. She takes beautiful nature photos that she sees as metaphors to illustrate the nursing profession. The photos remind her of the beauty and resiliency of nature, and how oncology nurses, too, are beautiful, resilient, and strong, like sequoia trees.

**Flexibility: Willingness to try new things:** As important as being strong and resilient, we must be flexible, willing to try new things, and to change. According to the Chinese text *Tao te Ching*, written in 500 BC, "Plants are born tender and pliant; dead they are brittle and dry. . . . The hard and stiff will be broken. The soft and supple will prevail" (Mitchell, 1992, p. 76).

A nursing colleague whom I admire and respect, and who epitomizes the notion of flexibility in healthcare, is Marilyn Bedell, RN, MS, OCN<sup>®</sup>, from Lebanon, NH. Marilyn was my first head nurse. The image of a waterfall on clear day reminds me of her. She is solid and stable like the rocks, focused and clear like the blue sky, and strong and flowing like the water current. In Marilyn's words,

For almost 34 years, I have had the privilege to be involved in the care of patients with cancer. In the 1980s, I became the head nurse of the unit and helped to transform it from a medical unit with oncology patients to a true oncology unit. As time has progressed, inpatient oncology care has changed dramatically. In my goal never to be known as "old Nurse Bedell," I've tried to embrace the changes and have worked to find ways to meet the

needs of our patients in many different venues. When I first started, all chemotherapy was done inpatient, all radiation therapy was done inpatient, all cancer work-ups were done inpatient, and we had our "sickest of the sick" inpatient too. Also, only physicians gave chemo, hung blood products, and infused bone marrow. Now all of these procedures are managed by registered nurses. I helped move all of these changes forward. Of course economic pressures helped force the changes, but if we hadn't responded, we would be out of business. I will continue to try and embrace change . . . even when it "hurts." Change hurts less when you participate fully in it. May I never be known as "old Nurse Bedell."

**Prescription to be a Nurse Thriver:** In summary, here is a prescription to be a Nurse Thriver.

- Be self-sufficient and have a can-do attitude.
- Do fulfilling and enjoyable activities.
- Have at least one supportive and trusted relationship.
- Express a full range of emotions.
- Find meaning in your work every day.
- Partner with patients and colleagues.
- Engage often in stress-reducing activities.
- Have a sense of spiritual connection, including connection with nature.
- Be flexible and willing to try new things and to think "out of the box."

Just like a wisteria tree, how can you stay strong and erect, beautiful and blossoming? Oncology nursing is intense: The care you provide to patients and families is complex and the losses you experience are real and cumulative. It is not good enough to just survive in this work; you, your patients, and your colleagues deserve more. You must thrive. Therefore, it is essential that you take the time and attention to tend to your own garden. My hope is that you will keep these lessons and the stories that I have shared with you in your heart and in your mind, at least for a while.

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## References

- Ader, R., Felten, D., & Cohen, N. (2001). *Psychoneuroimmunology* (3rd ed). San Diego, CA: Academic Press.
- Bennett, M.P., Zeller, J.M., Rosenberg, L., & McCann, J. (2003). The effect of mirthful laughter on stress and natural killer cell activity. *Alternative Therapies in Health and Medicine*, 9(2), 38–45.
- Covey, S.R. (1989). *The seven habits of highly effective people*. New York: Simon and Schuster.
- Curley, M.A.Q. (1998). Patient-nurse synergy: Optimizing patients' outcomes. *American Journal of Critical Care*, 7, 64–72.
- Esterling, B., L'Abate, L., Murray, E., & Pennebaker, J. (1999). Empirical foundations for writing in prevention and psychotherapy: Mental and physical health outcomes. *Clinical Psychology Review*, 19, 79–96.
- Institute of Noetic Sciences. (2004a). FAQ's about spontaneous remission. Retrieved February 28, 2005, from <http://www.noetic.org/research/sr/faqs.html>
- Institute of Noetic Sciences. (2004b). What is spontaneous remission. Retrieved February 28, 2005, from <http://www.noetic.org/research/sr/whatis.html>
- Kabat-Zinn, J., Massion, A.O., Hebert, J.R., & Rosenbaum, E. (1998). Meditation. In J. Holland (Ed.), *Psycho-oncology* (pp. 767–779). Oxford, UK: Oxford University Press.
- Merriam-Webster Online Dictionary. (2005). Spirit. Retrieved February 18, 2005, from <http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&va=spirit>
- Mitchell, S. (1992). *Tao te ching: A new English version*. New York: Harper-Collins.
- O'Regan, B., & Hirshberg, C. (1993). *Spontaneous remission: An annotated bibliography*. Sausalito, CA: Institute of Noetic Sciences.
- Post-White, J., & Bauer-Wu, S. (in press). Psychoneuroimmunology: The mind-body connection. In R.M. Carroll-Johnson, L.M. Gorman, & N.J. Bush (Eds.), *Psychosocial oncology nursing: Along the cancer continuum*. Pittsburgh, PA: Oncology Nursing Society.
- Schlitz, M. (2004–2005, December–February). Frontiers of research: Stories of hope. *Shift: At the Frontiers of Consciousness*, 5, 38–40.
- Targ, E.F., & Levine, E.G. (2002). The efficacy of a mind-body-spirit group for women with breast cancer: A randomized controlled trial. *General Hospital Psychiatry*, 24, 238–248.