The residency program for oncology nurses at University of North Carolina Healthcare is comprehensive. New graduate nurses in the inpatient setting undergo 13 weeks of orientation with two primary preceptors on the unit and then meet monthly for four hours of didactic learning and support for the first 12 months. The nurse educators who planned this residency wanted to create a celebration that would encourage reflection on the past year and teach self-care strategies as well.

Mimi Alvarez, RN, MSN, PMHCNS-BC, a psychiatric clinical nurse specialist with the Comprehensive Cancer Support Program, has developed a presentation for the nurses on compassion fatigue. Alvarez’s presentation addresses the risks of passionately caring for patients. Alvarez knows that nurses have to be acutely aware of where their “gas tank” of emotional energy hovers and have a conscious awareness of the dynamics of caring. Mimi’s desire to teach this class comes from her own experience.

“When I was a baby nurse in oncology, no one told me that I would be coming home and be having dreams about my patients; that something would remind me of my patient. No one told me any of this would happen. I thought I was losing my mind, that something was wrong with me. I was being human.

“To understand (the patient’s) humanity I have to go inside of myself and understand my own humanity. There is no way I can be in a relationship with (the patient) and not be touched. There is no way I can care for another and not be changed. That component of self reflection is what is missing in the training of nurses. We teach nurses to reflect clinically, not psychologically.”

In this painting, I have memorialized this 21-year-old college student who relinquished his life to cancer. As his nurse, I was honored with his confidence and was impressed with his courage and resilience. Through him, I learned the art of self-discovery and recovery of hope, and was moved to create this painting in his image.

Note. “Memorialized,” an oil painting by a healthcare professional from Texas, won the Best Overall Healthcare Professional and Best of Healthcare Professional (Oil) categories in the Lilly Oncology On Canvas 2008 art competition and exhibition. Visit www.LillyOncologyOnCanvas.com for more information.
She also highlights rituals that continue the development of high performance. Alvarez also distinguishes the etiologies of compassion fatigue and burnout.

For the second half of the presentation, Alvarez creates an experience of how to let go of some of that fatigue. She asks the nurses to take a few moments to center themselves within a private, sacred space in the hospital chapel. Soft music plays and tea lights and singing bowls adorn the altar. Alvarez then leads an oil-cleansing ritual that helps the participants connect with themselves, release fatigue, and become grounded again. Mantras also are used with the oil therapy to enhance focus of the nurses. Patricia Cadle, MRE, BCC, oncology chaplain for University of North Carolina Healthcare, then plays the singing bowls to promote balance and well being.

Finally, the participants reconvene in the classroom for the sharing of a meal and continued fellowship. This four-hour workshop is in no way exhaustive of the training that could be done in compassion fatigue for nurses.

Oncology lends itself to a belief that we, as nurses, are privileged to see and participate in the journey of others. This opportunity allows nurses to reflect on their own humanity and not just their clinical skills. The authors imagine a forum within oncology to allow for regular self-reflective exercise, self-reflective supervision, and being able to meet with someone about the warning signs of compassion fatigue. Self-reflection is like a muscle which will atrophy if not exercised; we hope one day to hone its performance for all of our staff on a more regular basis.

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**Reference**


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### When I Have Wings

**By Lizzie Martinez, RN, BSN, OCN®**

When my cousin was eight months pregnant, her physician told her that her unborn child would only live a few hours after birth because of a defect that could not be fixed. She carried to term, gave birth, and spent a few precious hours with her son before he passed. I attended his wake and it was disheartening to see such a small casket. I told her that one day I would write a poem, “When I Have Wings,” and dedicate it to his memory. I tried to write the poem for five years, but the words would not come.

Five years had gone by when I met a patient who was going to receive chemotherapy in the ambulatory oncology unit for colon cancer. As the weeks passed, he shared with me that he had found his 10-year-old son had passed in his sleep very unexpectedly around the same time that my cousin lost her son. He told me that, for the past five years, he had wanted to die, but, when he found out he had cancer, he just wanted to live. One day, as I was pushing his chemotherapy, he told me that there was a special place in heaven for me and that I was truly his angel. I thought about those words as I drove home. When I got home, I threw myself on my bed after an exhausting day, with my head and arms hanging over the edge thinking about what my patient had said to me. Then a strange, unexplainable thing happened. I felt like clouds were carrying me to a bright light that was filled with warmth, love, and peace, and my aches and pains had simply disappeared. I quickly sat up and said out loud, “I know what dying feels like.” I immediately grabbed a pen and a piece of paper and the words came so easily for “When I Have Wings.”

When I first began in oncology, it seemed like I was surrounded by death and very sick patients. As a result, I began to picture my own death or diagnosis with cancer. There were many times that I had questioned if oncology nursing was the right place for me. I came to realize that I was afraid of death, and, if I had that fear, how could I help others who are faced with it? That single experience I had that day made me realize that there is nothing to fear and the words of “When I Have Wings” have helped so many of the loved ones of my patients who are on hospice and facing death. This experience also has helped me to talk openly with patients and their loved ones on hospice to ease their fears and make a very sad situation become a positive one surrounded by loved ones and a sense of peace. I know that I am in the right place and cannot picture myself anywhere else but working in oncology and hospice care. “When I Have Wings” is not only dedicated to my cousin’s son’s memory, but to all who have lost someone dear.

As I now lay down to rest
The clouds become a pillow for my head
God’s arms cradle me
A warming blanket of peacefulness
Soothing my soul with sweet love
When I Have Wings.

A guided journey above
Embraced by angels, a slow dance of love
Heaven surrounds me
My shooting spirit riding the moon
Set your pain free from within
When I Have Wings.

Heaven becomes a playground
Children’s laughter echoing in the distance
A Noah’s Ark of Life.
When I Have Wings . . .
Soaring along horizons
Hand in hand amongst my angel friends
Hideaways of dreams.
When I Have Wings . . .

Star dust from heavenly wings
Lighting a path to your wounded hearts
You are not alone
When I Have Wings.

Close your eyes when all alone
Feel me beside you as we drift along
On a breath of air
Our memories coming in focus
Just allow your heart to heal
When I Have Wings
To my dear family and friends
For holding my hands and just being there
For those who could not
I understand, and for those alone
Feel the angels amongst you
When I Have Wings.

**The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.**

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