

Normalizing Feelings of Grief & Loss in Oncology Nurses



Piercing the wall to reveal hidden emotions

Opened in 2009, the 80,000-square-foot Sarah Cannon Cancer Institute at Johnston-Willis Hospital, Richmond, Va., offers inpatient and outpatient cancer treatment, including a radiation oncology clinic, Gamma Knife department, infusion center, cancer resource center, lymphedema clinic, a large community oncology practice, and a 24-bed inpatient unit. Like other cancer programs, the patients at Sarah Cannon Cancer Institute at Johnston-Willis Hospital often have multiple admissions lasting days to weeks. In many cases, oncology nursing staff builds relationships with these patients and their loved ones. More, caring for these patients can weigh heavily on nurses who may experience joy, sadness, anger, or frustration related to their job. Unless the nursing staff have healthy coping strategies, processing these mixed emotions can be a challenge.

In 2010, the Sarah Cannon Cancer Institute at Johnston-Willis Hospital started to explore how to best serve the emotional and spiritual needs of its oncology nursing staff. From the beginning the chaplain and social worker worked together supporting the oncology nursing staff through debriefings after an especially difficult death or an ethical or emotional situation. Due to the demands of the oncology unit, the timing of delivering this supportive care is challenging for staff, but essential to fostering caring relationships. Over time our chaplain and social worker have developed—through trial and error—complementary modalities designed to holistically support our oncology nursing staff.

Preventing Burnout

Research has shown that oncology nurses are at risk for developing burnout syndrome because of their significant levels of emotional involvement and a diminished sense of personal accomplishment.¹ The day-to-day practice of an oncology nurse involves addressing complex situations, which may include:²

Breaking Free! A Budding Flower Pushing Through the Concrete

A seed planted deep within the darkened earth is destined to be a vibrant flower yet it has so many obstacles in front of it. Deep below it is dark and there is virtually no air nor light. It is seemingly suffocating and very hard to move. This dirt seems like an impediment but it is necessary for any budding flower. It is a cell of silence and solitude and needs air, light, and water in order to arise to its full potential. Without caring support, the flower will not be able to grow and bud high enough to reach any point in the dirt that may have a crack in it. For just below the surface of this hardened soil are potential budding flowers. These budding flowers are looking for cracks above so that they can gain further light and water.

Eric Gajewski
from the work, *Fortress of the Soul*

- Comforting suffering patients and families
- Handling ethical issues
- Mourning
- Death.

These factors—combined with the rigorous nature of oncology nursing—can lead to high burnout in this profession.³

To address the risk of burnout and the emotional impact from patient deaths, the Sarah Cannon Cancer Institute at Johnston-Willis Hospital created a bereavement committee with representatives from each oncology unit: inpatient, radiation oncology, and the infusion center. The committee's first activity was the writing of personalized bereavement cards, which cancer program staff could sign and/or write a personal message, and which are delivered to families after a patient's death.

Providing Support to Oncology Nurses

Once the chaplain and social worker recognized the layers of grief experienced by oncology nursing staff, we knew more needed to be done to provide intentional, self-care opportunities for staff, allowing them to break through those layers of grief and become emotionally and spiritually stronger.

Our first organized event was a four-hour retreat off-site. The retreat focused on inspirational teaching, communication, and team building. While oncology nursing staff appreciated this self-care opportunity, we were unable to continue this event due to limited resources. Therefore, we had to think of other ways to support our oncology nursing staff that allowed the chaplain and social worker to keep a finger on the pulse of emotional needs and challenges and yet were within our budget.

One issue oncology nursing staff mentioned multiple times was that they were not always able to say goodbye to their patients or offer condolences to the family, as one might not be working at the time of the patient's death. Several bereaved family members also shared that the loss of daily interactions with cancer program staff often causes them to experience a secondary loss. With the knowledge that both oncology nursing staff and families grieved the loss of relationship with one another, our bereavement committee developed a Service of Remembrance to address this loss of connection.

A Service of Remembrance

Beginning in 2011, the Service of Remembrance allowed oncology nursing staff and families the opportunity to reconnect and to honor patients' lives. This meaningful service has evolved into a bi-annual



event for the patient's loved ones. Approximately 150 families are invited and 65 to 90 people attend each service. Oncology nursing staff are encouraged to participate at a level they feel comfortable with, such as assisting with decorations, welcoming attendees, reading a piece during the service, or helping with clean up.

With the understanding that a caring and sacred space can set the stage for honest reflection, our bereavement committee developed the Reflection Service exclusively for oncology nursing staff.

On the day of the Service of Remembrance, the hospital auditorium is transformed into a place of reverence. We create a calm, healing environment with soft lighting, a soothing nature video, beautiful music performed by a harpist, and a tiered-table decorated with lit trees, paper butterflies, and fresh ivy. Framed pictures of the deceased, brought in by the families, are displayed on the tiered-table.

Oncology nursing staff welcome the guests, escort families to their seats, and pass out programs featuring readings or poems from the service. Attendees are given a paper heart infused with seeds and invited to write either a word, memory, or wish on the heart. When their loved one's name is read during the service, family members are invited to come forward, hang their hearts on the trees, and receive a bag of rosemary, the ancient symbol of remembrance. The service lasts about one hour and is followed by a reception with light refreshments, at which time oncology nursing staff and families may reconnect, reminisce, and offer words of comfort or gratitude.

The Reflection Service

Oncology nursing staff enjoyed participating in the Service of Remembrance and connecting with the families. However, our bereavement committee received feedback from staff that some felt they remained in their caregiver role and were still unable to show their true emotions while interacting with families.

The chaplain and social worker also noticed an attempt by some oncology nursing staff to try and suppress "negative feelings" for fear of being overwhelmed by them. Unfortunately, the denial of difficult emotions that arise from being around death and dying daily can result in depersonalization, and may cause individuals to deny "positive" emotions as well. Like cultivating a seed, one must attend to these negative emotions to prevent burnout. Parsing these negative emotions can be a painful part of the self-knowledge process, but it is an important part of digging to the root of the emotions to begin healing.

With the understanding that a caring and sacred space can set the stage for honest reflection, our bereavement committee devel-



In an art activity offered during the Reflection Service, nurses decorate hearts using certain colors to express specific emotions.

oped the Reflection Service exclusively for oncology nursing staff.

Based on oncology nursing staff feedback, the bereavement committee developed the following objectives for this staff-only service:

- Create a comfortable and safe environment where oncology nursing staff can express emotions and feelings.
- Be attentive to opportunities that invite checking-in with oncology nursing staff. Ask questions like, *How are you doing? What do you need? How may we serve you?*
- Offer education and stress the importance of self-care.
- Allow space to cultivate fellowship amongst oncology nursing staff through ritual, laughter, reminiscing, sharing a meal, and discussing emotions.

The Reflection Service was marketed internally to staff through emails and through cancer program leadership who shared information about the service during daily huddles.

Format of the Reflection Service

While the purpose behind this service is important, the format is critical as it can either encourage or discourage oncology nursing staff participation. We keep the service on site in the hospital, facilitating ease of attendance during shift changes. The calming environment is set with low lights, fragrant aromatherapy, and soft music, and tables are laden with inviting art supplies. To maintain the wellness theme, healthy foods are either catered or participants may provide a dish to share.

The Reflection Service has the potential to be an emotionally heavy experience, so the chaplain and social worker established ground rules at the start by creating a sacred, safe space to share. We define “safe space” as a place for honesty, no right or wrong, no judgment, and confidentiality. A slide show displays peaceful images among the names and pictures of deceased patients in the background to help balance feelings, such as grief and helplessness, with the reality that oncology nursing staff are difference makers. (In this context, a difference maker is an individual who has the ability to decrease a person’s suffering and acknowledge their value.) The Reflection Service also features a lit tree filled with thank-you notes from families, bringing to mind the positive impact oncology nursing staff have on patients and families. Showing the deceased patients’ names, pictures, and notes, offers oncology nursing staff a contemplative opportunity to reflect, cry, and/or laugh.

While there is no fixed schedule within the three-hour Reflection Service because staff can come and go as able, the service has both structured and unstructured activities. Structured activities include room set up and food preparation. Depending on the conversation, unstructured activities might include storytelling and/or supportive feedback.

Facilitating the Reflection Service

Appropriately-equipped and trained facilitators are key to the success of the Reflection Service. Due to the weight and potential volatility of emotions, we believe it is necessary for each facilitator to have, at a minimum, an undergraduate degree in counseling.

the family of... I would like to
 K Thomas John Cancer Hospital for the opportunity
 attend this service of remembrance. My wife
 for itself, if you knew her, you had to love her.
 was bless to have so many love ones surrounding
 doing her stay at Johnston-Willis she had
 limum time to be lonely and her outstanding
 caregivers refused to allow her to suffer. These
 redible nurses cradled my wife with such
 affection had it not been for the uniforms, they
 ily would have been mistaken for family.
 , despite our positive expectations, on 11-26-15
 ambitious disease called cancer forced our
 one to take her final breath, but she will
 e on, because her family will carry on.
 is said that only fragile hearts can be broken,
 then her entire family need to be bubble
 waded. We pray tonight's service give solace
 the necessary inspiration doing this time
 21:00



Photos from a recent Reflection Service.

Facilitators also must be comfortable in the presence of strong emotions, create safe space to express these emotions, and be comfortable sitting in silence with the staff's pain, when necessary.

Oncology nurses, needing to be emotionally responsible in the presence of patients and families, often struggle to give themselves permission to genuinely feel their emotions. When oncology nurses are given permission, facilitators can go beneath surface talk and gently expose those hidden feelings while guiding the conversation. Through open discussion, the facilitators:

- Affirm and normalize emotions.
- Detect struggles, deficits, and needs.
- Identify emotional similarities and differences between the department and units represented at the Reflection Service.

In the initial phase of the Reflection Service, counseling staff prepared questions that helped to guide conversation; however, with ongoing participation in the service, oncology nursing staff has become more comfortable bringing their own topics and concerns to discuss.

Challenges & Lessons Learned

Some oncology nursing staff participate in the Reflection Service on their day off; however, we are challenged to reach more staff. Oncology nursing staff attendance at the Reflection Service is likely impacted by full schedules outside of work. Further, for oncology nurses who already work long work hours, it can be burdensome coming in early or staying late. While having the Reflection Service on site is helpful, some oncology nursing staff have communicated that it can be difficult to turn the day's stress off and immediately concentrate on the service.

For some oncology nursing staff, the emotional component can

be challenging, but facilitators have learned to balance heavy emotional discussions with creative, healthy outlets. While self-care is the main focus of our counseling staff and facilitators, everyone's notion of "self-care" is different. Providing creative avenues for self-care that nurture most attendees can be challenging.

Through experience, facilitators have learned that the more meaningful the activities are, the more they nurture effective thought and conversation. Oftentimes, poems or an applicable short story that relates to grief, being a caregiver, compassion fatigue or burnout, hope, or resiliency are read. Art activities are available for anyone interested, such as playdough and coloring. An art activity that continues to evoke conversation is coloring hearts where certain colors express specific emotions (see photo on page 29). While this activity is simple, its impact has been profound as oncology nursing staff gained insight and clarity, touching on the deeper layers of hidden emotions.

The Reflection Service has provided facilitators, oncology nursing staff, and hospital leadership with pertinent information about the need for continual self-care education. As the oncology nursing staff juggles numerous responsibilities at work and at home, this leaves little time for reflection and self-care. We found that oncology nurses tend to compartmentalize their emotions while working their shift, and retained a cultural mind-set of, "I have to do this alone." Oncology nurses often shared, "I could/should have done more," revealing feelings of helplessness and frustration. Nurses wished they had more time to sit with patients and/or provide more emotional care to the bereaved family.

When asked for feedback by the chaplain and social worker, oncology nursing staff shared that when facilitators offered a listening presence and normalized emotions, staff felt validated. Staff suggestions are incorporated in future Reflection Services,

for example, it was a staff suggestion to add obituary pictures to the slide presentation. Staff also requested bereavement tools and strategies to deal with emotions, and we are planning to offer education to address those requests.

As oncology nursing staff shared with one another, new and seasoned nurses saw they were struggling with similar emotions. This realization was both painful and freeing as the facilitators encouraged and guided the nurses to begin practicing self-compassion to come out of their self-made places of isolation and heal. In this liberating process, facilitators sought to connect the oncology nursing staff with their original call to be a nurse, rekindling their commitment to patient care. While the healing process had begun, having this mindset be the unit's "new normal" required continued awareness and education.


Oncology nurses have told us that the Reflection Service has provided a safe space to reflect, share, and let go of bottled up emotions, empowering them to face the next challenge. We have also seen an increased sense of teamwork on the units, which has led to more trusting relationships and deeper care amongst the staff. With this greater sense of belonging comes a stronger sense of community, which we believe leads to a more vigorous level of care for patients and families.

We continue to offer the Reflection Service twice a year along with other educational sessions, including:

- Tools to improve self-care (mindfulness, self-compassion, journaling, etc.)
- Communication with end-of-life patients and families
- Ways to deal with grief.

Together with oncology nursing leadership, our chaplain and social worker are exploring ways to develop a ritual for staff to acknowl-

edge a death on the unit. One proposed ritual is similar to Jonathan Bartels' "The Pause," where the staff introduce a moment of silence following a patient's death to honor the patient and their loved ones while acknowledging the efforts of the interdisciplinary team and affirm its provision of exemplary patient care.⁴

Combating burnout syndrome begins with emotional self-awareness. While self-awareness carries with it a level of vulnerability, it also provides an opportunity to grow emotionally and spiritually. Self-awareness is a journey and it needs to be nurtured to facilitate the acceptance of emotional responsibility and accountability. Our hope is that the oncology nursing staff at the Sarah Cannon Cancer Institute will continue to embody their true selves and their cumulative grief will become a catalyst for living more fully. 

Jennifer Collins, MDiv, MS, BCC, is director of Pastoral Care at HCA, CJW Medical Center and Sandra Tan, MSW, LCSW, ACHP-SW, is a licensed clinical social worker at Sarah Cannon Cancer Institute at Johnston-Willis Hospital, Richmond, Va.

References

1. Boyle, D. Desperate nursewives. *Oncol Nurs Forum*. 2006;33:11.
2. Ksiazek I, Stefaniak T, Stadny M, Ksiazek J. Burnout syndrome in surgical oncology and general surgery nurses: a cross sectional study. *Eur J Oncol Nurs*. 2011;15:347-350.
3. Gomez-Urquiza J, Aneas-Lopez A, De la Fuente-Solana E, et al. Prevalence, risk factors, and levels of burnout among oncology nurses. *Oncol Nurs Forum*. 2016;43(3): E104-E120.
4. Bartels J. The Pause. *Critical Care Nurse*. 2014;34(1):74-75.



Interdisciplinary cancer care team at Sarah Cannon Cancer Institute, Richmond, Va.