The Role of Resilience and Mindful Leadership in Oncology Nursing

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When oncology nurses think of the word resilient, they often describe the term in the context of the patients and families they care for each day. When patients face a diagnosis of cancer, their lives have suddenly been altered in a frightening manner. Everything changes, and they must find a way to navigate the troubled waters ahead.

The actions and behaviors of patients and family members may be described as a process—a process that demonstrates resiliency (the ability to change disaster into a personal growth experience) in light of the battle being waged (Polk, 1997). From such a perspective, this process comes as the result of a synergistic experience of the human spirit, body, and mind (Rishel, 2010). Energy for the process comes from within the human spirit but is affected by external factors of individual strength (i.e., social, spiritual, or ecological sources) (Rishel, 2010). As a result, many patients and families develop a personal form of resiliency that comes from within the human spirit (or their collective unconscious) and from external sources of strength (Richardson, 2002).

Polk (1997) described nursing as a profession that is concerned with individuals who are engaged in this process of overcoming or moving through adversity. Nurses are also concerned with the contributions they make to support the individuals going through that process. This concern with supporting patients and family members through the process of cancer diagnosis and treatment is paramount in everything nurses do. However, seldom do nurses think about resiliency as a key factor of their own process. The purpose of this article is to explore the relationship between nurse resilience and leadership, with an emphasis on incorporating mindfulness as a technique to enhance a resilient leadership style.

Resilience and Leadership

Oncology nurses are facilitators who help to form the patient’s treatment plan and hold it together through the many twists and turns that may be the cancer treatment experience. Oncology nurses laugh, cry, pray, and celebrate with their patients and families. Nurses support the physical and emotional journeys of each patient and his or her family, all the while ensuring that care delivery is of the highest quality. In this sense, all oncology nurses are leaders at the point of service to patients, not just the nurses in specifically identified administrative roles.

Polk (1997) argued that nurses are concerned with the contributions they make to the patient’s process of developing resiliency, but nurses must also develop their own process of resiliency to allow them to be effective as contributors and enable them to sustain leadership at the point of service. Resiliency has been characterized as an aggregate of resources and as a continuum (Polk, 1997). In either case, oncology nurses’ ability to develop resiliency is critical if they are to be effective leaders in care delivery. The very resources nurses need to establish resiliency (i.e., social intimacy, ego strength, and resourcefulness), although similar to the resources patients and families use to establish their own process of resiliency, may also create problems as the oncology nurse seeks to establish his or her leadership role.

Despite their best efforts, some nurses seem to lack a true awareness of themselves and the impact of their actions on patients and families. These nurses may also not possess a deeper understanding of their personal motivation and may, in fact, lose sight of their own values when faced with the pressure to produce improved patient outcomes—a characteristic of health care today (George, 2014). The ability to establish a personal process of resiliency in the face of highly challenging circumstances is important for oncology nurses if they are to be successful leaders in patient care. However, effective leadership is not an intuitive process; it is one that can, and must, be nurtured and developed in nurses who are also resilient. By using the resources needed to establish resilience, oncology nurses may become what George (2014) termed authentic leaders. Authentic nurse leaders are those who understand that the purpose of their leadership is to serve their patients and families, as well as their colleagues (George, 2014). For oncology nurses to be authentic leaders, each must consistently incorporate his or her personal values into practice, build relationships that are trustworthy, exhibit personal discipline, and find balance between personal intrinsic and extrinsic motivations (George, 2014).

Mindful Leadership

Leadership development in many organizations typically consists of training, development programs, and, perhaps, limited mentoring with a more experienced leader. Finding organizations
that promote leadership development in all nurses is unusual. In general, the development of leadership skills is focused on nurses selected for administrative positions. However, if all nurses have the capacity—that is, the responsibility—to be leaders at the point of service, excluding a significant percentage of employees from exposure to strategies designed to improve their leadership skills seems counterproductive.

If oncology nurses at all organizational levels are to be authentic leaders in their practice, they must be offered the opportunity to develop and practice skills that will help them to achieve this goal. LaBarre (2011) suggested that leadership development should focus on helping nurses and others deepen their already innate sense of purpose, enrich their personal emotional intelligence, and expand individual capabilities to navigate complex and difficult situations. This approach to leadership development assumes that oncology nurses are full of potential and simply need to create and sustain an environment that promotes their own long-term well-being (LaBarre, 2011).

Mindfulness is described as awareness—a personal understanding of how the mind works. The ability to gain greater self-awareness must be integrated with practice so nurses are able to lead in challenging situations and be receptive to feedback and group support (George, 2014). Developing mindfulness will enable oncology nurses to be fully present with patients and families, more aware of themselves and their impact on others, and increasingly sensitive to the reactions of patients, families, and colleagues in stressful situations. Mindful oncology nurse leaders will be more effective in motivating patients, families, and others to achieve shared goals. They will also be better equipped to adopt a calm, thoughtful manner when approaching organizational concerns, as well as challenging issues that arise when providing care to patients and families (George, 2014).

Oncology nurses can adopt numerous approaches to develop and support mindfulness in their practice. Many people choose to incorporate meditation, prayer, yoga, reflective exercises (e.g., reflective writing), and introspective discussions with others as ways to support the development of mindfulness in their lives. Oncology nurses who are able to foster self-awareness and self-compassion are better equipped to deal with high levels of personal and professional pressure and stress. As a result, nurses will be in a more appropriate position to support and care for patients and their families, and also support the goals of employers. In addition, nurses will be better equipped to help patients and families navigate the waters of the highly complex healthcare system to access the care they need.

Conclusion

The process of developing resilience in patients with cancer and their families, as well as in oncology nurses, comes as the result of synergy among the human spirit, body, and mind (Rishel, 2010). Oncology nurses at all levels of practice are called to be leaders at the point of service to patients and families. For oncology nurses to be authentic leaders, incorporating mindfulness strategies into practice is imperative. To provide the emotional support, quality care, and guidance needed by patients and families, nurses must continue to develop mindful skills. Energy for this process, not unlike the process of developing resilience, comes from within the human spirit (Rishel, 2010).

As quoted by LaBarre (2011), Pamela Weiss, an executive coach and meditation teacher, referred to mindfulness as “one of the all-time most brilliant technologies for helping to alleviate human suffering and for bringing out our extraordinary potential as human beings” (para. 6). Oncology nurses have the capacity to lead with excellence. Incorporating the concept of mindful leadership into daily practice allows them to do just that.

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Key words: resilience, mindful leadership, well-being

References