Oncology nurses are at high risk for burnout and compassion fatigue. Self-care is an essential element that oncology nurses should incorporate into their daily lives but, instead, is often deprioritized. As a result, nurses do not seek out educational opportunities that focus on self-care or personal growth. This article describes the curriculum that was developed for an oncology nurse retreat that promoted self-care and building personal resilience using tools that could be adapted for use with patients and families.

**AT A GLANCE**
- Oncology nurses do not often attend programs designed to support self-care and promote personal development.
- Practicing self-care is essential, not a luxury, for building personal resilience and being effective at working with others in the healing process.
- Oncology nurses can easily adapt learning tools to support self-care for use with patients and families.

**KEYWORDS**
- compassion fatigue; oncology nursing; self-care; lifestyle

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**Oncology Nurse Retreat**

A strength-based approach to self-care and personal resilience

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Working with patients with cancer and their families is a gratifying and inspiring experience for nurses who have chosen this profession. Oncology nurses demonstrate a high level of caring through a patient’s cancer trajectory that can be complex, uncertain, and often long in duration.

Caring for patients with cancer and their families in vulnerable times is a holistic process requiring physical, mental, and emotional strength from oncology nurses. The intensity of the caring process, with the growing complexity in health care, can create significant stress, which places oncology nurses at risk for negative outcomes if the stress is not attended to in a timely manner (Neville & Cole, 2013).

Oncology nurses regularly encounter moral distress (Pavlish, Brown-Saltzman, Jakel, & Fine, 2014), suffering, terminal diagnoses, mourning, loss, and death (Romeo-Ratliff, 2014; Wenzel, Shaha, Klimmek, & Krumm, 2011). In associating and empathizing with patients with cancer and their families, oncology nurses are challenged with recognizing the reality of their own future death and losses; some have also experienced a personal cancer diagnosis. These issues lead to a high risk for burnout and compassion fatigue (Romeo-Ratliff, 2014; Tog, Ang, & Devi, 2012). Melvin (2015) estimated that 38% of oncology nurses in her study exhibited compassion fatigue. Another study (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010) reported that 86% of nurses in multiple specialties, including oncology, experienced moderate to high degrees of burnout and compassion fatigue.

Self-care is important, particularly for caregivers who need the strength, presence, and ability to support not only themselves, but also others in their charge. Oncology nurses instruct and coach patients and families in self-care management and health-promoting behaviors. Intuitively, one may surmise that nurses are good at practicing self-care and are experts at modeling positive health behaviors. However, the reality is that nurses often neglect their own care by putting first the needs of others, including their own families (McElligot, 2013).

When looking for educational opportunities, nurses attend offerings that will enhance their clinical skills or expand their nursing knowledge in ways that will benefit patients and families versus programs that focus on personal growth and development. The purpose of this article is to describe the curriculum that was developed for an oncology nurse retreat that promoted self-care and building personal resilience through experiential learning. To attract nurses, the tools (see Figure 1) experienced in the retreat were made adaptable for later use with patients and families.

**Participants and Setting**

This retreat was specifically designed for oncology nurses who were facilitators of a 12-week community-based cancer survivorship program for patients and...
The program was designed for two distinct sessions: (a) provide experiential learning (Kolb, Boyatzis, & Mainemelis, 2001) through exploration, reflection, and experimentation with one’s self-care practices and beliefs; and (b) provide updates for the facilitation of the survivorship program. This article focuses on the former.

Curriculum Design
Four guiding principles were used to frame the design and activities of the retreat’s curriculum. These principles were: (a) oncology nurses as leaders, (b) strength-based versus problem-solving approach, (c) cycle of self-development, and (d) storytelling.

Oncology Nurses as Leaders
Leadership skills are necessary for oncology nurses. The Oncology Nursing Society has taken the position that every nurse is a leader and, in 2013, developed leadership competencies for oncology nurses, regardless of their positions (Day et al., 2014). One of the domains of the leadership conceptual model is personal mastery, and four of the competencies in this domain (introspection, self-care, authenticity, and lifelong learning) speak directly to the need for personal growth. To support the physical and emotional journey, oncology nurses led patients and families through the cancer trajectory; therefore, they must develop resiliency as a way to make continued, successful contributions to cancer care (Rishel, 2015). Mindfulness practices, meditation, and interactive small-group debriefs on leadership competencies and the meaning of their own strengths, the more they can be present and focused on assisting others to find their strengths. The tools incorporated in the curriculum included using reflective practice, performing a self-SWOT (strengths, weaknesses, opportunities, threats), analyzing by drawing, and practicing coaching techniques.

Cycle of Self-Development
Self-development is important and is the first step to creating a healing process for self and others (McElligot, 2015). Self-development encompasses four areas: self-reflection, self-assessment, self-evaluation, and self-care. Self-reflection is an intrinsic awareness of inner ideas, feelings, beliefs, opinions, and viewpoints. Examples of activities used in the program

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that allowed for self-reflection included mindfulness, deep listening exercises, and journaling. Self-assessment is a targeted and repetitive process that an individual engages in to identify personal patterns, challenges, and opportunities for growth. The Integrative Health and Wellness Assessment was completed by each participant (Dossey, Luck, & Schaub, 2015). This instrument takes a holistic approach to categorizing areas of individual strengths and areas of improvement. For this program, participants first looked at areas with which they were satisfied and identified strengths leading to those positive outcomes. Later in the program, participants used those strengths to develop action plans for areas they wished to improve.

The third element of self-development is self-evaluation, which is an analysis of the action steps taken to improve or grow in one’s life. Course corrections are made if desired outcomes are not achieved. At the end of the retreat, participants were asked to focus on one area they wished to improve and to use their identified strengths in creating an action plan. The action plan was to be specific, measurable, achievable, realistic, and time-limited. Participants completed a written contract with themselves, were given an opportunity to share their plan, and then sealed a copy of their contract in an envelope that would be mailed to them six months later. The participants would then perform a self-evaluation of their goals after the retreat.

The last component was self-care. Self-care is adopting a health-promoting approach to living one’s life, which includes practicing healthy lifestyle behaviors, seeking balance, and striving for wellness. Many opportunities were provided to engage in self-care. Healthy meals and snacks, exercise, time in nature, relaxation activities, downtime, and guided imagery sessions were just some examples not yet mentioned in this article.

**Storytelling**

Telling one’s story is a powerful tool for communicating an evolving identity and understanding experiences (Bowles, 1995). The stories of vulnerable individuals (and populations) are not often heard (Holloway & Freshwater, 2007). Oncology nurses can be considered vulnerable to compassion fatigue and burnout and do not often have the chance to share their stories. Pennebaker (2000) implied that stories are helpful tools for people to use in making sense of their life and in constructing their version of reality and self-identity. From introductions to the end of the retreat, participants shared their stories through poetry writing, small group discussion, self-SWOT drawings, and contracts for action.

**Learning Tools**

Adults require a multidimensional strategy for an enhanced learning process to occur. Obtaining and synthesizing new knowledge is more meaningful if an experiential learning approach (using the concepts of abstract thinking, concrete experience, reflective observation, and active experimentation) is taken (Kolb et al., 2001). These four components were considered when selecting and developing the tools for the curriculum. After introducing and experiencing each tool, retreat participants discussed how each of them could be adapted for use with patients and their caregivers.

**Conclusion**

The formal evaluation signified that the retreat was well received and ranked highly as time well spent. Participants indicated that they were able to understand the importance of self-care and articulated that they had received new tools that could be used with their patients. Setting of the retreat was important. Participants stated that being away from responsibilities of work and home was key for full immersion and for the self-care learning experience to evolve.

This model would be applicable for other nursing specialties and healthcare providers, such as social workers. Group dynamics and connectedness are essential for the success of this model. Dividing the retreat into three or four weekly sessions would be a plausible adaptation of this model.

**REFERENCES**


