

Taking Time for Support

Marlene Z. Cohen, RN, PhD, Katherine Brown-Saltzman, RN, MA, and Marilyn J. Shirk, RN, MN

Balancing compassionate care and self-care is a serious challenge for nurses. The need to understand patients' perspectives and nurse-patient relationships has been central to nursing since Nightingale's work (1969). Peplau (1952) was among the early nursing leaders to note that nurses cannot meet patients' needs if their own needs are not met. Gilligan (1982) wrote about women's moral development, the value of connectedness to others, and self-sacrifice, which she refers to as the historical hallmark of adult femininity. Nurses, as professionals ethically committed to promoting the well-being of others, face the challenge of achieving moral maturity by being true to a value of compassionate care that includes treating oneself compassionately.

Understanding ways that nurses can support their caregiving work through self-care activities and recognizing the inherent sources of stress as well as the mitigating sources of satisfaction are important. Coauthor Marlene Cohen has conducted several studies that included interviews with nurses about patients (Cohen, Craft, & Titler, 1988; Cohen, Hausner, & Johnson, 1994; Cohen, Tripp-Reimer, Smith, Sorofman, & Lively, 1994). Each of these studies showed that nurses needed to talk about their own work and personal stresses before they could talk about their patients' experiences. These findings led to a multisite study of the meaning of oncology nursing (Cohen, Haberman, & Steeves, 1994). Interviews with nurses across the country showed that special issues and special rewards are inherent in oncology nursing.

Rewards and Difficulties

Nurses talked about both rewards and difficulties in their work in this study (Cohen, Haberman, Steeves, & Deatrck, 1994). These are important to think about because sometimes we can change difficulties to rewards for our coworkers and ourselves. The most important sources of rewards and difficulties were patients, coworkers, and skills, in that order. Patients are rewarding when they and their families express appreciation, when they survive, and when time spent with them results in comfort and support. Relationships and "being there" with patients also were discussed as rewarding. Patients were sources of difficulties because nurses noted that losing patients means losing part of themselves. Not being

able to cure cancer was frustrating. Patients and families often vented problems and emotions to nurses, which was difficult as well. Nurses' families were not always understanding about the demands of nursing and often were sources of difficulty when, for example, nurses came home late from work because they felt they could not leave their patients.

Coworkers were the next most important source of rewards and difficulties. Some coworkers were respectful, worked well together, and enjoyed time together at work and away from work. Other coworkers were critical of the failures and problems their fellow nurses had and jealous and mean about others' goals and accomplishments. Some nurses felt their coworkers tried to "dominate" their lives by wanting more time than the nurses wanted to give.

Finally, skills were rewarding and sometimes difficult. Nurses were proud when they learned new things and became more confident when they could learn about and apply psychosocial and cultural aspects of patient care and when managers encouraged their development. Although learning was rewarding, it also was hard initially and difficult when few resources were available, when managers were controlling and unwilling to give nurses authority, and when human and financial limits influenced acquisition and use of skills. These sources are all important to consider because we often have the power to turn difficulties into rewards by what we say and how we think about our experiences.

Humor

The nurses in these studies also talked about humor and joking in the context of coworkers, patients, and family members. Humor has long been recognized as important to nurses' work. In fact, the *Journal of Nursing Jocularity* is devoted entirely to nurses' humor. In 1998, RN developed a new section called "Nursing Lite." In her memo to readers about the start of this section, the editor noted that it was an effort "to nurture your souls," to bring laughter by sharing readers' stories of things that make us smile (Mattera, 1998, p. 7). Nally (1999) noted that nurses who have been patients with cancer or are survivors called humor an "inevitable need." Others have described and advocated the use of humor as a way of dealing with work stress (Woodhouse, 1993). Hutchinson's

research (1987) found that nurses used humor as a self-care strategy. Sumners (1990) found that nurses favor the use of humor as a strategy in professional and personal settings but were less positive about its use professionally. This may reflect concerns about inappropriate humor or that enjoying oneself at work is unprofessional. Perhaps nurses also are concerned about how their humor might be perceived. As Frankl (1959) noted, however, humor is "another of the soul's weapons in the fight for self-preservation" (p. 42). The July 2000 issue of *American Journal of Nursing* included two examples that the authors described as "dark humor" (Alexander, 2000; Hvizdos, 2000). One author said her dark humor was "born out of fear" (Alexander, p. 39). Humor allows people to withdraw momentarily from painful situations. It draws people together and cultivates good feelings. Humor often is an effective way to make a point and rise above a situation.

Coworker Support

Because coworker support is so important, Cohen and Bumbaugh (2000) developed a study of dream analysis in a group. This study included six weekly group sessions led by counselors with skills in dream interpretation. Nurses were interviewed one month before and six months after the meetings about the group sessions and their work. They were asked to talk about an example of their work that summed up the essence of their nursing. They said the dream group work increased their insight, introspection, and self-awareness. They also learned that dreams are a resource

Marlene Z. Cohen, RN, PhD, is the John S. Dunn, Sr., Distinguished Professor in Oncology Nursing in the School of Nursing at the University of Texas, Houston Health Science Center, and director of Applied Nursing Research at the University of Texas M.D. Anderson Cancer Center, both in Houston. Katherine Brown-Saltzman, RN, MA, is a clinical specialist in psychosocial and palliative care at University of California Los Angeles (UCLA) Medical Center and an assistant clinical professor at School of Nursing at UCLA. Marilyn J. Shirk, RN, MN, is a mental health clinical nurse specialist and nursing liaison at Cedars-Sinai Medical Center in Los Angeles.