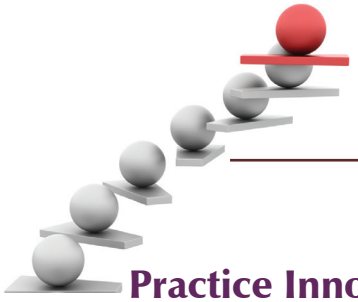

Practice Innovations, Change Management, and Resilience in Oncology Care Settings

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This column will focus on topics and interventions that concern oncology nurses as they strive to provide quality care for patients and families and support their own well-being. Oncology care settings have reported higher amounts of psychological morbidity for nurses, which can have a deleterious effect on their ability to care for patients and families. The following article, based on a 40th Oncology Nursing Society Congress session facilitated by the authors, highlights strategies and interventions that oncology nurses may use to support personal and professional well-being while managing change and practice innovations.

During the 40th Oncology Nursing Society Congress in Orlando, Florida, attendees of a session titled "Soarin' in Oncology—Innovation, Change, and Resilience" were asked to share their ideas on innovations in the areas of education, practice, administration, and research. In a short amount of time, the attendees shared more than 100 ideas ranging from innovative approaches to nursing education to new technologies to support streamlined care to smarter ways to collect data for clinical trials. Many of these innovations call for us to consider novel approaches to longstanding issues or completely alter how we approach challenges in our care environments. As we approach 2016, our commitment to advancing nursing practice and quality care for our patients must be at the forefront of our minds. Nursing's role in designing and implementing new innovations is integral to the advancement of healthcare delivery across the country.

Much of the change we will face is within the context of much larger technological forces that are happening globally, resulting in everything becoming more connected. In our homes, cars, cities, and workplaces, we are increasingly surrounded by "smart" technology with real-time analytics. In addition, much of this technology is getting smaller and more portable.

The technological term for this phenomenon is called the *Internet of Things* (IoT). The IoT "connects devices such as everyday consumer objects and industrial equipment onto the network, enabling information gathering and management of these devices via software to increase efficiency, enable new services, or achieve other health, safety, or environmental benefits" (Goldman Sachs, 2014, p. 2). As the future unfolds, the number of devices connected to the Internet is expected to increase exponentially from about 6 billion in the 2000s to 28 billion by 2020 (Goldman Sachs, 2014). Although we may think we are already living in a technology boom, the next wave is expected to dramatically change our personal lives, workplace productivity, and consumption.

In health care, we have arguably been slow to implement new technologies and resistant to automation. However, in the past five to seven years, we have become amenable to the notion that technological advancement will be a good thing for our industry and our patients. Although innovation in health care is sorely needed, most changes bring, at minimum, the need for revised workflow and education or, at maximum, a complete redesign of longstanding processes. Either way, change creates the need for nurses to unlearn old practices and procedures, which often results in anxiety, uncertainty, and distress for practitioners. In today's healthcare environment, a sense of urgency exists regarding changes that affect where and how we deliver care, as well as the environment in which we work. These changes are related to access to care, cost, reimbursement, outcome measures, and patient experience, and they affect each of us, regardless of role or title within our organizations. As oncology nurses, understanding the key drivers of change, as well as the role we choose to play when it comes to change (i.e., driver, implementer, enabler, and/or recipient), is critical (Business Performance Pty Ltd, 2015). The range of emotions we may feel can cause distress and hamper or accelerate our ability to remain resilient.

Creating programs to support resilience of all team members is essential. One example is the use of shared governance, which was designed with the intention of giving all nurses input into the decisions that affect their work and work environment. Gaining input or providing insight can often be a daunting process; however, during times of change, this process is sorely needed if we are to move forward for our patients, their loved ones, and one another. Opportunities to provide input can shape how we deliver care today and in the future. Our clinical, educational, research, and administrative leaders must work together to develop innovative models of self-care, as well as to implement and support those methods that have been shown to promote healthy work environments and positive well-being. Researchers have noted that, to develop such interventions, we need to know

ONF, 42(6), 683–687.
doi: 10.1188/15.ONF.683-687

Table 1. Overview of Liberating Structures Techniques and Steps for Implementation

Liberating Structure	Rationale for Use	Steps for Implementation
Appreciative Interviews	• Discovers and builds on the root causes of success • Acknowledges each person for his or her contribution to psychosocial care • Allows participants to share ideas that can be incorporated into palliative care plans	• Participants get into groups of two. One person interviews the other for three minutes (e.g., "Please tell a story about a time when you provided good psychosocial care," "What do you think made this good psychosocial care possible?"). The partners then switch roles. • Participants get into groups of four. Each of the four participants tells his or her partner's story to the group (three minutes each). • Group insights are collected, with the patterns for success written on flip charts.
Celebrity Interviews (This technique features experts in the field.)	• Explores big challenges with those knowledgeable in the area • Allows participant leaders to share experiences regarding integrating spirituality into care • Relies on beliefs and customs • Stories emerge that bring concepts to life.	• One person from each country is chosen ahead of time; one possibility is that they are given questions the night before. • The three celebrities (experts) are seated in chairs at the front of the room. • The interviewer introduces the topic to be discussed and conducts the interviews, asking, "What inspired you in this work?", "How do you manage stress in this work?", "What role does spirituality have in your work?", and "How do you integrate spirituality into your patient care?" • Audience members ask questions after the interviews.
Conversation Café (Small groups facilitate the discussion of opportunities and challenges.)	• Engages everyone in making sense of profound challenges • Encourages everyone to express themselves • Distributes conversation	• Participants get into small groups. • A talking object is passed from person to person. • In round 1, each person shares one strength and one challenge in their setting regarding palliative care (one minute per person). • In round 2, each person shares reflections on listening to others in the group (one minute per person). • In round 3, group members have a 15-minute open conversation without the talking object. • In round 4, each person shares take-aways (one minute per person).
Crowd Sourcing	• Rapidly generates a group's most powerful actionable ideas • Everyone participates by writing down ideas. • Ideas are anonymous. • Participants vote on ideas that resonate most.	• Everyone receives an index card. • Everyone is asked a question similar to the following examples: "What big idea do you have to integrate palliative care into your setting?" and "What first step will you take to start palliative care in your setting?" • Participants respond to questions on their cards. • Cards are collected and shuffled, then handed out. • Participants get into groups of two to discuss what is on their cards, then rate the content from 1–5, with 5 being the highest score. • Members of each pair exchange cards and scores. • Everyone in the group exchanges cards. • Repeat for five rounds, so that each card has 10 scores. The last person adds the scores. • The group discusses the top 10 ideas, ending by asking, "What caught your attention?"
15% Solutions	• Discovers and focuses on what each person has the freedom and resources to do now • Can be used to finalize thoughts and a plan for action based on reality	• For five minutes, each person generates a list of goals to accomplish; categorizing information into "goal," "steps to accomplish," "resources needed," and "timeline" columns may be useful in plan development. • Individuals join a group of four to share ideas (three minutes per person). • Group members clarify and provide consultation to one another. • The large group convenes, and volunteers are asked to share plans.
Fishbowl	• Enables sharing of knowledge gained from experience; because participants have minimal experience with palliative care, the facilitators would need to be the experts. • Uses expertise of those who have established a palliative care program • Allows participants to ask questions and engage • Participants can jot down take-aways for their project or work setting.	• Three to four people in the inner circle talk about a project, concept, or idea. They converse and share stories without engaging the outer circle for 10–15 minutes. • The outer circle gets together in groups of four to list three questions (alternatively, have open questions). • The inner circle answers questions and interacts with the outer circle.

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Note. Based on information from Lipmanowicz & McCandless (2013) and courtesy of Jeannine M. Brant, PhD, APRN, AOCN®, FAAN.

Table 1. Overview of Liberating Structures Techniques and Steps for Implementation *(Continued)*

Liberating Structure	Rationale for Use	Steps for Implementation
Impromptu Networking	• Good for introductions • Gets people up and moving • Helps people become acquainted with those they do not know • Keeps people thinking about the week	• Everyone gets up and finds someone they do not know. • Paired off, these partners introduce themselves to each other. They each then ask their partner two questions: "What do you hope to get from this workshop?" and "What do you hope to contribute to this workshop?" Each introduction should last two minutes. • Repeat for three rounds.
Improv #1 (This technique demonstrates positive and negative communication skills.)	• Everyone participates as players or observers. • Only so much about communication can be taught in a textbook; it has to be role modeled. • Allows participants to create their own context for the situation; the facilitators respond and communicate.	• Volunteers are recruited to be a patient and a family member; they come up with the scenario (e.g., a patient has high anxiety but cannot be told she has cancer; her daughter is trying to be supportive). • Play out the scene according to cultural context. • Allow others to respond regarding what went well and what could have been done differently.
Improv #2	• Allows participants to set the scene, preventing biases from entering. • Everyone participates as players or observers. • Communication is practiced and pondered. • Nurses are encouraged to have a voice in the care of patients.	• Three actors are recruited during the week to assume the roles of nurse, patient or family, and doctor. • The nurse assesses the patient's pain, then communicates assessment findings with the doctor. • Alternatively, other actors could act out how they would have performed. • Everyone discusses communication challenges.
Mad Tea and Safari	• Facilitates strategic planning and creation of an action plan. • Moving toward the end of the workshop where participants should be solidifying plans • Fun activity that gets everyone moving	• The group forms two circles: one outer and one inner. The circles should face each other. • Start with 14 Mad Tea questions that individuals answer in 30 seconds, then shift. Questions include the following: "What first inspired me in this work is _____," "Something we must learn to live with is _____," "An uncertainty we must creatively adapt to is ____," "What I find challenging in our current situation is _____," "Before we make our next move, we cannot forget to ____," "Something we should stop doing is _____," "What I hope can happen for us in this work is _____," "A big opportunity I see for us is _____," "If we do mothering, the worst thing that can happen for us is _____," "A courageous conversation we are not having is _____," "An action or practice helping us move forward is _____," "A project that gives me confidence we are transforming is _____," "A bold idea I recommend is _____," and "A question that is emerging for me is _____." • Everyone takes five minutes to jot down take-aways from the activity. • Get into breakout groups, and answer Safari questions: "Where are we starting, honestly?", "Given our purpose, what seems possible now?", "What is at stake if we do not change?", and "How can we move away from the current state toward the future?"
1-2-4-ALL	• Distributes group participation • Allows for individual reflection, small group interaction, and a larger exchange of ideas	• Participants get into their breakout groups. • Each group is given a case study, and individuals reflect on the study for five minutes and write down their thoughts. • Groups of two share their thoughts. • Groups of four share thoughts and come up with a plan; alternatively, the whole group could convene. The plan is written on the flip chart. • Each group presents its case and plan to the larger group.
Open Space	• Participants control the agenda. • Allows individuals to begin teaming with others in their area of interest • Fosters emergence of leaders • Everyone who joins the group cares about the challenge at hand.	• A map of the room is drawn and taped to the wall, and blank sticky notes are placed in the middle of the room. • Participants are invited to propose a topic (e.g., curriculum development, pain management, pediatrics) to discuss. To do so, they should write the topic on a sticky note and stake out a place in the room. • Once four or five topics are proposed, individuals can go to a group. • The originator of the idea must stay with the group, but others can wander in and out. Others are classified as either bees (pollinate and move ideas) or butterflies (go group to group for various interests).

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Table 1. Overview of Liberating Structures Techniques and Steps for Implementation *(Continued)*

Liberating Structure	Rationale for Use	Steps for Implementation
Wise Crowds	• Taps into the wisdom of the group in rapid cycles • Allows those facing symptom management challenges to get ideas from regional colleagues to solve the issue • One participant gets to be the client, whereas others in the group are consultants; assume that expertise exists among the participants.	• Breakout groups may need to be divided in two. • Request a volunteer who is having trouble with solving a symptom management issue and pose the following question: "Describe a challenge you are having in providing good symptom management to your patients." • For two minutes, the client shares the problem with the group, whose members only listen. • Consultants ask questions for two minutes. • The client turns his or her back on the consultants while they discuss solutions for five minutes. • The client rejoins the group to reflect on the suggested solutions.

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what motivates and sustains nurses (Raingruber & Wolf, 2015). In their work, Raingruber and Wolf (2015) identified three themes: (a) the importance of vulnerability and thankfulness by patients, (b) the feeling of spirituality associated with oncology practice and the use of prayer and compassion for self and others, and (c) the value of being present and recognizing priorities in their own lives. Based on this, some interventions to consider include having nurses share motivating experiences, connecting to a professional organization, and using highly experienced nurses to teach portions of academic content. Raingruber and Wolf (2015) also noted the need to highlight spiritual care of patients and self.

We also must become more innovative in how we learn and teach, and also how we engage with employees in the workplace. Do you ever feel like you cannot attend another boring meeting, sit through another PowerPoint® presentation, or try to "brainstorm" your way to a solution? Liberating Structures may be a refreshing option to this dilemma. Lipmanowicz and McCandless (2013), the creators of Liberating Structures, have crafted 33 methods of shifting patterns of interaction that make it possible to include everyone, promote innovation, and engage audiences, coworkers, and colleagues. Using Liberating Structures to facilitate small changes in practice can achieve big outcomes for nurses at all levels. The structures are easy to learn and can be incorporated into every meeting, project team, or conference. When team members are involved and engaged in learning and in the decision-making process, they accept the change and become champions for improving outcomes. In addition, in a learning environment, attendees grasp concepts and retain more of the information if they are active participants versus passive participants who simply listen to information that is presented. See Table 1 for an overview of several of the Liberating Structures techniques and steps to take for implementation.

During the 40th Congress session, the presenters used the Open Space, Crowd Sourcing, and Conversation Café techniques to actively engage the participants. Attendees were moving about the room, talking in small groups, writing on flip charts, and sharing their conversations with the larger group. These strategies turned the approach into one of facilitating rather than simply one of delivering information or lecturing. For participants, the session became more like an experience during which they both learned and shared their expertise.

Another vital aspect of engagement includes caring for ourselves. Nurses are trained to care for others but, sadly, often do not take the time to care for themselves with the same passion. The American Nurses Association (2015) defines a healthy nurse as one who "actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing"(para. 1). When nurses practice self-care strategies, the benefits derived affect not only themselves and their families but also their work environment and, ultimately, their patients.

What are some things that nurses can do to care for themselves? When a group of nurses at the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at Ohio State University in Columbus were asked this question, suggestions included doing stretches to Pharrell Williams's song "Happy," spending the day relaxing with pedicure and hair appointments, focusing attention on fun instead of on work while on vacation, balancing home and work life more closely, and enhancing humor throughout the day. Some innovative techniques that have been employed by healthcare facilities to promote self-care include putting different essential oils on cotton balls for nurses to use when they need energy or to relax; providing nutritional snacks and meals; having a space for nurses to get away for a few minutes to relax and regroup; giving chair, hand, or foot massages to nurses throughout the day; and offering areas for stretching and exercise. Many healthcare plans now have incentives for participating in self-care activities, such as exercise, improved nutrition, and good sleep habits. So, what are you going to do for yourself? A good exercise is to write down one thing that you promise to do for yourself. Put it somewhere where you will be able to see it on a daily or weekly basis, and track your progress. Another option may be to find someone who enjoys similar activities as you and will help to keep you motivated. You will be amazed at the difference little things make.

Change is inevitable and, in fact, needed in the healthcare arena. New technologies and innovative approaches to practice, education, research, and administration will undoubtedly help us realize the changes we need more quickly. Try using one of the Liberating Structures strategies in your next meeting or class as a way to engage the audience and promote more active participation. Beyond work, remember

to take time for yourself, eat healthy and exercise, and try to keep all of the change and innovation in perspective.

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Key words: practice change; change management; resilience; nursing leadership; technology; moral distress

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Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. For more information, contact Associate Editor Cindy J. Rishel, PhD, RN, OCN®, at rishelmom@gmail.com.