



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 glob-

ally, 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

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