

The THRIVE[®] Program: Building Oncology Nurse Resilience Through Self-Care Strategies

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OBJECTIVES: To develop an evidence-based program for addressing the concerns of burnout and secondary trauma and building on the concept of resilience in oncology healthcare providers.

SAMPLE & SETTING: 164 oncology staff, of which 160 were nurses, at the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in Columbus, Ohio.

METHODS & VARIABLES: Oncology nurses and other providers participated in the THRIVE[®] program, which consists of an eight-hour retreat designed to teach self-care strategies, a six-week private group study interaction on a social media platform, and a two-hour wrap-up session. The Compassion Fatigue Short Scale and the Connor-Davidson Resilience Scale were used to evaluate the program.

RESULTS: In self-assessments prior to THRIVE, nurse managers demonstrated the greatest degree of burnout, and bedside/chairside nurses demonstrated the greatest degree of secondary trauma. The greatest improvement in average scores from pre- to postprogram assessment was in increased resilience and decreased burnout. Increased resilience scores were sustained for a six-month period after THRIVE participation.

IMPLICATIONS FOR NURSING: Oncology healthcare providers must identify self-care strategies that build their resilience for long, successful careers.

KEYWORDS resilience; burnout; secondary trauma; compassion satisfaction; compassion fatigue

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Healthcare providers (HCPs), particularly nurses and other professional caregivers in the oncology setting, experience profound effects on their professional and personal lives from the ongoing daily exposure to human trauma. In the dynamic healthcare environment, it is important for oncology HCPs to self-monitor their professional quality of life. They must learn to identify experiences that potentially cause burnout and secondary trauma and then develop ways to counteract these experiences.

Evidence of the suffering of HCPs is demonstrated in many representative reports. The equivalent of one physician per day commits suicide in the United States, the highest of any profession (Kane, 2019). According to the American Nurses Association (2017), 68% of nurses reported putting their patient's safety and well-being ahead of their own, 50% reported having been bullied in the workplace, 25% reported having been physically assaulted at work by a patient or a patient's family member, and 9% reported being afraid for their own physical safety while at work. Perhaps most disturbing is the fact that 5,200 deaths per year occur in the United States from preventable medical errors, and in roughly 108,000 deaths per year, a medical error is a contributory factor (Gorski, 2019). These statistics speak to the difficulties HCPs face in the current environment.

The purpose of this quality improvement educational intervention is to develop an evidence-based program for addressing the concerns of burnout and secondary trauma and building on the concept of resilience in oncology HCPs.

Literature Review

Burnout

Burnout has been defined as a state of emotional, physical, and mental exhaustion resulting in high