"Who cares, (for me)?" Dealing with the emotional distress interventional nurses experience caring of patients with pancreatic cancer.

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Abstract

The basic characteristic of nursing is care, caring for the patient and their family. During times of trouble or crisis, they also care for their fellow nurse. When their shift is over many travel home to care for their families. The physical and emotional needs of these nurses are often neglected by the nurses themselves. The result of this neglect leads to emotional exhaustion and eventually "burnout". (1) EUS and ERCP are two procedures that are used to diagnose and treat pancreatic cancer. According to the American Cancer Society a 2016 report found that about 53,070 people (27,670 men and 25,400 women) will be diagnosed with pancreatic cancer and about 41,780 people (21,450 men and 20,330 women) will die of pancreatic cancer. Interventional nurses are constantly faced with patients who are in various stages of pancreatic disease. This poster will present information to instruct interventional nurses on techniques to decrease emotional distress. They will be able to identify warning signs of stress and be introduced to innovative ways to decrease stress to improve well being. 1.Maslach C, Jackson SE, Leither MP. Maslach Burnout Inventory: Manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press, 1996 2.Cancer.org Pancreatic Cancer Statistics

Assessment Tool

Symptoms of Compassion Fatigue

PHYSICAL	PSYCHO-BEHAVIORAL	BEHAVIORAL	SPIRITUAL
• Headache • Insomnia • Gastrointestinal problems • Depleted immune system, • Hypertension • Fatigue	• Anxiety • Irritability • Feelings of isolation • Depression • Lack of empathy • Apathy • Hopelessness • Poor concentration • Intrusive thoughts	• Absenteeism • Substance abuse • Impersonal work communications • Medication errors • Avoidance of certain patients • Minimal patient time	• Doubt • Lost sense of purpose • Non-reflective • Withdrawal from community • Lack of joy

(Lombardo & Eyre, 2011)

The Patients We Care For

Pancreatic Cancer Treatment Options

Surgery

- Cephalic pancreatoduodenectomy (Whipple procedure) is the removal of the head of the pancreas, the gallbladder, part of the stomach, part of the small intestine, and the bile duct, retaining enough of the pancreas to produce digestive juices and insulin.
- Distal pancreatectomy is the removal of the body and the tail of the pancreas as well as the spleen.
- Total pancreatectomy is the removal of the whole pancreas, part of the stomach, part of the small intestine, the common bile duct, the gallbladder, the spleen, and nearby lymph nodes.

Chemotherapy is the use of drugs to kill cancer cells by preventing them from growing and dividing. Gemcitabine is usually the recommended first-line drug for pancreatic cancer patients. It can be given alone or in combination with other drugs.

Radiation therapy is the use of high-energy radiation to control or kill cancer cells. Radiation can be delivered by a machine outside the body (external beam radiation) or can come from a radioactive substance implanted in or near the cancer (internal radiation or brachytherapy). Brachytherapy is rarely used in treating pancreatic cancer.

Chemoradiation therapy combines chemotherapy and radiation therapy to increase the effects of both. The side effects of this combination therapy are more severe than either therapy alone.

Targeted therapy is the use of drugs or other substances to inhibit the growth of cancer cells by interfering with specific molecules involved in tumor progression. Erlotinib, which targets the epidermal growth factor receptor (EGER), may be used with gemcitabine among pancreatic cancer patients with advanced disease.

Stage	Median Survival*
IA	24.1 Months
IB	20.6 Months
IIA	15.4 Months
IIB	12.7 Months
III	10.6 Months
IV	4.5 Months

*Data from Bilimoria et al.[84]

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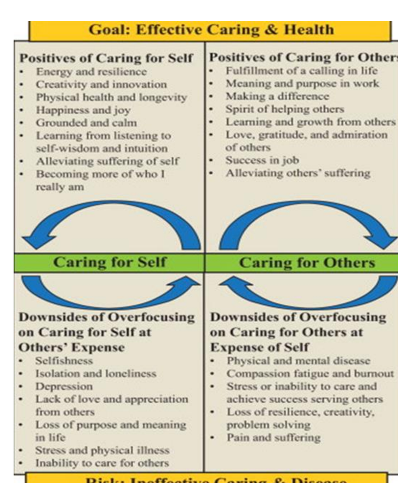
Why Are We Here

"Health professionals experience many emotional and disturbing scenes. Often there is no way of ameliorating emotions until the next break and frequently there are no breaks"
Buckle 2015

"If we don't take primary responsibility for the care of ourselves, and model healthy self renewal for those who respect us, then who do we think will do it?"
Wicks 2006

(Johnson 1996)



Many Roads

- Mental health professionals (Safest)
- Massage
- Spiritual guidance
- Aromatherapy
- Yoga

Conclusion

Compassion is an essential quality that nurses must possess. The information here has shown that when compassion fatigue is unchecked it can lead to burnout

Caring for patient with a poor prognosis creates an environment for compassion burnout

Professional treatment is best but holistic treatment is also an option that deserves exploration and data collection

"God grant me the serenity to prioritize the things I cannot delegate, the courage to say no when I need to, and wisdom to know when to go home" (Anon)

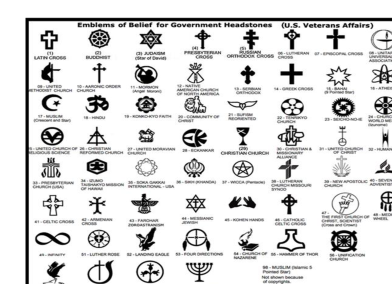
Easy as A-B-C

Awareness: How do you feel? What emotional space are you in?

Balance: Work / Life Be aware if one is overtaking the other

Connection: Finding someone that knows what you are going through Hughes 2012

Options



Increased levels of spirituality is directly proportional to decrease of stress, anxiety and depression

Musarezaie,Esfahani, Ghaleghasemi, Kariamian, & Ebrahimi, 2012; Pearce, Coan, Herndon, Koenig, & Abernethy, 2012)

Yoga

Improves patient outcomes because providers will be able to focus on patients rather than unresolved compassion burnout
(Hassmiller & Cozine, 2006)

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Anon