



Crisis Intervention for Nurses

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Cancer diagnoses and treatments can be crisis-causing events that overwhelm the usual coping abilities of patients and their families. Oncology nurses constantly are observing and attending to patients' diverse needs, ranging from biomedical to emotional, social, and psychological. Nurses have the chance to be first responders in times of patient crises, as they are in the position to recognize the crisis, respond effectively, and transform the crisis into a pivotal learning experience. This article discusses a way to think about patient and family crises that empowers nurses to respond in a manner appropriate to the cultural context and respectful of the individual space of the patient.

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Digital Object Identifier: 10.1188/13.CJON.337-339

The following has been adapted with permission from the Oncology Nursing Society's Transcultural Nursing Issues Special Interest Group newsletter from January 2012 (Vol. 12, Issue 1).

Patients in crisis provide nurses with an opportunity to help people in a way that few others can. In this article, the term *crisis* is used in a manner inspired by Parad and Caplan (1960) and later simplified by Gilliland and James (2013) in their *Crisis Intervention Strategies* textbooks. Crisis is not a situation itself but the perception and response of an individual who is facing a threatening situation and realizes that his or her usual coping strategies are not going to resolve the issue to an acceptable degree, therefore causing a precipitous rise in tension. More simply, crisis is characterized by an individual not seeing a way to effectively solve a problem that affects him or her directly or even indirectly. Oncology nurses regularly see how the diagnosis of cancer and aspects of cancer treatment are crisis-causing situations, ones that can overwhelm the usual coping abilities of an individual or family. Stressors include the initial diagnosis, delayed diagnosis, fear of recurrence, physical changes because of treatment,

an awareness of death, changes in life priorities, and chemotherapy (Rawl et al., 2002). Patients experience altered moods related to pain, symptoms of their disease, problems with caregivers, and loss of function and mobility. As a result of these stressors, the patient may experience helplessness or an inability to function appropriately.

How crisis experiences are manifested varies vastly, and a patient's own culture can account for some of this variation. Everyone grows up with exposure to one or more cultures that teach them how to respond to crisis and grief. How that cultural lesson is appropriated varies from person to person, but some ground is shared with those exposed to the same cultural lessons. Although the author cannot provide a panacea to all crisis situations for all cultural contexts, the aim of this article is to suggest some tips for improving nurses' responses to cultural variations in crisis experiences.

Parad and Caplan (1960) had complementary insight when working with patients and families who had suffered through the Cocoanut Grove fire of 1942. The fire took the lives of almost 500 people who were in the overpacked

Cocoanut Grove nightclub, injured many more, and left hundreds of friends, families, and entire communities in grief from the loss of some of their most vibrant citizens (Boston Fire Historical Society, n.d.). Caplan took part in the care of many surviving friends and families of the victims and had an insight that the author of the current article did not in her treatment of patients with cancer—once patients recognize that their coping mechanisms cannot handle the situation at hand, they tend to become susceptible to input that they otherwise would have (and perhaps previously had) resisted (Parad & Caplan, 1960). That input could be helpful or harmful, but those in crisis are going to be more open to it. Nurses can be the first to step in, providing beneficial input to patients if they train to recognize crisis and take it upon themselves to be first responders.

Using Aguilera's (1998) paradigm as a guide, nursing professionals can provide helpful input when patients not only need it most but also will accept it most. Aguilera's model is based on the idea that a lack of equilibrium among three balancing factors of event perception, situational supports, and coping mechanisms precipitates and perpetuates crisis situations.

Event Perception

Perception of events is how an individual rates his or her situation in terms of being problematic and solvable. For example, if a patient develops cancer-related symptoms but determines that nothing can be done when faced with these symptoms, he or she may deem the situation unsolvable and be unlikely to engage in potentially life-saving or life-improving actions in a timely manner. If that same patient is faced with too many treatment options to sort through, he or she may believe that the problem is solvable