



# JANICE NUUHIWA

## USA

Janice Nuuhiwa received her Bachelor of Science in Nursing at the University of Mary Hardin Baylor in Belton, Texas, and her Masters of Science in Nursing from Texas A&M, Corpus Christi.

She began her nursing career as a frontline paediatric nurse, which is where she found her passion for haematology/oncology nursing.

She has been engaged in her professional organization, the Association of Pediatric Hematology/Oncology Nurses (APHON), for over two decades and currently serves as President.

Throughout her career, she served as frontline staff in both in-patient and out-patient settings, nursing faculty, both didactic and as a clinical instructor, camp nurse, and Clinical Nurse Specialist.

She has participated in many medical mission trips across the globe. She is currently serving as a Nursing Professional Development Specialist at Ann & Robert H. Lurie Children's Hospital of Chicago, Illinois.

**"Do what you can,  
with what you  
have, where you  
are" Theodore  
Roosevelt**

## On Relationships that Influenced My Career

As a new nurse the haematology/oncology team at Scott & White Hospital in Temple, Texas, influenced my nursing practice by educating me to be respectful instead of fearful when caring for patients receiving chemotherapy. I was supported to attend a chemotherapy administration course created for adult oncology patients (APHON did not have a course at the time) and while excited, I was also overwhelmed. The nurse practitioners on the team took the time to educate me about the Paediatric Oncology Group clinical trials and, in turn, I created worksheets to assist the frontline staff with chemotherapy administration. This was pivotal in my career because I learned that curiosity blossoms into opportunities to learn and grow which positively impacts care. This set the precedence for advocating for my personal professional development.

Sue Walsh, DNP, CPNP, is my role model for being a good global citizen. She serves as faculty in a paediatric nurse practitioner program and many years ago called upon me to present on paediatric leukaemia and lymphoma. While serving as a regular guest presenter in her classroom, she shared about taking the students to Haiti for a specialized primary care clinical experience. Having done medical mission work myself, I was eager to participate. For several years, I was able to be a part of a team that went to Haiti every January. Serving in a low-resourced country was eye-opening and we learned how to provide care with limited resources. Our team was in Haiti during the devastating 2010 earthquake. There are no adequate words in the English language to articulate the awe I experienced watching Sue lead our team to compassionately care for the people of Haiti during this crisis. The experiences over the years created a professional awareness of the need to be a global advocate for care equality.

## On Challenges and Overcoming Them

The challenge that greatly impacted my career revolved around compassion fatigue and how to mitigate it. I was not educated on how to care for myself, namely, my wholeness of character, as I cared for my patients and families and I was experiencing distress. This led me to search the literature to understand this phenomenon in nursing. Recognizing that this is an expansive gap for all nurses, and even more so for those who practice in oncology, allowed me to expand my career focus from paediatric haematology/oncology patients and families to focusing on paediatric haematology/oncology nurses with the goal of positively impacting the provision of high quality, safe patient care. Over the past several years, I have expanded my focus to be inclusive of all nurses at my institution.

Another challenge that shaped me as a nurse involved caring for a young adult oncology patient who survived a relapse only to be diagnosed with a secondary malignancy soon after

her second remission. The team was zealously looking for open clinical trials and treatment protocols to offer to her when she informed us that she was “done.” Her thoughtful decision about not pursuing treatment, instead choosing to die at home surrounded by her family, created in me a new-found awe for switching my internal monologue from “choosing to do nothing”—meaning “no treatment”—to embracing the decision to die on the patient’s terms. For me, to witness her regaining control of her life, and, more importantly, her death, was a sacred experience. We never “do nothing.” Sometimes, what we do is support our patients and families as they seek to experience a good death.

## On Balancing Career and Other Life Responsibilities

I am not a fan of the term “work/life balance.” I always wondered why the word “work” came first! Reframing that phrase to be “life/work integration” has been a game-changer for me. Recognizing and honoring the fact that I am a human being with a life before I am a nurse, an educator, and a volunteer leader helps with setting priorities and shores up my internal resources so that I can continue this hard work, and heart work, we call nursing. This process is a reflective one that I need to engage with on a regular basis. It begins by asking myself what matters to me and what obstacles prohibit me from engaging in what matters. These questions, which come from the Institute for Healthcare Improvement’s Framework for Improving Joy in Work, serve as a guide when reflecting on not just nursing hopes and dreams, but also on those in life.

## My Words of Wisdom for the Next Generation of Female Leaders

If I had a chance to give myself advice at age 25, I would tell myself to slow down and be fully present instead of always focusing on the future. Don’t miss those ordinary moments of joy while you chase those big goals. Engage in and enjoy being fully present with your patients, families, coworkers and in life in general. Find a reflective or meditative practice that involves nurturing your wholeness of character. Take good care of your physical, intellectual, spiritual, mental and emotional self.