



Occupational Stress in Oncology Nurse Caregiving: Caring for Ourselves

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Most of us expect, and hope for, a long life. Therefore, when cancer is diagnosed, those directly affected are caught off guard. Images of gravestones materialize, and family chaos becomes the norm. Central to this emotional tsunami are oncology nurses.

The emotional work of oncology nurses is complex. Inherent in our job is the requirement to be exquisitely empathic. We must look after, respond to, and support numerous patients and their families. Fully present, we repeatedly listen to stories of sadness and despair. Intermittently, we must either display or suppress our emotions. All of this takes place in an occupational environment where support for the nurses' emotional well-being is nonexistent. Lacking are opportunities to vent emotions, sufficient time to grieve patients' deaths, and resources to help nurses cope with work-related stress (Vachon, Huggard, & Huggard, 2015). As a result, moral questioning, empathic strain, and unintended sorrow go unchecked.

The trauma literature speaks to the intense stress of first responders—those who witness tragedy up front, such as firefighters, police, paramedics, the military, and disaster relief workers. Although we may not think of ourselves as such, oncology nurses also share this role (Boyle, 2015). We often are first on the scene in many oncologic scenarios that characterize tragedy. Think of the possibilities we are exposed to on a routine basis. Hearing bad news and the despair emanating from the realization that the prior months of therapy were futile; seeing new bald heads where curls were previously admired; baggy clothes, discolored skin, sunken cheeks, and wedding rings that can't be worn on either shrinking or edematous fingers; artificial voice boxes, severed limbs, ports evident through clothing, and sweaters worn in

the midst of summer; being called to rapid responses and codes whose outcomes are a nonresponsive dying patient on a ventilator in the intensive care unit; frightened spouses, angry children, diapers on family patriarchs, boxes of tissue gone in one sitting—this is the everyday world of oncology nurses. How do we make sense of the suffering that we routinely witness?

Nurses have a longstanding history of witnessing the tragedy experienced by those they care for (Boyle, 2011). However, the support offered to nurses is far from that extended to traditional first responders who have educational sessions, counseling, routine debriefing, and time off to counter the negative emotional effects of their roles. However, nurses are placed in an even more vulnerable position. Enmeshed in a 24/7 environment of caregiving, they cannot leave the scene of the tragedy or remove themselves from the emotional devastation surrounding them. Nurses often practice in multiple patient rooms where tragedy is unfolding. They also must return to work the next day to face comparable despair yet again.

Is cancer care similar to trauma care? I say "yes," particularly when we consider the emotional ramifications of loss inherent within our specialty. The collective community of nurses who care for patients with cancer—oncology, critical care, palliative, and hospice—experience daily vicarious trauma. In fact, nearly the same number of those who died in the September 11, 2001, terrorist attacks are

killed daily by cancer. As nurses, we are positioned in the epicenter of the comparable cancer tragedy.

Nurses' self-care and healing are long-overlooked attributes of professional longevity and fulfillment (Bush & Boyle, 2012). Our compassion takes an emotional toll on our hearts. We must give greater voice to the stress of nursing care. Until we acknowledge this elephant in the room, workplace interventions will remain nonexistent and our grief will remain unattended. Let's acknowledge and give voice to this affective burden and generate much needed supports within our specialty. It is time to take care of ourselves. Purposeful efforts to heal ourselves are way overdue.

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