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I have been thinking a lot about the word *impact*, meaning “to come forcibly into contact with” (Oxford English Dictionary, n.d.). Synonyms include *smash*, *crash*, and *collide*. It is an ample description for slamming up against the reality of a cancer diagnosis, as well as the cascading avalanche that follows. Cancer is a force, and sustaining its impact can result in lasting damage. I should know—I received a cancer diagnosis at the age of 29 years.

The blunt force trauma of my unanticipated collision with cancer manifested as the fracturing of my very sense of self. After completing treatment, I struggled to recalibrate my world. Nobody tells you that survivorship means having to learn how to inhabit a body you do not recognize and no longer trust. Nobody tells you that you might not be able to do the things, be the things, or see the things that you used to see in yourself. Nobody tells you that the therapies designed to cure your cancer can leave you feeling more broken than when you began.

But there is another definition for the word *impact*—“to have a [pronounced] effect on” someone or something (Oxford English Dictionary, n.d.). When something is impactful, we say that it alters us, touches us, changes us. We say that it has had a great influence on our lives. This, too, is true of my experience. Although I had been caring for others as an oncology nurse for several years, my own diagnosis was a revelation. I was suddenly privy to the disorientation of being reduced to another medical record number on a schedule, another tumor board agenda item, another port to poke.

In health care, we tend to identify and label the physical tolls of cancer on human bodies. We use medical jargon, and we offer biomedical and pharmacologic interventions for all the physiologic ways cancer can break a person. But we are often less aware and less adept at recognizing and reconciling the ways survivors feel betrayed by their bodies after cancer.

Along with my shifting personal perspective, I found that my professional mission swelled in scope and urgency. I sought out new and needed ways to be truly impactful in the lives of my patients. I began to speak up about the struggle and uncertainty that is survivorship. I developed and facilitated an expressive writing workshop and support group at my institution. I completed a postbaccalaureate Sexual Health Certificate from the University of Michigan. And I decided to pursue my DNP as a clinical nurse specialist.

To me, the very essence and heart of nursing is helping people find wellness within their lived experiences of illness and disease. I envision carrying this holistic purpose forward through my influence in all spheres of clinical nurse specialist impact—providing direct patient care, advancing the nursing profession, and facilitating organizational innovations that address oncology survivorship. Clinical nurse specialists often work at the edges of uncharted territory to develop and implement creative approaches to problems or needs, and this is exactly what I aim to do.

So yes, I have been indelibly impacted by cancer. But the residual force from it seems to have initiated something else into perpetual motion. Looking over the ledge of the crater left behind, I find ever-expanding ripples of meaningful change that will continue to reverberate through the work I have yet to accomplish. For myself and others, I want to create spaces for the unfolding of grief so that healing can occur. I hope to encourage and celebrate the reclamation of body confidence, pleasure, and pride. And I will honor survivorship as the ever-evolving process of rebuilding a life after cancer, rather than a breaking apart.

**REFERENCES**


**KEYWORDS**

survivorship; oncology nursing; clinical nurse specialist; psychosocial support

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