Becoming an Oncology Nurse Through Osmosis

Janice Ross, RN, MSN, OCN®

I did not choose oncology nursing, it just happened. I worked as a nursing assistant in my small town hospital during nursing school, working in different departments, assisting with procedures, and learning new skills every shift. I moved to a slightly larger town when I graduated and started to work in a larger hospital. I chose to work on a 29-bed cardiac step-down unit to hone my assessment skills and see whether cardiac was the area for me.

About a month into the job, at a unit meeting, my nursing director announced that centralized patients would be placed on our unit because it was the smallest nursing unit and could best ensure quality nursing care for the patients. I thought it sounded interesting and learned how to aspirate, withdraw, and flush like a pro.

My nursing director revealed the following month that our first oncologist was setting up practice and all of his patients would be assigned to our unit. Well, my oncology rotation in school had been limited and my experience with patients with cancer was mainly as a family member of one. I watched my grandfather quickly fade with lung cancer, and I observed my family and how they talked quietly when they mentioned cancer.

I now have been an oncology nurse for 27 years and a cancer survivor for nine years and counting. My experience with osmosis has changed me. Oncology courses and certification have molded me into a veteran oncology nurse. The rewards of working with patients with cancer and their families have been surprising and tender. We, as oncology nurses, are invited to share in an intimate time of life with patients. We listen to their fears, sooth their symptoms, and for some, ease their death. We always, always, encourage hope—the expectation that something better is still to come. Not every nurse has the adrenaline rush for the emergency department, the patience for pediatrics, or the desire for the fast pace of a medical/surgical unit. Patients with cancer and oncology nurse colleagues have taught me that we are called to share a special time with patients. I have learned several important lessons from my patients and colleagues, including:

- Leaving the hospital for an ice cream sundae can be just as healing as any chemotherapy.
- Sometimes getting through this one moment is the best we can do.

Lessons Along the Way

The people afraid of getting too close to a patient do not have to worry, they never will.

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Tribute to a Patient

Becky O’Shea, RN, MSN, OCN®

I have been in oncology nursing for 30-plus years now. Can you believe it? I thought we would have licked this disease by now, but know that I am still here, as promised, until we do. All of us are . . . because of you.

I guess we have come a long way—more treatment options and better symptom management. And living longer . . . at a price. It costs a lot to live just as it costs a lot to die. We are all surviving. But it is not the same without you.

Remember how you vomited all of the time, even when there wasn’t anything left? Remember how you made it to every appointment, every test, every treatment, sometimes by yourself? You always managed to show up. I still look for you to come through that door.

I know losing your hair must have been hard for you. It was thick, curly, and beautiful. Your bald head was a new way to show up. I still look for you to come through that door.

You shed that winter coat. It was just another season.

Remember when you hugged me and said it would be okay?

Know that I think of you daily and miss you, your family, and your friends so very much.

When I see a boy heading off to college, when I see a young girl dance, kids playing, when I see families together, laughing, celebrating a reunion . . . that could have been you, that should have been you, and I hope it is.

You are so much more than that body betrayed. Your spirit, your courage, that smile, those eyes, your voice, your brilliance, and your wit live on.

I hope you know that I am still here.

All of us are.

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