

You Are Special: Recognizing the Gifts You Bring to Oncology Nursing

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In the process of seeking to identify and mentor future Oncology Nursing Society (ONS) leaders, members of the ONS Nominating Committee realized that many oncology nurses are not aware of how unique their contributions are to the care, education, and support of patients and families as they cope with the experience of cancer. The nursing care they provide is so skilled and intuitive that oncology nurses can lose sight of how special their care is and how great a difference they make in the daily lives of their patients.

Discussion

In thinking about how to characterize gifts in the context of this article, a definition from an older dictionary crystallized the concept perfectly (G. & C. Merriam Co., 1974). “Gift: (1) special ability or unusual capacity for doing or achieving something, (2) notable capacity or talent, (3) something voluntarily transferred by one person to another” (p. 485).

The essence of oncology nursing is captured in the first two statements. Oncology nurses are life-long learners who function at the highest levels in all of their various roles. Oncology nurses, as a group and as individuals, are self-motivated and self-directed to continually increase their knowledge, skills, and abilities, which are actions necessary just to maintain expertise in the ever-evolving universe of oncology care. The third definition of a gift involves establishing a reciprocal relationship in which each party can benefit. An oncology nurse enters into such a relationship by caring for, making a connection with, and “being there” for a patient and family. In this reciprocal relationship, the nurse gives the patient and

To raise awareness about the need to recognize and celebrate the unique gifts and qualities nurses bring to oncology, the Oncology Nursing Society (ONS) Nominating Committee thought that discussing the many contributions of oncology nurses would be enlightening and empowering. This article originally was offered by the authors as a presentation at the ONS 29th Annual Congress in May 2004.

family numerous gifts, including caring, compassion, kindness, knowledge, technology, and empathy and, in return, receives from them the incalculable gifts that come from the caring.

Nurses excel at giving but often are not comfortable with receiving praise, thanks, or recognition for what they do. Nurses are notorious for “beating themselves up” and being self-critical. Many seasoned nurses expect perfection from themselves (and others). They believe that they can accomplish their goals most effectively using their own resources. They may dislike doing things by committee and believe that arriving at decisions through a committee process just makes their work unnecessarily complicated and time consuming. Newer nurses, however, may be more comfortable tackling tasks as part of a team effort. They enjoy the camaraderie and support of being part of a group and may feel isolated working on their own.

These differing personal and professional styles, work expectations, and ways of coping and experiencing life may relate to when a person was born. The attributes of people’s birth generations and major world events occurring during their formative years greatly contribute to the type of people they become. Recently, nursing management has shown interest in learning about how nurses’ birth generations have contributed to shaping them and making

them different from other birth generations (Cadmus, 2002; Hill, 2004; Martin, 2003). For the first time in nursing history, four generations are represented in the nursing workforce at the same time—veterans, boomers, generation X, and generation Y. Each generation has its distinct core beliefs, value systems, and views on authority and change, and, inevitably, each is challenged by its following generation (see Figure 1).

Generational Attributes

In addition to the traits listed in Figure 1, other factors help to define each generation. They may be of value in learning how to recognize and accommodate generational differences in the nursing workplace.

Veterans (1925–1943)

Veterans grew up at a time when fathers went to work and mothers stayed home to raise their families. They experienced a depressed economy and wartime rationing (during World War II), making them averse to risk, especially in matters of finance. They are traditional thinkers, support the hierarchy, and bow to authority. They make up about 10% of the current workforce and are solid, loyal workers who possess institutional memory and wisdom and know whom to contact to get things done. When they began their careers, management exerted control through a rigid top-down hierarchy in which everyone knew their place and waited their turn to climb

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