

Nurse Experiences as Cancer Survivors: Part II—Professional

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Purpose/Objectives: To uncover dimensions of nurses' professional experiences of cancer survivorship.

Design: Interpretive, phenomenologic.

Setting: Metropolitan area in the northeastern United States.

Sample: 25 RNs diagnosed with cancer. Average age was 50 years, and 20 participants were less than five years from initial diagnosis.

Methods: Interviews. Data were analyzed using the methodology of Newman (1994, 1999) and VanManen (1990).

Main Research Variables: Nurses' professional experiences of cancer survivorship.

Findings: Professional experiences of cancer survivorship fell into five themes: (a) role ambiguity, (b) a deepening level of compassion for patients and others, (c) self-disclosure as a therapeutic intervention, (d) becoming an advocate for change, and (e) volunteerism.

Conclusions: Cancer survivorship was a factor in reshaping participants' clinical practice. Experiencing the role of the patient affirmed the necessity of compassionate care for these participants. Nurses experienced a deepening level of compassion for patients and used self-disclosure as a therapeutic intervention. During and shortly after treatment, role ambiguity (being both patient and nurse) could cause difficulties. Nurses took action to change their clinical environment through their influence on colleagues and the healthcare system and by working through other organizations to improve patient care.

Implications for Nursing: Nurse cancer survivors can benefit from the support of colleagues and healthcare providers and an appreciation of the challenge of being both a professional and a patient. The invitation for dialogue as they return to work may help with the challenges of role ambiguity as nurse cancer survivors. Based on this study, nurses value the opportunity to enhance care environments with their two-world knowledge through compassionate care, disclosure, advocacy, and volunteering, and coworkers need to appreciate each nurse's unique response to this potentially life-changing process. Nurses in all settings can learn from their cancer survivor colleagues who have been the recipients of care to reflect on their own clinical practice in the areas of advocacy, sensitivity to patient concerns, and care experiences.

Before you know what kindness really is, you must lose things, feel the future dissolve in a moment like salt in a weakened broth.

—N.S. Nye (1998, p. 42)

When nurses are diagnosed with cancer, the process of their survivorship is one of living in two worlds, that of patient and provider. The healthcare community is responsible for investigating and responding to the needs of its colleagues, in this case, nurses. Cancer is a chronic disease, and many nurses return to work either during or after their

Key Points . . .

- ▶ Nurses' professional practice has changed as a result of experiencing cancer and its treatment.
- ▶ Balancing work and treatment is best supported by coworker sensitivity to each nurse's unique needs.
- ▶ Healthcare professionals can learn from cancer survivor colleagues about ways to improve clinical practice.

treatment. Nurse survivors hold positions as dual insiders—patients and healthcare professionals. The aim of this research study was to uncover the dimensions of nurses' experiences related to cancer survivorship. The findings and discussion in this article address the second question of the study, the effect of the illness on a nurse's professional life. Engaging nurses in this inquiry may provide a deeper understanding of the needs of nurses who are also patients.

Literature Review

Accounts of the impact of cancer survivorship on nurses' professional practice have been limited to anecdotal reports with a focus on the personal nature of the experience and some advice for nurses on patient needs (Fedora, 1985; Hamilton, 1999; Leigh, 1992; Vachon, 2001). Nally (1999) reported that two nurse cancer survivors identified that the experience made them better nurses by helping them to be more present and compassionate with patients. Simon (1978) found that working as a nurse caused her distress prior to diagnosis but the support of a supervisor helped her to transition back to practice following

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