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. Intermitently, 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 are often 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 rings that can’t be worn on either discolored skin, sunken cheeks, andwedding rings that can’t be worn on either...