

The Backbone of the Healthcare System

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Cancer is something that many people come into contact with, whether they know somebody who has the disease or they themselves have it. Because of this, the role of an oncology nurse has become extremely valuable, both in the ways they treat the actual cancer and also in the ways in which they provide emotional support and mental wellness care to their patients. For this paper, I interviewed Jess, an oncology nurse from New Jersey. Through this interview I learned about how the role of a nurse encapsulates a far greater scope of care than I had originally thought, and I came out of this experience with a better understanding of the impact that nurses can have on their patients through simple acts of understanding, respect, compassion, and empathy that create a feeling of comfort and closeness within patients during such a vulnerable time in their lives. The following is a transcript of my interview with Jess.

Me: Hello, how are you doing today?

Jess: I'm doing well.

Me: That's good. I'm going to get started with the questions. The first is what is your profession and what would your official title be as well?

Jess: I am an oncology nurse.

Me: Okay, and how would you define what you do to someone in the general public?

Jess: Well what I do is I give chemotherapy infusions, but the job also requires a lot of patient education and a lot of emotional support for both the patient and family members, but just to describe what I do physically is just chemotherapy infusions.

Me: What cultural and social factors do you think may have brought you to this profession?

Jess: I was always interested in the sciences and I always wanted to help people, but I'll be perfectly honest, when I was in high school I didn't even know that you went to school to become a nurse. It just never occurred to me. I don't really even know what drew me to oncology, which is with cancer patients, but I just knew I wanted to do that. I knew nothing about oncology, but I knew I wanted to work with cancer patients. And so my first nursing job was working in a hospital on a cancer floor, and I guess it was about a year later that my father was diagnosed with cancer, so then it just became, for me, more meaningful. And honestly, I've been a nurse for 26 years and I've done oncology for almost 25 of those years and I can't imagine doing anything else.

Me: That's amazing. What do you think brings most people to your profession?

Jess: It's, and I know it sounds silly to say, but I truly think it's a calling. You can't just pick someone off the street and make them a nurse. It's, I think, a very selfless job. You have to have

empathy. You have to have compassion. You have to have good people skills. I think just the need to want to help people, especially during difficult times in their life. And like I said, its not the type of career that just anyone could do, and it's not because of the schooling, which is difficult, but mostly it's your character.

Me: How do you think the decision to become this kind of a professional changed your life?

Jess: I, especially working with cancer patients, I think I've learned to appreciate life more than maybe I would have. I've learned, I've seen how life is too short, and you just don't know, and you need to be happy. I feel blessed by the people I've met over the years because they've just made me a more patient, and granted I say that and I may have my moments at home where I have a meltdown, because I'd be lying if I said it doesn't affect me, and emotionally it just gets to you. But I just truly couldn't see myself doing anything else.

Me: That's great. Where did you receive your training?

Jess: Monmouth College in New Jersey, but with nursing a lot of it is on the job training.

Me: That seems to be common among health professions.

Jess: Yes, definitely

Me: What are the main methods of teaching in your profession?

Jess: Definitely classroom teaching, and I'm required to maintain education hours on my own time to maintain my nursing license. And I'm required to maintain my employer required education hours for my job and I'm required to maintain certifications for work, so all that type of stuff is classroom. But the hands on demonstration is honestly the best way. And that's what we do every year when we're required to attend what's called a skills fair, just activities that we might do on a regular basis at work, or if we are switching to new supplies like needles or IV tubing for the chemotherapy, we're required to repeat the demonstration back to the instructor so that we can be checked off that we know how to do it, and anytime there's a new product of a new method of doing something, it's taught to us via demonstration.

Me: What are the rules of ethics you have to follow in this profession?

Jess: The biggest one which is drilled into us on a daily basis is patient confidentiality. You know, you need, with any service type profession, you cannot be judgmental, you need to be accommodating as best you can for cultural preferences of patients. Sometimes you need to teach a little differently based on someone's education level or language barriers or cultural differences, so that stuff has to be taken into account on a daily basis. And safety. I'm required to maintain national certifications and we have very strict controls when we administer the chemotherapy.

Me: So when it comes to the emotional support of these patients, is there anything in particular you have to do?

Jess: I would say every patient is different, so it is gauged by the individual but you have to be empathetic with everyone, even if they're the nastiest person you've ever met, and I won't lie,

maybe 1% of our patient population are extremely nasty people that would have been that way regardless of diagnosis, but you still have to understand what they're going through. I am very close to many patients. I've cried with many patients. I've prayed with many patients even though I'm not religious, I would never not do that if I am asked to. We hold hands with our patients, we hug our patients. There are always a few that just want to be left alone, and that's fine. And sometimes I need that closeness. I need to cry with them or I need to be hugged because you bring a lot home, especially when patients die. I think the hardest ones for me have always been young mothers, and you can't just leave work and turn it off. It follows you.

Me: I'm sure. This may seem like the answer is obvious, but what are the goals of your practice?

Jess: Obviously to treat their cancer. Not everyone has a diagnosis where their cancer can be cured, so we just need to treat them as safely as we can and maintain as good a quality of life as we can for them. Honestly, I feel as a nurse I have the opportunity to be a patient advocate because we spend much more time with the patients than the doctors do. The doctors have the medical information and the medical decisions, but the patients don't open up to them like they do to us. They accept us, they take us in as if we were family, and I need to make sure that my patients are living to the best quality of life, and sometimes that means intervening or arguing with the physician over treating a patient or letting them skip a treatment. I feel we do advocate for our patients on a daily basis. Doctors don't have the time. And we get to see how the patients are coping and see family dynamics, since most people come in with a friend or family member. We get to hear how we're really feeling, because most of the time they don't have enough time to discuss with the doctor. We just have different relationships with the patients. They know about my family and my kids and what I'm up to for the weekend and I know about their families and their interests and it's just a very different type of relationship and I need to make sure that they're being taken care of.

Me: How do you see your role in the current health care system?

Jess: Health care systems would be nothing without nurses. We care the backbone of the healthcare system, and we're the ones providing the patient education. And I don't mean the doctors aren't. They're there to diagnose, but I would say that the bulk of patient education comes from the nurses. And with my setting I'm in an outpatient cancer center, but nurses are everywhere in the community, at schools, in doctor's offices, in pharmacies. They're just the backbone of health care.

Me: I know this is pretty generally known to people, but what are some of the major causative factors for some of the problems you see in your patients?

Jess: Obviously lifestyle. Smoking, lack of exercise, diet, and drinking alcohol. All of those are risk factors, but a lot I really think is environmental, things that we do every day that really can't be avoided. I think some just have strong genetic history. I think the best thing people can do is just getting doctor visits and getting checked. A lot of people just feel that they can't take the time out of their schedules to go to see the doctor, and I think that maintaining routine health care is just the best thing. And you know obviously a lot of people don't have health insurance, but there are options out there. There are community centers and Cooper always does health

fairs. People just may need to think outside the box if they don't have insurance coverage, but there are options out there.

Me: What do patients say about their experience with you?

Jess: It's funny you say that because I actually just got a text message on Thursday from our office manager because a patient went on Facebook thanking the doctor and thanking me. It was the woman's first chemotherapy treatment and she was nervous and I felt like I really put her at ease and was really able to sit down and talk to her and the husband and give them information. I actually was given a list just the past month of all of the compliments patients have given me on patient surveys, which for me I was just truly shocked. I've been given cards before, just heartfelt thank you's, which just mean so much to know that I meant something, that I helped them. I used to have a patient that would refer to me as their Tuesday morning superhero and there's just no better acknowledgement than something like that. It's not monetary, it's just knowing that someone feel I made a difference.

Me: Just to end this, are there are stories that stand out in your mind from your work?

Jess: Any nurse will have ridiculous stories. Just to be recognized. I had someone over the summer, I was at DSW and someone called out my name. I was in line and I turned around and I looked and I just could not place the face, and then she told me who she was and it was someone I had treated years ago, and I didn't recognize her because her hair had grown back and it had been a few years, but as soon as she said her name I knew who she was. And just the fact that she remembered me, after it had probably been like five years, I just thought that that was amazing. I mean, I've had crazy patients too. You know I've been threatened. I had a patient's family member, I was talking to a patient, I was already supposed to have left for the night and I was helping the next nurse out. A new patient came onto the floor and I was just trying to help ask all the admissions questions. She answers all of the questions, I get the paperwork done, leave the room, and hand it to the nurse who's just starting. As I'm walking away, a family member comes out of the room because she's not breathing. So we both go in and she's sitting upright in the bed but she's not responsive, so I grab her shoulders and I'm shaking and yelling at her "are you okay?" we end up having to do CPR and she was transferred to the extensive care unit. Two days later a family member comes down specifically to find me on my floor, screaming at me because how dare I raise my voice to their mother. And I'm was like "she was unresponsive, I was trying to arouse her". They say "nobody raises their voice to my mother, you better watch yourself when you head into the parking lot at night." So for two or three weeks I had to have security walk me out to my car every night. You'll always have crazies. The majority are just the most amazing, strongest people you'll ever know, but you'll always have one or two crazy people. But it's worth it. I truly couldn't imagine doing anything else. And it sucks, you get mentally exhausted, you get physically exhausted. I always told myself the day I stop being able to cry over someone's diagnosis is the day I have to stop, because you can't be coldhearted and do something like this for a living. But yeah, I can't imagine doing anything else.

Me: Well thank you so much for taking time to talk about your work.

Jess: It was my pleasure.

In summary, the interview with Jess provided me with an understanding of the duties, both official and unofficial, of an oncology nurse and the ways in which she goes about making patients feel comfortable and safe during their time with her, as well as some of the struggles that she occasionally faces on the job. One thing that talking to Jess helped me understand is the importance of one's background in helping when it comes to the work of a nurse. As she said, she had always wanted to help people, and this aspect is key for people going into the health professions. My absolute favorite part of our interview is when she described praying with patients despite herself not being religious. To me this exemplifies the importance cultural togetherness can play in mental health care. As a nurse, Jess puts her own personal belief systems behind her and takes part in those of her patients because doing so will create an atmosphere of comfort and togetherness which can be lacking when surrounded by people who may have different cultural backgrounds from her. This feeling of togetherness ultimately can improve the mental wellness of a patient during their treatment, and to me, it is this more than anything that sets nurses apart as valuable parts of the health care system.