

This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited.  
To purchase reprints or request permission to reproduce, e-mail [reprints@ons.org](mailto:reprints@ons.org).

# Nurse Experiences as Cancer Survivors: Part I—Personal

Rosanna F. DeMarco, PhD, APRN, BC, ACRN, Carol Picard, PhD, RN, CS,  
and Joan Agretelis, PhD, RN, AOCN®

**Purpose/Objectives:** To uncover dimensions of nurses' personal 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. Analysis using methodology of Newman (1994, 1999) and Van Manen (1990).

**Main Research Variables:** Nurses' personal experiences of cancer survivorship.

**Findings:** Themes of the nurses' personal experiences of survivorship included the shock of becoming a patient and multifaceted dimensions of the treatment experience, including time, coordinating their own care, the struggle to maintain normalcy, uncertainty, nonclinical self-care strategies, and encounters with caring and uncaring providers. Participants identified the need for supportive relationships both in personal and professional arenas throughout the survivorship process. The cancer experience became an opportunity for change in priorities.

**Conclusions:** Although nurse cancer survivors experience similar personal vulnerabilities to those of non-nurses, their vulnerabilities often are affected by their knowledge of the healthcare process and content of care with which they are most familiar. They also are affected by what they know is at stake. This particular insider vulnerability is not cited often in research literature and, therefore, is not recognized as a particular type of need that should be addressed in cancer survivorship.

**Implications for Nursing:** Nurse patients need providers to be sensitive to their information and support needs, which may vary because of their professional experiences and personal resources. Findings suggest that nurse patients may need supportive approaches that target their unique vulnerabilities.

Cancer survivorship is a process. More than 8.4 million Americans are living with a cancer diagnosis, and 65% of those diagnosed with any form or stage of cancer have survived for more than five years (American Cancer Society, 2004). Because nurses are aging as a cohort, with an average age of 45.4 years (Buerhaus, Staiger, & Auerbach, 2000), these professionals are in a higher risk group for the diagnosis of cancer. The National Coalition for Cancer Survivorship (2002) defines survivors as people liv-

## Key Points . . .

- ▶ Personal experiences of nurses can affect their cancer survivorship.
- ▶ Healthcare providers should not assume that nurse cancer survivors have fewer needs than other patients.
- ▶ Nurse cancer survivors have unique needs that require exploration.

ing through and beyond a cancer diagnosis. When nurses are diagnosed with cancer, the process of their survivorship is one of living in two worlds, that of patient and provider. In the age of evidence-based practice, what constitutes evidence for excellent healthcare practice should include the voice of the patient. Research that uncovers missing evidence of the voice of nurses with cancer creates an opportunity to give a voice to nurses who live with this experience. The healthcare community also is responsible for investigating and responding to the needs of special populations of cancer survivors such as healthcare professionals. According to Kayser, Sormanti, and Strainchamps (1999), women in particular experience more positive psychosocial adaptation to cancer when they share their experiences through mutual relationships. Because nurse survivors hold positions as "insiders" as

*Rosanna F. DeMarco, PhD, APRN, BC, ACRN, is an assistant professor in the Connell School of Nursing at Boston College in Chestnut Hill, MA; Carol Picard, PhD, RN, CS, is a professor in the Department of Nursing at the University of Massachusetts Lowell; and Joan Agretelis, PhD, RN, AOCN®, is a regional medical manager for New England for Sanofi-Synthelabo Oncology, based in New York, NY. This research was supported, in part, by research grants from the Kenneth B. Schwartz Center and a National Institutes of Health Clinical Research Center Grant at Massachusetts General Hospital (M01-RR-01066). (Submitted November 2002. Accepted for publication April 20, 2003.)*

Digital Object Identifier: 10.1188/04.ONF.523-530