

# Continuing the Legacy: More Voices of Oncology Nurses

Janice Phillips, PhD, RN, FAAN

*"To find out what one is fitted to do, and secure an opportunity to do it, is the key to happiness."*

—John Dewey

## The Early Years

### The 1970s

It is quite amazing to me how I decided to attend nursing school. All of my childhood, I fantasized about becoming a schoolteacher. I always admired my teachers for helping me to learn subjects such as cursive writing, mathematics, Spanish, and even tap into my creative abilities and write poetry. For me, teachers were the smartest people on earth, so it only seemed befitting that I wanted to be like them when I grew older. Aside from my grandparents and social worker, my teachers were among the most influential people in my life. It was during my junior year in high school that I learned that a large portion of my graduating class was going to become teachers. I was quite disappointed when someone cautioned me that the market would be flooded with an oversupply of teachers and a limited number of teaching positions. I began to think about other career options that would allow me the opportunity to help others. Nursing seemed to fit that bill at the time, as nursing and teaching were among the two most popular career options for women during the 70s. With limited exposure to nurses to help shape my decision, thankfully for me, I made one of the best decisions that I have ever made in my life. During my senior year, my social worker from the Department of Children and Family Services began making preparations for me to attend nursing school at North Park College in Chicago. Little did I know that after completion of my bachelor's degree from North Park in 1976, I would embark

This excerpt, chapter 19 from the book *Continuing the Legacy: More Voices of Oncology Nurses*, edited by Brenda Nevidjon, MSN, RN, is part of a series of clinically relevant reprints that will appear periodically in the *Clinical Journal of Oncology Nursing*.

upon an unbelievable journey of service and experience some of the most rewarding and memorable times of my life.

My first stop after graduating from nursing school was the University of Chicago Medical Center, where I was hired as a new graduate to work on a medical and clinical research unit. I will never forget, in June 1976, I was hired at \$5.65 an hour, more than twice the minimum wage of \$2.20 an hour. I still have very fond memories of the university, where I launched my nursing career. It was during the late 70s that I learned to apply a wide variety of basic and advanced nursing skills, prioritize heavy workloads, and collaborate with some of the finest healthcare professionals to provide high-quality care to patients, families, and communities. As a new graduate, I was introduced to the rigors of clinical research, the complexity of patient care, and the need to engage in scholarly activity to advance the profession. After two years on the unit, I transferred to the university's Class 1 Trauma Center, where my career began to take shape.

While working for 10 years in the emergency room (ER), I assumed the roles of staff nurse and then assistant clinical manager. The ER is a tremendous place for developing and using critical thinking and high-tech skills. Because of the diversity of patients that I encountered on a daily basis, I also became sensitized to the need for community outreach, public health education, and patient advocacy. As an ER nurse, I thrived

on the fast pace, the diversity of patient situations, and the collaborative teamwork that was exhibited on a daily basis. There was nothing more exhilarating than the thrill of performing lifesaving procedures and making every moment count during

a crisis situation. There is no place like an ER; "Ripley's Believe It or Not" could not top those surroundings. I recall to this day one of the funniest yet most embarrassing moments of my life and times in the ER. An ER technician and I took it upon us to provide further documentation that our patient had died. Despite the very obvious rigor mortis and the physician's pronouncement of death, we decided to place our patient on the cardiac monitor, only to find normal sinus rhythm appearing on the screen—nice and steady beats. We were scared to death and immediately summoned the resuscitation team to assist with our revival efforts. Much to our embarrassment, the patient's pacemaker was still functioning, and rightfully so. Embarrassed, humiliated, scared to death, you name it, all we could say was, "He took a licking but kept on ticking." Talk about quality assurance.

Even during the less hectic times, my colleagues and I usually were very busy providing patient education, locating resources for our patients, and developing or evaluating procedures to facilitate high-quality patient care. In fact, my first publication in nursing, "Emergency Nurses Thrive on Diversity,"

*From Continuing the Legacy: More Voices of Oncology Nurses (pp. 159–166), edited by Brenda Nevidjon, MSN, RN, 2004, Pittsburgh, PA: Oncology Nursing Society. Reprinted with permission.*

Digital Object Identifier: 10.1188/05.CJON.94-97

highlighted the diversity of skills and knowledge needed to survive in such an environment. However, despite all of the good times that I experienced, I knew that at some point in my career I would need to move on to something less demanding in nursing. Nearly eight years after my near-death experience (hard work as an undergraduate nursing student), I returned to school part-time to pursue a master's degree in community health while remaining full-time in the ER. I knew then that I would be in nursing for the long haul, so furthering my education was critical to enhancing my marketability and personal satisfaction.

*"Know whence you've come. If you know whence you've come, there is really no limit to where you can go."*

—James Baldwin

## The Mid Years

### The 1980s

The complexity and diversity of experiences at the University of Chicago Medical Center enabled me to gain enough confidence and skill to handle just about anything in nursing. The decision to leave my comfort zone marked a very pivotal point in my career. After receiving my master's degree, I moved on to my next adventure. My love for community health led me to an administrative position coordinating healthcare services at a large ambulatory healthcare center. Two years later, I went to the University of Illinois, School of Public Health, where my passion for oncology nursing came into being. As a Clinical Nurse Consultant for a National Cancer Institute-funded intervention targeting African Americans, I provided breast and cervical cancer screening, education, and referral to underserved inner-city women. In this position, I had a tremendous opportunity to provide lifesaving cancer information and promote the early detection of cancer. The staff and research team were very committed to improving the cancer outcomes of the African American community, a community noted for its high cancer mortality and poor cancer survival. The commitment of the research team in many ways was infectious and inspired me to return to graduate school to further develop my interest in oncology and behavioral interventions.

Although our clinic was located in a well-popularized public health center and the services were free, our team learned early on that we could not operate on the assumption "if you build it, they will come." Rather, many members of our targeted population faced other urgent life issues, such as low

socioeconomic status, limited knowledge about cancer and related resources, adherence to follow-up care issues, and notions of fear, fatalism, and silence. Notably, many women were fearful about a diagnosis of cancer, losing a breast to cancer, the stigma associated with having cancer, not being able to afford treatment, and the potential loss of significant relationships. Some of the women held fatalistic perspectives regarding cancer and felt that they would die even if the disease were detected early. Not surprising though, many women within the African American community were reluctant to talk about the "big C," thus creating another challenge for our outreach endeavors. Although these issues challenged our efforts to promote the early detection of cancer, they also provided a tremendous opportunity to dispel cancer myths and offer support to our targeted population. The idea that some women would not come for no-cost cancer screening services was quite perplexing to me and, thus, provided the basis for my dissertation research. Returning to school to pursue a doctorate in nursing was never on my list of things to do; however, it became a necessity for my future growth and development and ability to make a greater contribution to my community.

*"The greatest achievements are those that benefit others."*

—Denis Waitley

### The 1990s

Building on my interest in cancer control issues and my experience with providing breast and cervical cancer screening, my dissertation, "Adherence to Breast Cancer Screening Guidelines Among African American Women of Differing Employment Status," described African American women's adherence to the American Cancer Society's (ACS's) screening guidelines. Although I had conducted research during my undergraduate years, conducting my dissertation research was even more rewarding because I was able to provide education, resources, and encouragement to women who had limited knowledge about breast cancer. My dissertation research produced some very important insights regarding the low utilization of breast cancer screening among low- and middle-income African American women; however, it was not until my subsequent qualitative research that I began to more fully understand the issues facing not just African American women but many women from all walks of life when dealing with breast cancer issues.

After obtaining my PhD degree with a specialty in Public Health Nursing from the

University of Illinois College of Nursing, I decided to leave my comfort zone again—Chicago—and pursue a teaching position at the University of Maryland School of Nursing. This marked another pivotal point in my career and opened up unlimited opportunities to develop skill and expertise in oncology nursing.

At the university, I had the most incredible time of my career working with Dr. Anne Belcher and other oncology faculty members on a number of oncology initiatives ranging from developing oncology nursing curricula for undergraduate and graduate nursing students to implementing cancer community outreach programs. One of the most significant highlights of my career in oncology nursing occurred when Dr. Belcher nominated me to replace her as the ACS Professor in Oncology Nursing at the University of Maryland School of Nursing. The professorship provided a unique opportunity to further develop the oncology nursing curricula, conduct more breast cancer research with African American women, and travel extensively to provide breast cancer education and share my research findings with lay and professional audiences.

About the same time, an amazing thing happened. I received a phone call from Dr. Beverly McElmurry, professor at the University of Illinois College of Nursing, inviting me to replicate portions of my breast cancer dissertation research in Brazil. Well, it happened within less than 10 months; I received a Minority International Research Training (MIRT) award from the University of Illinois College of Nursing to conduct research with breast cancer survivors residing in Brazil. The purpose of the MIRT program is to advance primary health nursing research to address the health disparities among underserved populations in the United States or in developing countries. The World Health Organization Collaborating Centre/Nursing Research Development at the University of Sao Paulo College of Nursing at Ribeirao Preto, Brazil, served as the host site for me and my student to conduct research and enhance our understanding of global health issues. Talk about an opportunity! This invitation was not only an honor but also provided confirmation that my dissertation was of fine quality and worthy of possible replication in a foreign country. Thanks to my academic advisor and dissertation committee, the idea that I had a polished product that could serve as a model for advancing knowledge in another area was both humbling and exciting.

The experience of traveling abroad for the first time to work with noted Brazilian nurse

scholar Dr. Marli Mamede, students, and women coping with cancer was a rewarding and unforgettable experience. In the 1980s, Dr. Marli Mamede had the remarkable vision to develop a breast cancer rehabilitation center specifically targeting patients with breast cancer who had lymphedema. Breast cancer survivors from across the region came to the school of nursing for their exercise and massage therapy, support group meetings, social services, and educational sessions that would assist them in coping with their breast cancer diagnosis. During our three-month stay, our team conducted several breast cancer studies assessing both women's and nursing students' knowledge and practices related to breast cancer screening. Findings from our research were immediately applied to develop a community-based breast health education program and to help shape the breast cancer content in the undergraduate nursing curricula. The following summer, Dr. Mamede came to the University of Maryland School of Nursing and collaboratively worked with me to conduct her study on American women's attributions of breast cancer, an extension of her work with Brazilian patients with breast cancer. My life has never been the same as a result of the wonderful generosity that I encountered during my first trip abroad. The love, sharing, and hospitality extended to me and my student was an unforgettable experience. Although my stay was limited to three months (new and junior faculty had to get back to work), the experience was greatly enhanced by living with a Brazilian family and being immersed in Brazilian culture. The greatest challenge, however, was the language. No falor Portuguese! Luckily, many people that I worked with, including my student, Dr. Mamede, and school officials, were bilingual and more than willing to assist me in communicating during my stay in Brazil. The people that I worked with were quick to teach me that a smile is the universal language. The breast cancer survivors and community-based women were very warm-spirited women who refused to take compensation for their research participation. In many ways, they considered it an honor to assist me in accomplishing my research goals. In turn, the funds that were set aside for compensation were used to purchase T-shirts for a fundraising activity as well as supplies for one of the community-based clinics. This to me was even more gratifying because more people could benefit from the monetary compensation regardless of participation. Since that time, I have traveled to Africa, Canada, Norway, Taiwan, back to Brazil, and throughout the United States to share my experience in

conducting international and collaborative nursing research.

After my trip to Brazil, I returned to continue my work with African American women. Findings from my follow-up qualitative breast cancer studies targeting African Americans have been widely disseminated and have helped to shape research and educational initiatives targeting this population. Perhaps most gratifying are the comments that I have received over the years from the research participants themselves. Many women have expressed appreciation for being able to participate in research that may be of benefit to other women and for gaining additional insights about their personal health and well-being. For some, discussing their concerns and issues surrounding breast cancer has been therapeutic and enlightening. I have learned much from them as well. For example, for many African American women, spiritual connectedness is central to their responses to a potential threat or actual diagnosis of breast cancer. Expressions of letting go and letting God may very well be an expression of one's faith in God to take care of the problem at hand rather than what some may interpret as fatalism. I also learned that despite some of their fears and concerns, women are thirsty for knowledge and are open to participating in research. Finally, often the people we are trying to reach have the answers themselves; as researchers, we need only to ask them.

*"The future belongs to those who believe in the beauty of their dreams."*

—Eleanor Roosevelt

## The Remaining Years

### The 21st Century

Several years into the 21st century, I am still as excited about nursing as the day I graduated from nursing school in 1976. In my current role as a program director at the National Institute of Nursing Research, I get to interact with nurse researchers from all over the country who share a common interest in health promotion, oncology, health disparities, and research in general.

It is great to be on the inside to see how things really work and to be of assistance to so many dynamic and committed professionals. My passion for oncology nursing is still very much alive and well. I continue to seize and even create opportunities to promote breast cancer awareness and early detection. I continue to receive considerable recognition for my efforts, the work I love to do.

Boy, do I wish I had a crystal ball at times to see what the future holds for nursing,

and my next adventure in nursing. I can only imagine and wish that my remaining years in nursing would be filled with as much passion and excitement as the years to date. Each decade of my career has been filled with increasing responsibilities, challenges, and opportunities to work with some of the world's finest nurses and health-care professionals. My years as a nurse have been characterized by what I call the 4 Ps: passion (for the work I do), people (mentors who have helped me along the way), persistence (when the going got tough), and productivity (in scholarship and service). As I look back over my career, I can truly say that I have enjoyed the roles of clinician, consultant, academician, researcher, policy regulator, administrator, mentor, and mentee. I have been blessed to incorporate my interest in minority health, women's health, oncology, and public health throughout all phases of my career.

Let me pause right here for a moment in case there is a new graduate or a more seasoned nurse out there reading this and saying to themselves, "Surely it's not that great!" Well, nursing has been good to me. I must confess though, I too have encountered my share of setbacks, disappointments, frustrations, burnout, and difficulties balancing work and personal life. Somehow, I have managed to stay focused and surround myself with very positive people, colleagues, and mentors who have helped me to get back on track. Each challenging situation has enabled me to gain renewed strength for the next experience. It is important to note that I did not get to this point by myself. No way! Tennis champion Althea Gibson said it best: "No matter what accomplishments you achieve, somebody helped you." I have the Lord, many people, organizations, mentors, supervisors, patients, research subjects, students, colleagues, friends, and custodial workers to thank for supporting me along the way. The Oncology Nursing Society, in particular, has provided me with numerous opportunities to develop skill, interest, expertise, and visibility in oncology nursing. I am eternally grateful. I always have believed that belonging to and supporting one's professional organization is an invaluable resource for professional growth and development. Nursing 101!

In looking back, I can say that I have had the time of my life in nursing! I would have never imagined that nursing had so much to offer and that I would be able to seize and even create such opportunities for my professional development and personal satisfaction. I have never regretted my decision to pursue nursing as my career versus pursuing a career in teaching. Nursing is filled with

opportunities to teach and make a difference in so many ways. A wise person once said, “The reward for a job well done is the opportunity to do more.” I am excited about my remaining years in nursing and look forward to ways in which I can make a lasting contribution. I would like to conclude with what I feel are the top 10 most memorable events in my career to date. Somehow, I still believe the best is yet to come!

- Receiving favorable state board results after my first try (1976)
- Receiving my first major nursing recognition, Nurse of the Year Ambulatory Division, the University of Chicago Medical Center (1979)
- Receiving my doctoral degree (1993)\*
- Constructing my first coedited book, *Women’s Health Across the Lifespan: A Comprehensive Perspective* (1996)
- Receiving an American Cancer Society Professorship Award in Oncology Nursing (1996)\*
- Conducting my first international breast cancer study in Brazil (1996)\*
- Serving as a visiting professor at the

Chang Chung Hospital in Taipei, Taiwan (1997)\*

- Delivering the Mara Mogensen Flaherty Memorial Lecture to more than 4,000 oncology providers (1999)\*
- Being inducted into the American Academy of Nursing (2000)\*
- Serving as one of the seven nurses nationwide in the national campaign “Nurses for a Healthier Tomorrow” (2001)\*

\* Denotes oncology-related

*“To whom much is given, much is required.”*

—Luke 12:48

## Calling All Future Nurses

I certainly hope this message finds you doing well and seriously considering nursing as a career option. After 27 years in the profession, I am still excited about nursing but am anxious to find more caring, compassionate, and interested people who will serve as the next generation of nurses. From giving healthcare advice to caring for people

with life-threatening illnesses, you name it—nursing provides unlimited opportunities to touch the lives of many people. Now, mind you, the work is hard, sometimes very challenging, but the rewards are many. One reward is the diversity of things you can do as a nurse. Imagine if you love caring for children or older adults or even helping mothers in labor, then there’s a role for nurses. Perhaps you like the excitement of a fast-paced environment, then there’s the emergency room or critical care unit. What about your passion for teaching? There’s a role for nursing no matter what the setting—nurses teach. Many nurses teach in colleges and universities preparing the next generation of nurses. Some even work with legislators to improve the healthcare system. There is something for everyone depending on the level of preparation and interest. Oh, and don’t let nursing school scare you. Yes, it can be demanding and sometimes overwhelming, but at the end of the day, you will develop character and determination that will take you far in your career. Hope you make nursing your choice!