

Grief and Oncology Nursing

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Grief and Oncology Nursing

My earliest experiences of observing nursing in action occurred during my last two years of high school. My father was diagnosed with cancer during the spring of my junior year and died right before my senior year. During that short time I watched as the nurses cared for him and I could see compassion and empathy in the way they looked at him. It never occurred to me until after I had raised my children that I wanted to be able to help people in the same way those nurses helped my dad. But now when I tell people that I want to be an oncology nurse, people often respond by saying that they would never choose that type of [nursing](#). They say that they could not stand to watch their patients die so frequently. Their reactions, along with this course in death and dying, have made me question how I might be able to bear the challenges of nursing in an area where death of my patients may be common. I believe that oncology will be a positive specialty to work in because of the consistent advances in prevention, early detection, and treatment of [cancer](#). Furthermore, I believe that William Worden's four tasks of mourning as presented in our text book is a good framework for the oncology nurse to use in order to cope with the repeated losses inherent in this type of nursing (Leming and Dickinson, 2011).

The American Cancer Society publishes current advances made in cancer research on their website. Many of the exciting discoveries about how best to treat the disease focus

on the genetic aspects associated with certain types of cancer. In addition, treatments aimed at genetic solutions to cancer may be more effective and may cause fewer adverse side effects than traditional cancer treatments (American Can...

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... four tasks of mourning are good guidelines to help nurses in this specialty to continue to care for patients with empathy, yet not be overwhelmed with sorrow.

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