interview

on the frontline

Tracey is a specialist acute oncology nurse with experience in palliative care

What area of nursing or midwifery are you in?

I have been qualified now for 24 years and 23.5 of those years have been in the field of oncology and palliative care. Wow – it sounds a lot now I have counted it up! Mostly this has been in the hospital environment but I worked as a community palliative care nurse specialist for six years.

Why did you choose this specialty?

I had no idea what I wanted to do when I qualified as I didn't have any specific experience in cancer care as a student. I was actually looking after a nurse who worked in a well-renowned cancer hospital (during my first ever set of nights as a student nurse) and on talking to her she suggested I think about oncology nursing as she thought I would be good at it! I moved into this field pretty quickly post-qualifying and the rest is history, as they say.

What motivates you in your job?

Making a positive difference to someone who is probably at one of the worst times in their life. A kind word or gesture makes such an

impact on patients and their families. Sounds a bit clichéd but being 'a light' in someone's darkness is such a privilege. Even though I no longer work in community palliative care, I have chosen specialist areas in oncology caring for those patients who have incurable cancers with a short prognosis attached (lung and pancreatic most recently). The importance of knowing when to say something to a patient and when to be a silent, supportive presence cannot be underestimated.

What does a typical day look like?

Every day starts with a quiet personal prayer on the way to work that I would do no harm but be a 'light' in someone's darkness. My current role is in acute oncology and this means that no day is the same. It's a bit like working in an A&E with just cancer patients attending. I assess and manage cancer patients undergoing treatment (and often those who are no longer able to manage treatment) in person on the unit or via telephone triage (liaising with community teams and GPs). I love learning and still learn new things every day; there are lots of unique side-effects of cancer treatments, especially with the more novel immune therapies that keep me on my toes!

What are the particular challenges about your job?

Lots of people say to me that working with cancer and death on a daily basis 'must be a hard job'. It can be sad and sometimes impacts on my home life. I have a very understanding husband though and a good hug can work wonders! It can be particularly hard when someone's death is more traumatic and doesn't go as you or they would want it to – in those times all you can do is hang in there and know that God is in control. He is the God of all comfort who never leaves nor forsakes us.

What are the particular blessings of your job?

It is such a privilege being 'with' and caring for patients and families who are affected by cancer. Knowing that you made a difference to them in a particularly bad time can make your job awesomely satisfying – when by God's grace you made a positive difference to a patient and their family.

Another blessing is seeing patients come in incredibly sick but smiling and feeling a little better by the end of the shift.

How did you find the transition from student to qualified nursing?

A bit stressful to be honest as I was in charge pretty quickly on my first ever job. Keeping your head, holding on to what you have learnt and staying safe is paramount!

Any advice for student nurses and midwives reading this?

Yes, lots! However this is probably the most important lesson I have learnt: I am a person as well as a nurse. I remember my mum saying to me when I was about to start my training that 'I was too soft to be a nurse' as I cry (a lot)! I seem to have a rather overactive empathy chip in my brain as well as overactive tear glands! It's just me and being emotional is part of who I am. When I did the 'care of the dying course' 23 years ago, crying with patients or their families was severely frowned upon and seen as an incredible 'weakness';
I remember a tutor reprimanding me when I confessed to her that I was fearful of being emotional when I saw someone who was sad. She asked me 'who are you crying for – the patient or yourself?' This worried me and to this day, I never forgot what she said to me. It challenged me and I thought I needed to change who I was to be a cancer nurse.

I felt I needed to find a way of holding back and not showing patients or their families that I cared about them or what they were going through. Now I am not saying it is appropriate for the nurse to be the one needing the comfort of a dying patient's family by any means (because if you are completely falling apart this is not at all appropriate).

Yet, when someone dies or something incredibly sad happens, having a nurse with you who can be vulnerable and empathetic is one of the most comforting and special moments. I have always treasured this memory when my nurse cried with me when I suffered a significant loss and I think that attitudes to crying and showing empathy need to change. Showing compassion is not a fault, it should be part of who we are.

What can we pray for you?

For daily strength to keep positive in today's NHS. For daily energy and that I remember Jesus is with me in all I do, think and say.