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Oncology Nurse Leadership and the Challenges in the Cancer Specialty

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# Oncology Nurse Leadership and the Challenges in the Cancer Specialty

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Nursing was not a childhood dream of mine. Following a disillusioning stint in sales, I returned to school to pursue nursing. While in sales, I found myself asking for favors, but never felt that I could reciprocate anything of value. My interest in nursing was rooted in the desire to help people during vulnerable times of illness, where I could offer them care and guidance to help them improve. After graduation, I was offered a job in oncology at an outpatient infusion center, which was not the conventional path for most new graduate nurses, but a role that I eagerly embraced.

After a short time, I fell in love with the specialty of oncology. Oncology patients are on a long journey fighting for their lives, and it is oncology nurses who watch their fight every day and up close. In the outpatient setting, oncology nurses cultivate profound relationships with our patients, getting to know them very well, as most of them come in for weeks, months or even years of treatment. I witnessed many patients win their fight against cancer, adding meaningful years to their lives, but other patients are less fortunate. It was heart-breaking to see some of these fighters lose their battle with cancer. They aren't just patients – they become friends, and we fight alongside, offering support when they can't seem to do it on their own.

## Stepping into leadership-

After several years in the infusion center and experience in case management, I felt the need for a change. I had attained expertise in oncology, including oncology nursing

certification, leadership roles as charge nurse, and the privilege of precepting other nurses. I recognized my natural inclination toward leadership. I strive to keep things moving forward, constantly working to find solutions to problems, so when a supervisor position became available in the infusion center, I jumped at the opportunity to further my professional development. Some are hesitant to step into a leadership role, concerned about the headaches and difficulties that come with it. I have been asked, "Why would you want that responsibility?" The answer is very similar to why I became a nurse in the first place: I wanted to extend this same care and guidance to my staff that I had provided to my patients. My focus shifted from the chairside of sick patients, to the needs of my department staff – thus allowing them provide the best possible care of our vulnerable patients, while I in turn, cared for my team.

Beginning my pathway as a nursing supervisor, I felt like a novice again. I



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fumbled through challenging conversations with staff and became nervous when addressing patient complaints. And of course, staffing challenges – as a leader you must equitably distribute resources. I felt such a pang of guilt when I needed to ask my nurses and other team members to work short-staffed, but as I went along and continued to have these conversations, I found that the more genuine and empathetic I could be, the easier these conversations and requests became. As a leader, I realized my ability to effect meaningful change, by being open to good ideas brought forth by dedicated and passionate nurses. Working in leadership allowed me to



Encinitas Infusion Center Staff

partner with my staff, saying yes to shared ideas that implemented meaningful change. I had the ability to make people feel valued for the tremendous work they were doing. The satisfaction from taking care of my staff equaled, if not surpassed, the fulfillment I found caring for oncology patients.

### **Moving from supervisor to manager-**

After four years as a nursing supervisor under a nurse manager, an opportunity to step into a lead managerial role opened. Again, I dove into the opportunity. When asked why I sought a role with even more responsibility, my answer was the same: I had the heart for this job. I wanted to take on the responsibility and challenges, so that all staff could continue to do their work and feel cared for by a leader who had the ability to guide them. Taking on the role of managing an entire department came with overwhelming moments, but with each situation of the day that challenged me, I would tackle it – realizing by the end of the day how much amazing work we were doing collectively as a group.

### **Cancer nurse becomes a cancer patient-**

Two months after my promotion into a manager position, I was given some unfortunate news. I was diagnosed with myxoinflammatory fibroblastic sarcoma, an incredibly rare type of cancer, involving the connective tissues in my knee. As oncology nurses, we often joke about how with every

symptom we experience, “it must be cancer.” Initially, I brushed off the lump, attributing it to my history of knee injuries as a runner, the thought of cancer never crossed my mind.

When I received the diagnosis, I was stunned. I began to remember the faces of the sarcoma patients that I had taken care of over the years – some sad stories and some good stories. In true oncology nurse fashion, I began to prepare myself for the worst and hope for the best; but I was not just the nurse – I was also the patient.

Patients had often told me of the terrible anxiety they felt while waiting on test results, the pain of telling their families, and the mental fog experienced during their first few weeks. I would nod my head sympathetically, but now, I gained profound empathy and understood what those patients shared with me. After my diagnosis, the work-up and appointments, I was walking in the shoes of my cancer patients, while simultaneously running a cancer center. The silver lining that kept me going every day was when I felt out of control of my own diagnosis and journey, ironically, I could at least affect change for other patients in the very same position. I had my first surgery, followed by 5 weeks of radiation, then another more extensive surgery. I soon found myself with very competing priorities: I had a responsibility to my staff and every patient they cared for, but now I also had to take of myself as the cancer patient. It is not a balance I was prepared to manage mentally and physically.

Throughout this challenging period, I gained valuable insights and growth. I learned several things during this time period. Firstly, if you care for your staff, they will care for you. Many staff stepped up to shoulder responsibilities when my bandwidth was limited. I felt love and care from staff who truly understood what I was going through. I also discovered my own strength – cancer notwithstanding. I continued to work and manage staff– I didn’t want them to feel like I was giving up. Ultimately, I found my resilience in wanting to fight for all of us. Finally, I realized the importance of self-care. Nurses often prioritize others over themselves, giving advice that they may not apply to their own lives. I had to learn to rest, accept help when offered, and check-in on how I was doing. It was a humbling experience, but one that I wouldn’t take back.

Fortunately, I am now cancer free, thanks to a dynamic oncology team. I still carry scars from surgery and radiation, and I will continue to feel the anxiety that all cancer patients feel with cancer surveillance testing and screening. I hope this personal experience makes me a better cancer nurse and leader. I had always felt a sense of urgency to do the best job I could for every patient in our center. Newly into cancer survivorship, I am beyond grateful for the opportunity to continue to do my work with a newfound source of resilience and honored to be in partnership with an incredible team, walking hand in hand with each patient and their cancer journey.