

Bearing witness in oncology nursing is a critical practice for supporting patients with cancer, and yet it is an understudied phenomenon most described at the end of life. A literature review was performed to better understand the importance of bearing witness across the cancer care trajectory and to elucidate how the practicing oncology nurse can operationalize this skill in the clinical setting. Studies suggest that oncology nurses who successfully bear witness in their practice not only assist patients and families in meaning-finding, but also sustain themselves for the difficult work of oncology through the deeply gratifying gift they receive from the experience.

AT A GLANCE

- Suffering exists along the cancer continuum; therefore, nurses can bear witness throughout the cancer trajectory, not just at the end of life.
- Bearing witness is a powerful practice that can strengthen the therapeutic relationship of the nurse and the patient and their family, which benefits all involved.
- Bearing witness is sometimes all that nurses have to offer to patients and families and is an essential skill for oncology nurses across all practice settings.

KEYWORDS

bearing witness; suffering; oncology nurses; presence; meaning-finding

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Bearing Witness in Oncology Nursing

Sharing in suffering across the cancer care trajectory

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Of all the roles oncology nurses perform, bearing witness may have the most profound effect on patients and families, as well as on nurses themselves. Bearing witness is the intentional practice of being with patients and families, with the purpose of taking in their lived experience in a therapeutic way (Naef, 2006). Bearing witness involves attesting to the authenticity of the patient's experience by being fully present and listening to their story—the said and the unsaid—and being able to reflect this narrative back to them in a way that promotes healing and meaning-finding in their circumstances (see Figure 1). This practice is not only a privilege, but also a moral obligation for nurses (Djkowich et al., 2019; Naef, 2006). Bearing witness has been most described in the literature at the end of life, but bearing witness is an essential role of the oncology nurse throughout the continuum of cancer care. Bearing witness from diagnosis through survivorship, as well as at the end of life, is a means for the nurse to connect deeply and meaningfully with patients and families under their care.

Background

Bearing witness first appeared in the nursing literature when Atkinson (1990) explored the concept as a way to improve care for patients with HIV/AIDS who had

been labeled “difficult.” The phrase “bearing witness” is used in the Bible to indicate the act of sharing with others something important one has seen (BibleProject, n.d.). Bearing witness also became a way to describe the obligation to remember the atrocities committed during the Holocaust: “For the survivor who chooses to testify, it is clear: his duty is to bear witness for the dead and for the living” (Weisel, 2008, p. 13). The evolution of this phrase through the ages from bearing indicating telling or testifying to bearing indicating holding up or enduring was seen with the AIDS crisis of the 1980s. Although incurable illness was not new to health care, this illness felt different because it primarily affected young adults from marginalized populations and was laden with stigma. Given the lack of effective treatment for HIV, the healthcare community learned to bear witness to sickness and dying, helping patients and their families with suffering, closure, and legacy (Selwyn & Arnold, 1998).

Discussion

There are multiple points of potential suffering throughout the cancer experience that call for bearing witness—from the shock of diagnosis, through the demands of treatment, and then navigating the unknowns of survivorship. An estimated 30%–35% of patients and 25% of family caregivers have psychosocial