



## PRESIDENT'S CORNER – FALL 2016

### Leadership

I had the privilege to once again attend the yearly ONS National Leadership Weekend in Pittsburgh, PA. July 29-31, 2016. It is so interesting to have the National Organization coordinate and present current information about all the chapters and the initiatives ONS is involved in to further oncology nursing.

Seminars I attended included Membership building, retaining and recruiting; Communication and social media strategies (they promised the ONS web site is getting more user friendly), and the Moonshot Initiative. I will bring some of the information to the chapter for consideration.

As our chapter continues to change, due to some valued members leaving, it is my hope that everyone will feel free to contact me or the Board with any new ideas, or please volunteer to help, and please talk to everyone about joining the chapter

I have received new ideas for the service project and engaging nursing students. Betty Tiger is attending a Legislative Workshop in Washington DC. and can hopefully give information on the Moonshot Project.

Looking forward to a good Fall season.

Sincerely,

Donna Osburn MSN, RN, OCN

## UPCOMING EVENTS



### Stress levels of nurses in Oncology Outpatient Units

Woonhwa Ko, MS, RN & Norma Kiser-Larson,  
PhD, RN

**Background:** Oncology nursing is often a source of substantial stress for nurses. Many nurses, particularly novice nurses, have inadequate preparation to care for patients at the end of life and their families. Unless nurses prevent or manage work-related stress by using effective coping strategies, oncology nursing staff will continue to suffer from burnout and compassion fatigue.

**Objectives:** The purpose of this article is to identify stress levels and stressful factors of nurses working in oncology outpatient units and to explore coping behaviors for work-related stress of oncology staff nurses in outpatient units.

**Methods:** A descriptive, cross-sectional design was used to identify stress levels and stressful factors for outpatient oncology nurses, investigate differences in stress levels among nurses' demographic characteristics, and explore coping behaviors of the nurses. Study participants (N = 40) included RNs and licensed practical nurses who completed the Nursing Stress Scale, three open-ended questions, and a demographic questionnaire.

**Findings:** The highest sources of stress were workload and patient death and dying.

Demographic variables of age and work experience in nursing showed a significant positive relationship to work-related stress scores. The three most frequently used coping behaviors were verbalizing, exercising or relaxing, and taking time for self.

Continuing education programs on stress management are highly recommended. Outpatient oncology nurses should be nurtured and supported through tailored interventions at multiple levels to help them find effective coping strategies and develop self-care competencies. Although younger and less experienced nurses had lower mean stress scores than older and more experienced nurses, the continuing education programs and tailored interventions would be helpful for all oncology nursing staff.

Conclusion to the article state that nurses frequently face various stressful situation in the work pace that can lead to Physical mental and psychological health problems. Nurses have to be able to care for themselves by reducing and preventing stress levels at work in order to have an ideal health condition. The article has suggestion for developing interventions to help nurses decrease stress levels.

**Implications for practice:** Develop interventions (e.g., support groups, counseling resources, stress management classes, exercise groups, facilitation of verbalization of feelings and expression of grief) to decrease stress levels for oncology nurses. Establish more supportive work environments by developing interventions including increasing the number of staff members, providing more breaks, and offering additional unit supervisor support. Customize interventions for specific groups (e.g., staff recognition, art, music, and pet therapy; on-site counselors; normalization of experiences; positive reappraisal).

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## Peripheral Neuropathy Fact Sheet

**Defining peripheral neuropathy:** Is considered to be either damage to nerves or disease affecting the nerves in the body leading to impaired sensation and/or movement of the affected area. Peripheral neuropathy may be acute (rapid onset, may be progressive, and slow to resolve) or chronic (slow to begin and often slow to resolve).

**Causes of peripheral neuropathy:** There are several causes of peripheral neuropathy, such as diabetes; vitamin deficiency; certain medications, several chemotherapy drugs; traumatic injury; alcoholism; radiation therapy, viral infection, genetic causes; causes that are unknown.

**Symptoms of peripheral neuropathy:** Signs and symptoms can vary from person to person, depending on type and location. The most common initial complaint is numbness, tingling, and pain in feet or hands. Depending on the severity of the neuropathy, impaired balance and coordination can occur. Additionally, muscle twitching, cramps, and itching have been reported.

### Diagnosing peripheral neuropathy

Diagnosis of peripheral neuropathy is typically made with a complaint of burning and tingling by an individual. Specific tests may be performed, such as an electromyogram or laboratory tests, dependent upon the degree of symptom severity.

### Treatment of peripheral neuropathy

Treatment for peripheral neuropathy is based upon the cause and can vary from person to person. When for peripheral neuropathy is due to chemotherapy.

Medications that can help relieve symptoms include: antidepressants and anticonvulsants. Also, opioids and cannabinoids have been found effective for more severe cases. In addition to medications, transcutaneous electrical nerve stimulation (TENS), acupuncture, alpha-lipoic acid, and physical therapy have been suggested.



## Stress Levels Of Nurses In Oncology Outpatient Units

Leslie Hodgson RN, MSCRN, West Wing Two



I feel all nurses can relate to this article, not just oncology nurses. Our job can be extremely stressful and demanding. It can also be both physically and emotionally draining. We as nurses need to take care of ourselves to prevent compassion burnout, or burnout in general. I think the article makes some good points and suggestions on how to keep ourselves healthy. Too much stress can cause havoc on the body. Even though the article is about oncology nurses in the outpatient setting, it is very relatable.



## EDITOR'S NOTE

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The level of stress level that oncology nurses face is growing at least more than two thirds of nurses have experienced some form of stress. Given this data, work related stress needs to be managed by preventing nurses from becoming highly stressed and to assist them in transitioning to a no stress or low stress zone. Health care institution should provide and consider more support in work environment that leads to stress and to provide interventions in assisting nurses in minimizing stress.

Joy Hepkins RN BSN OCN

### Editor

The suggestion and link to this article was submitted by Rick Terkowski from the University Of Pennsylvania Chester County Hospital, thank you Rick!

Thank You!!!

Joy Hepkins RN OCN  
Oncology Nurse Navigator/Coordinator  
Mercy Fitzgerald Hospital  
Lansdowne Avenue, Darby  
610-237-2648 Office

Please continue to send articles for the Newsletter. If you have anything to post or articles, please send it to:

[woodpilenenewsletter@gmail.com](mailto:woodpilenenewsletter@gmail.com)



**Newsletter Designed by: Quiana Braxton**

**Graphics & Much More For Less !**

**267-886-5869**

**Email: [decorbydivas@gmail.com](mailto:decorbydivas@gmail.com)**