Perceived Benefits and Challenges of an Oncology Nurse Support Group

Elaine Wittenberg-Lyles, PhD, Joy Goldsmith, PhD, and Jenna Reno, MA

This study explores the perceived benefits and barriers of participating in a monthly oncology nurse support group. Ten oncology nurses participated in an average of seven support group meetings over a one-year period. Interviews were conducted, transcribed, analyzed, and thematized using qualitative descriptive methods. Clear benefits for oncology nurses are indicated; participants described a reduction in end-of-life care stress, an increase in self-care, and improved patient and team care. Barriers include scheduling and compensation, as well as group leadership labors. This study provides further confirmation that oncology nurses receive multiple benefits from the support group structure. Peer support groups for oncology nurses seem a promising and economical communication intervention for mitigating burnout, professional dissatisfaction, patient care distress, and interprofessional communication deficits.

Elaine Wittenberg-Lyles, PhD, is an associate professor at the Markey Cancer Center and in the Department of Communication at the University of Kentucky in Lexington, Joy Goldsmith, PhD, is an assistant professor in the Department of Communication at the University of Memphis in Tennessee, and Jenna Reno, MA, is an instructor and doctoral student in the College of Communication at the University of Kentucky. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Goldsmith can be reached at joy.goldsmith@memphis.edu, with copy to editor at CJONEditor@ons.org. (Submitted August 2013. Revision submitted September 2013. Accepted for publication September 15, 2013.)

Key words: oncology; nurse; support group; self-care; workplace stress

Digital Object Identifier: 10.1188/14.CJON.E71-E76

The global nursing shortage is made worse by estimates that cancer rates are expected to increase 50% by 2020 (Toh, Ang, & Devi, 2012). Suboptimal staff support and difficulty retaining experienced RNs (Buerhaus, 2009) leave oncology nurses working more overtime hours and double shifts (Toh et al., 2012). As organizations are restructured to meet care demands, the results include increased stress, job insecurity, lowered job satisfaction, and higher attrition (Brown, Zijlstra, & Lyons, 2006). Future healthcare reform projects that an increasing amount of oncology care will be provided by nurses in the home, which presents implications for a growing need for peer support (Smith et al., 2012). Among RNs new to the field, many report a desire to leave their job after one year (Kovner, Brewer, Greene, & Fairchild, 2009). As oncology nurses continue to absorb high workplace demands and patient care needs, interventions that improve self-care and retention rates should be established (Medland, Howard-Ruben, & Whitaker, 2004). As presented in the nursing literature over time, ongoing peer support structures for nurses increase retention and work satisfaction across nursing contexts (Guillory & Riggin, 1991; Gunusen & Ustun, 2010; Messmer, Brage, & Williams, 2011). This study examines the benefits and barriers of a monthly oncology nurse support group.

Background

Stress, anxiety, and coping are among the most prevalent workplace issues for oncology nurses (Cohen, Ferrell, Vrabel, Visovsky, & Schaefer, 2010). Occupational factors (i.e., job strain and limited control), high work demands, inadequate staffing, and a lack of resources are primary burnout factors (McSteen, 2010; Sherman, Edwards, Simonton, & Mehta, 2006).

Causes of compassion fatigue include the lack of support, time, and resources to provide high-quality care to patients (Perry, Toffner, Merrick, & Dalton, 2011). Much of the suffering nurses endure is caused by witnessing the pain of others, but also by witnessing or delivering medically futile care (Ferrell &