Stress Among New Oncology Nurses

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New oncology nurses face multiple stressors related to the predicted nursing shortage, demanding work responsibilities, and growing complexity of cancer care. The confluence of these stressors often causes new nurses to leave their profession. The loss of new nurses leads to staffing, economic, and safety concerns, which have a significant impact on the quality of oncology nursing care.

At a Glance
- Oncology nurses are valuable resources in the healthcare system.
- A promising source of support identified by new oncology nurses is the use of a nurse educator coach to guide them on how to integrate self-care strategies into daily practice.
- The findings from the current study can be used to develop innovative interventions to achieve optimal job satisfaction, retention rates, and professional experience for new oncology nurses.

Oncology nursing has been described as one of the most stressful specialty areas (Lederberg, 1989). Several studies have demonstrated that providing care for patients with cancer is a stressful occupation for nurses (Campos de Carvalho, Muller, Bachion de Carvalho, & de Souza Melo, 2005; Isikhan, Comez, & Danis, 2004). Work-related stress has a significant impact on the oncology nursing workforce. The oncology field is a complex environment in which to work because it requires nurses who are educated, skilled, and clinically competent to care for patients with cancer. Nurses also support their families through the treatment process and, perhaps, dying and death as well (Kravits, McAllister-Black, Grant, & Kirk, 2010). The factors, levels, response to, and consequences of stress on the professional and personal well-being of the oncology nurse has been the focus of a growing body of research. Factors causing stress in oncology nurses are associated with the growing shortage of nurses, characteristics of the work environment, and conflicting feelings of working with patients (Engel, 2004; McVicar, 2003). The purpose of this article is to examine the experience, sources of stress, and preferences for self-management or educational programs reported by new oncology nurses when transitioning into the oncology work environment.

Methods

This study used the survey research method. The protocol was approved by the Human Subjects Review committee at Daemen College in Amherst, NY. Data were collected during the spring of 2013. Participants were recruited from a large cancer center in New York state, which gave approval prior to the recruitment of participants, and used a convenience sample of 42 oncology nurses who were aged 18 years or older, able to read and write English, assigned to direct patient care, willing to complete the survey, and had less than three years’ experience in the oncology field. The participants used SurveyMonkey® to respond and were assured of confidentiality.

A questionnaire packet and a standardized interview guide were used for this study. The packet consisted of a five-part questionnaire that contained (a) demographic questions, (b) the Nurse Stress Scale (NSS) (Gray-Toft & Anderson, 1981), (c) an instrument measuring coping strategies used by nurses (US1), (d) questions asking about the types of coping strategies that nurse educators could use to help teach nurses how to cope with stress, and (e) open-ended questions that were used to understand new oncology nurses’ perception of stress and suggest possible coping strategies for stressful situations.

Findings

The first part was the respondents’ background characteristics, which showed that 42 nurses completed the survey, 39 were female, and 32 ranged in age from 21–36 years. Regarding work experience, 20 of the nurses reported working one year or less. Twenty-three