"Being Nice" Requires Education and Enforcement

I read with interest Rose Mary Carroll-Johnson's (2008) editorial "Be Nice!" It made me think about our current practice environment and how it has evolved over the years. Although handling interpersonal conflict and working with disgruntled and at times intimidating colleagues have been our reality, the fact that the Joint Commission has authored a dictum on the management of workplace hostility offers testimony to the pervasiveness of this phenomenon. Has this always been a prominent issue and it's just been closeted to date?

Of note is that the Magnet Recognition Program® for exemplary nursing practice (American Nurses Credentialing Center, n.d.) has one of its historic sources of evidence the requirement to validate the presence of a "zero tolerance" policy for workplace aggression toward nursing staff (American Nurses Credentialing Center, 2005). The requirement has been in place since the program's inception in the early 1990s. Perhaps then, this entity has been present for many years but just fell below the radar. Being fortunate enough to have worked in several Magnet facilities has perhaps diminished my awareness of this problem because of the lack of acceptance of negative behaviors (especially from physicians) within those facilities.

However, I have continued to question the phenomenon—aggression and violence in cancer care? Sounds like an oxymoron. I was similarly struck by the questionable concept of elder abuse in cancer care when asked to address that phenomenon in a talk about older adults. I was unable to comprehend it nor come up with an example of such, but an audience participant subsequently told a story of an adult daughter withholding narcotics from an older family member as a poignant (and perhaps not so far-fetched) example of that geriatric syndrome.

I have come to realize I am too stuck on nostalgia, remembering the good old days. The fact that both the *Oncology Nursing Forum* and the *Clinical Journal of Oncology Nursing* have recently published articles addressing violence (Owen-Smith et al., 2008; Sheridan-Leos, 2008) offers testimony to the relevance of this topic in our specialty. The times, they aren't a-changin. They already have changed. But maybe our problem is that we haven't kept up with the change. We need to offer our nurses classes in communication and conflict resolution, not just as they relate to helping our patients and families deal with cancer, but to deal with collegial stress inherent in our chaotic work cultures. These classes would augment skill in mastering other evolving issues of prominence within nurses' work. Ethical quandaries and advocacy for the underserved are related areas that require competent nurses in communication and conflict skill sets. "Being nice" then also necessitates being vocal in standing up for ourselves and being articulate on behalf of our patients.

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Editor's Note

I received a number of letters of support for the opinions I expressed in my July 2008 editorial, "Shtick or Inspiration?" (volume 35, issue 4), about the types of keynote speakers the Oncology Nursing Society (ONS) chooses for its national meetings. Many others expressed similar opinions to me in person. I heard from former ONS leaders, longtime ONS members, an ONS staff member, and other colleagues both familiar and new to me. Others replied and used the opportunity to expand on other concerns. These letters are representative of the sentiments expressed. I received no letters expressing opposing opinions.

Congress Opening Session Should Feature Clinical Speaker

THANK YOU SO MUCH for putting into elegant words an issue that I have complained about for years and that I always put on my Congress evaluation. Your editorial "Shtick or Inspiration?" expressed my thoughts perfectly. Oncology nurses want to be considered "professional," and yet, year after year, we open our Congress with a "feel-good," nonintellectual, nonscientific, inappropriate, not clinically useful speaker. I have suggested that one of the award winners, such as the research award winner, present his or her study. Your suggestions were right on target. It's time for ONS to grow and use this valuable time with a captive audience to present topics of scientific, clinical, and professional importance.

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An Area for Improvement

Just wanted to tell you that I really enjoyed your editorial in the July 2008

issue. I was unable to attend Congress, but I always look forward to kicking off Congress with a great inspirational speaker. It sounds like that didn't happen. I also concur with you that this is a very challenging time in health care, and it sounds like we missed a great opportunity to discuss and confront the challenges we face. ONS does an outstanding job with just about everything, but it's nice to hear (read) that it recognizes areas for improvement and opportunity as pointed out in your editorial. Thank you for your insight. It is exactly that vision that will keep us on track with the mission of ONS.

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Bring Back the Thrill of Opening Ceremony

I want to thank you for your editorial in the July 2008 issue. You have articulated what I have written in my evaluations for the past several years about opening ceremonies. That year was particularly annoying. There was no reason to reference war (!), fighting, wing "man," or cockpit—a bit more testosterone than I could bear. I was insulted and embarrassed that my brand-new oncology nursing students who attended Congress for the first time were not able to get the thrill of opening ceremonies that they've heard me discuss. I am tired of being required to write the evaluations and have little if any response from the meeting planners. I am a "seasoned" ONS member, actually a charter member, and now that we've at least stopped having pharmaceutical advertising at opening ceremonies, we have to endure these speakers who are boring, long-winded, and don't have a clue as to what we're about.

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Congress Speaker Highlighted Issue of Futile Care

I did not attend the Philadelphia Congress, but what you stated about keynote addresses rang true for me attending the Las Vegas Congress, where I listened to Joe Caruso shtick about himself as a younger person with testicular cancer and how he was encouraged to keep seeking treatment despite severe odds against him. I found a recent article on futile care—when a patient insists on chemotherapy that likely won't help—enlightening (Khatcheressian, Harrington, & Smith, 2008). I had a bad sense that some of Mr. Caruso's sell was about pushing chemotherapies on patients that must have surely questioned whether they were of any benefit with nurses who did not seem to know how to address this issue well. This I found discouraging as a hospice and palliative care nurse.

The article on futile care (Khatcheressian et al., 2008) discussed the difficulty in defining when chemotherapy should stop, also how one-third of all hospice patients are admitted with one week or less to live. I continue to see large gaps for patients receiving chemotherapy and going to hospice, as reimbursement and caregivers are much different. Keynote speakers, as all oncology nurses, should offer hope but be honest about how reality gaps need to be addressed by nurses. The bridging of the gaps in health care shouldn't be placing nurses in roles of selling snake oil in the bright stage lights. There is a place for chemotherapy and there should be a place for nurses to feel like they can make a difference in changing the healthcare arena for the better, bridging the reimbursement, therapeutic understanding, and personnel gaps. I look forward to going to San Antonio, Texas, to hear about the changes we can make with the new people in government and ONS. I like to think that in Texas people can think big. I hope to see carrots, not shticks.

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Policy Regarding Letters to the Editor

Selection of letters to be published in Letters to the Editor is the decision of the editor. For acceptance, letters must be signed. A letter can appear anonymously if requested by the author. All letters are subject to editing.

A letter that questions, criticizes, or responds to a previously published *Oncology Nursing Forum* article automatically will be sent to the author of that article for a reply. This type of collegial exchange is encouraged. Letters that question, criticize, or respond to an Oncology Nursing Society (ONS) policy, product, or activity will appear in *ONS Connect* and automatically will be sent to the ONS Board of Directors for a reply. Send letters to ONFEditor@ons.org.

Reference

Khatcheressian, J., Harrington, S.B., Lyckholm, L.J., & Smith, T.J. (2008). Futile care: What to do when your patient insists on chemotherapy that likely won't help. *Oncology, 22*(8), 881–888.

Oncology Nurse Sees Profession Through the Eyes of a Patient

I look forward to your insightful editorial with each issue of the *Forum*. The July 2008 editorial impressed me enough to respond. I have not attended Congress since 1993 so I cannot comment on the content of the keynote address(es). However, I agree with your assessment of the issues that ONS should be addressing and find great similarity with the two candidates in the 2008 presidential election, who refused to tackle the real problems facing this country. In the past two years, I have undergone treatment for breast cancer. Although I found that great strides have been made in treatment since 1993, I was saddened by the level of nursing care I received. In addition, my husband had three surgeries this past year. I believe that if I had not been by his side to question what was going on, complications would have occurred both in and out of the hospital. Again, I believe this was related to the nursing shortage and use of per diem staffing, many of whom were not RNs. Pain education was nonexistent. I could not believe that the research done by my oncology nursing colleagues had not filtered down to our local hospital. They did, however, use the pain scale Chris Miaskowski taught me in 1978!

I feel very sad for a profession that I love so well. I do not see evidence of our moving forward in this current environment. Good luck in finding a speaker to address what is really happening to us.

Beverly Zager (née Nielsen)

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