

# Distress and Coping Self-Efficacy in Inpatient Oncology Nurses

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**Purpose/Objectives:** To examine distress and coping self-efficacy in inpatient oncology nurses.

**Design:** Cross-sectional survey design.

**Setting:** Oncology Nursing Society (ONS) chapter meetings and Hunter-Bellevue School of Nursing, both in New York, New York, as well as social media.

**Sample:** 163 oncology nurses who work with an inpatient adult population.

**Methods:** Participants were recruited through the ONS New York, New York, area chapter meetings, Hunter College, and ONS Facebook pages. An adapted Nurse Distress Thermometer (NDT) measured distress levels. The Occupational Coping Self-Efficacy Questionnaire for Nurses (OCSE-N) used a Likert-type scale to measure coping self-efficacy. Open-ended questions elicited additional perceptions of nurse respondents.

**Main Research Variables:** Descriptive statistics summarized sample demographics. A Pearson correlation between distress levels and coping self-efficacy scores was calculated. Low, normal, and high coping scores were compared to mean distress levels.

**Findings:** Survey participants showed high levels of distress, with a mean NDT score of 8.06. Those with higher coping self-efficacy scores reported less distress. A moderate, negative correlation was shown, with a statistically significant Pearson coefficient of  $-0.371$ . Responses to the open-ended questions revealed common stressors and pointed to solutions that institutions might implement to support nurses.

**Conclusions:** Because coping self-efficacy related to lower distress levels in inpatient oncology nurses, institutional-level support for oncology nurses should be provided.

**Implications for Nursing:** Interventions aimed at coping self-efficacy may prepare oncology nurses to cope better with their professional demands. Future research should explore how nurse distress affects patients.

Oncology nurses regularly experience a variety of closely related types of distress, such as compassion fatigue, burnout, occupational stress, and moral distress. Oncology nurses are at particular risk for all of these overlapping phenomena (Davis, Lind, & Sorensen, 2013; Potter et al., 2010; Toh, Ang, & Devi, 2012; Traeger et al., 2013) because they are often the ones who must carry out what they consider to be medically futile treatments that may cause pain in a dying patient (Davis et al., 2013; Lazzarin, Biondi, & Di Mauro, 2012; Pavlish, Brown-Saltzman, Jakel, & Fine, 2014; Sirilla, 2014). Those who work in inpatient oncology are at increased risk for psychological distress because they often develop close relationships with patients whose treatments fail and who eventually die under their care (Moya del Pino, 2012).