

“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 closed 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.

References

- American Nurses Credentialing Center. (2005). Force 4: Personnel policies and programs, source of evidence #2. In *Magnet Recognition Program® application manual* (p. 43). Silver Spring, MD: Author.
- American Nurses Credentialing Center. (n.d.). Magnet Recognition Program®. Retrieved January 21, 2009, from <http://www.nursecredentialing.org/Magnet>
- Carroll-Johnson, R.M. (2008). Be nice! [Editorial]. *Oncology Nursing Forum*, 35(5), 739.
- Owen-Smith, A., Hathaway, J., Roche, M., Gioiella, M.E., Whall-Strajwas, D., & Silverman, J. (2008). Screening for domestic violence in an oncology clinic: Barriers and potential solutions. *Oncology Nursing Forum*, 35(4), 625–633.
- Sheridan-Leos, N. (2008). Understanding lateral violence in nursing. *Clinical Journal of Oncology Nursing*, 12(3), 399–403.

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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