

LETTERS TO THE EDITOR

A Profession Requires Education

I just read the editorial from the January 2004 issue of the *Oncology Nursing Forum*, "Politics, Religion, and Nursing Education" (Vol. 30, p. 11), and I totally agree with everything the editor wrote. I have just completed my master of science in nursing as an advanced nurse practitioner and started out with an associate's degree. It took me about 13 years to complete it all, and, now that I have, I see the importance of education. Yes, we can be churned out in lesser programs to perform "tasks," but do we really fully understand all of the implications of being a professional? I didn't until I had more education. Yes, I could insert a catheter and start an IV, but I did not know the first thing about research and the rationales behind my actions. I really believe that if nurses want to be a "profession" like physicians, etc., we need to have similar requirements. Maybe then we will be recognized.

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Education Gains Nurses Respect

This letter is in response to the editorial "Politics, Religion, and Nursing Education." The editor made some valuable points regarding the need for nurses to demand higher standards among our colleagues. The editorial stated that we must demand more of ourselves to ensure a brighter future. After reading the editorial, I began wondering about realistic actions that nurses may take to demand more respect from healthcare colleagues and patients. I believe that education is the key to gaining respect. Although obstacles to obtaining higher education exist, nurses may take simple avenues to enhance their knowledge base and thus credibility in the workplace and society.

A fundamental problem today with the nursing profession is the wide spectrum of educational backgrounds among us. I can respect the situation, however, of many nurses who are not in a financial position to formally continue their education. Nurses today do not have financial incentives to obtain higher degrees. It is a simple illustration of supply-and-demand economics. The current U.S. nursing shortage crisis has afforded many hardworking nurses the opportunity to make handsome incomes by working overtime. When nurses contemplate an advanced degree and "do the numbers" regarding a return to nursing school, they find that the slight increase in pay for a master's-prepared role does not justify the time and cost spent to leave the workplace.

Education, however, is crucial in gaining the respect we so desperately need from other members of the healthcare team and our patients. I

cannot understand the logic of my oncology nursing colleagues who do not appreciate the value of being members of the Oncology Nursing Society (ONS). I believe that these individuals tarnish the reputation of oncology nurses because of their disinterest in professional enhancement. I also cannot understand why, when hospitals will compensate nurses for taking the oncology certified nurse (OCN®) examination, nurses still do not take it. Hospitals are supporting our opportunity to increase our credentials and skill level. Additionally, ONS members are inundated with free continuing education mail programs on a variety of popular oncology topics. Unfortunately, the average national response rate for a nursing continuing education mail program is less than 5%. ONS has two annual educational conferences, the expenses for which often are reimbursed by hospitals. Historically, only about 17% of ONS members attend the ONS Annual Congress and less than 12% attend the Institutes of Learning.

I believe that the first steps oncology nurses must take to enhance our professional credibility are to become ONS members and encourage unaffiliated colleagues to join, study for and pass the OCN® examination, and uphold OCN® certification through continuing education. I guarantee that by doing so, our practice will benefit and peers and patients will notice our improved and sophisticated knowledge base and skills. Only then may we be entitled to greater respect in society and inspire greater interest among bright young adults to enter this rewarding and wonderful profession.

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Editorial Encourages Nurses to Continue Learning

The editorial in the January 2004 issue is so encouraging. I have been an RN for 25 years and an oncology nurse for 14 years. My nursing degree is an associate's degree. I am proud of it. The experience I have received over the past 25 years has been because of the passion God has given me to take care of his people. I find this to be a blessing. My reasons for not continuing my education and obtaining a bachelor of science in nursing (BSN) have been financial, as well as the non-nursing courses such as six hours of physical education and electives that to this day I have not used in my nursing career, unless one would consider climbing the stairs. I will be 47 in May, and I can honestly say that I have considered getting my BSN. I just wanted to thank you for your encouragement of all nurses to always pursue furthering our educational level, whether obtaining a BSN, reading, becoming certified, or completing as many con-

tinuing education units as we can to learn and always be above the curve. I always have believed that all nursing programs should include an internship before taking the state boards. So many times, nursing students are rushed through their rotations. I teach 10th-grade girls at my church. I always encourage them to buckle down, study the science and math courses, and think now about what they want to be. I have had many opportunities to leave the nursing profession, but my passion is service. I thank the editor of the *Oncology Nursing Forum* for her passion as a nurse and for giving words of encouragement.

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Virtual Reality Can Help Many Patient Populations

I have read the article titled "Virtual Reality as a Distraction Intervention for Women Receiving Chemotherapy" in the January 2004 issue of *Oncology Nursing Forum* (Vol. 30, pp. 81-88). I found the article quite enlightening and have an appreciation of the authors' thinking that a virtual reality intervention has a positive effect on the reduction of stress and fatigue during the administration of chemotherapy. The conceptual framework identified by the authors is fundamentally sound. They identified a problem and developed a solution to reduce stress and fatigue during chemotherapy administration.

This research, although limited to patients with breast cancer, has the potential for use in other areas where stress and fatigue commonly are found. For example, in my experience, patients who are about to undergo cardiac catheterizations or angioplasties would benefit from this type of intervention. I believe that using the same model of virtual distraction with headsets, audio, and calming scenarios, such patients would have reduced symptoms of stress and anxiety during and after these cardiac procedures. Although the research is compelling, the sample size and participant group was somewhat limited. I look forward to reviewing future research that uses this concept as a basis for additional studies.

Research like this certainly is relevant to oncology nurses but can be expanded to include many other areas of nursing.

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