GUEST EDITORIAL

Future ready: Strengthening oncology nursing leadership in the context of professional oncology nursing organizations

INTRODUCTION

Every nurse is a leader. Rather than being situated only within a traditional leadership role or title, nursing leadership is about critical thinking, action and advocacy across all roles, practice settings and domains of nursing practice. When high-quality nursing leadership is enacted, positive patient, provider and system outcomes are demonstrated (Cummings et al., 2010; National Expert Commission, 2012; Wong, Cummings & Ducharme, 2013). Leadership begins in undergraduate education and continues throughout one’s career. Nursing leadership in this context is about looking beyond nursing, as a series of scientific acts of caring that can change individual lives, to include lifelong commitment to political action for system change. It requires nurses to lift their gaze from focusing only on individuals to populations, and from the local to global context (Canadian Nurses Association, 2009; Institute of Medicine, 2011; International Council of Nurses, 2016; National Expert Commission, 2012).

More than ever, the need for nursing leadership in the cancer care environment is paramount. Across Australia and Canada, we share similar challenges. Against a backdrop of increasing number and complexity of cancer patient and family needs, oncology nursing is facing critical challenges to optimally address these needs. Some of the most pervasive challenges include (i) the impact of efficiency discourses and disease-focused models on limiting nursing roles and opportunities to practise to full scope; (ii) lack of clarity on how the full complement of nursing roles (i.e., LPN/RPN/enrolled nurses, generalist, specialist, advanced practice) may synergistically work together to optimize cancer patient and family outcomes; (iii) nurses’ disproportionate access to specialty education and certification opportunities across each country; and (iv) fewer resources to demonstrate the impact of oncology nursing on patient, family and system outcomes through research. There are fewer formal nursing leadership positions, and more reports of moral distress and burnout among all oncology nursing roles (Canadian Nurses Association, 2009; International Council of Nurses, 2016; National Expert Commission, 2012; Wong, Cummings & Ducharme, 2013).

Professional oncology nursing organizations such as the Canadian Association of Nurses in Oncology (CANO/ACIO) and Cancer Nurses Society of Australia (CNSA) have an important role to play in addressing these challenges. As the national voice for oncology nursing within each of our countries, CANO/ACIO and CNSA must advocate for equitably high-quality cancer care, including articulating oncology nurses’ unique role and demonstrating impact for cancer patients and their families and within the cancer care system. As member-based organizations, it is imperative that CANO/ACIO and CNSA foster leadership capacity among their members. A high-functioning elected Board of Directors (BOD), (known as the National Executive Committee [NEC] within the CNSA), and various other committees that provide effective leadership to the organization and its members also is essential.

Both CANO/ACIO and CNSA have had a long history of excellent nursing leadership within their respective BODs and committees. Historically, senior nursing leaders have willingly and actively stepped up to be nominated and have moved these professional organizations forward. However, the changing landscape requires that we proactively build capacity in the next generation of leaders, to be active advocates for high-quality nursing services within complex and changing environments, as well as to provide leadership in formal roles within our professional organizations. In this editorial, we offer some reflections and strategies for leadership-building within our respective professional oncology nursing organizations, so that the current workforce and next generation of oncology nurses are prepared to lead change to improve the health of people at risk for/living with cancer.

BUILDING GENERATIONS OF PROFESSIONAL LEADERS

CANO/ACIO’s current strategic plan includes strategies to build capacity for nursing leadership among its members, BOD, and committees. As a foundation, CANO/ACIO has recently articulated a Nursing Leadership position statement, believing that: a) all oncology nurses are leaders, b) oncology nursing leadership is essential to promote high-quality, equitable, safe and accessible cancer care and to meet health care challenges of the future and c) cancer care organizations, academic institutions, provincial and national professional nursing associations and individual practitioners/leaders play a fundamental role in supporting oncology nurses to develop leadership capacities (Canadian Association of Nurses in Oncology, 2016). This position statement sets the bar for individuals, educational, professional and health care organizations regarding leadership development of oncology nurses in Canada. The recent formalized collaboration between the CANO/ACIO and CNSA through a Memorandum of Understanding will enable us to explore resource sharing and joint projects in leadership capacity building.

ABOUT THE AUTHORS

Tracy Truant, RN, MSN, PhD(c), President, Canadian Association of Nurses in Oncology; PhD Candidate, University of British Columbia, Vancouver, Canada

Raymond Javan Chan, RN, BN, MAAppSc, PhD, FACN, GAICD, President, Cancer Nurses Society of Australia; Associate Professor, Cancer Nursing Professional Precinct, Queensland University of Technology, Royal Brisbane and Women’s Hospital

Corresponding author: Tracy Truant, RN, MSN, PhD(c), President, Canadian Association of Nurses in Oncology; PhD Candidate, University of British Columbia, Vancouver, Canada. Tracy.truant@nursing.ubc.ca
To support oncology nurses in their leadership development, both organizations are working to identify and increase access to educational resources and workshops pertaining to leadership. Formal succession planning processes are also under consideration for BOD/NEC, local chapter/regional group, and special interest group (SIG)/specialist practice network (SPN) leaders. Our members have the opportunity to join the leadership of SIGs/SPNs to network with others and become key opinion leaders whom the BOD/NEC relies on to inform policy influence and other advocacy strategies. Oncology nurses within both organizations interested in developing their research-related leadership skills may join the research committee. A significant gap in both organizations’ current strategic plans persists in relation to engaging undergraduate students or early career members, providing mentorship to the next generation of oncology nurses and in identifying “rising stars” who hold potential to take on formal leadership roles. A focus on engagement of undergraduate students and early career nurses should be considered for future strategic plans of both organizations.

A challenge still remains as to how to encourage oncology nurses to believe they have the capacity to take on formal leadership roles within CANO/ACIO and CNSA BODs. Often, it is through informal mentorship and encouragement to put one’s name forward for nomination. Below is an outline of the experiences we had, as we were considering whether to be nominated for the president role within our respective organizations.

**TT:** I was encouraged by a past CANO/ACIO president and long-time mentor (Esther Green) and my current mentor/supervisor (Dr. Sally Thorne) to put my name forward for nomination for president. At first I had every reason NOT to do it—I don’t have the skills, the BOD needs a different kind of leader, isn’t there someone else more qualified than me?, I’m too busy. I should finish my PhD first, and so on…. But my mentors were persistent and gave me every reason why I SHOULD put my name forward—because it was my turn to step up and contribute in this way, that it’s a privilege to participate in such an important national organization, you have an opportunity to have a voice in impacting high-quality cancer care, and that leadership skills are rapidly honed by leading within a group of supportive, collaborative leaders! I quickly realized that the reciprocal benefit for me being involved in the CANO/ACIO BOD was by far going to outstrip everything that I put into it. I have gained additional amazing mentors, nationally and internationally, and my own leadership skills continue to develop. Most importantly, I have the satisfaction of contributing to improving cancer care through investing in the future of oncology nursing in Canada.

**RC:** During the CNSA Winter Congress 2013, Professor Mei Krishnasamy (CNSA Past President) and Sandy McKiernan (Incumbent President) encouraged me to be nominated for the president role as they saw the leadership within me that I had not realized. I was flattered and shocked at the same time. Although I had the experience of serving on several CNSA committees, I was feeling very inadequate in comparison with numerous past CNSA leaders with extensive experience as a director. I subsequently checked with my mentor Professor Patsy Yates (CNSA Inaugural Chair), who knew me well, whether I really had what it takes to lead a national organization. Prof Yates’s encouragement further assured me that I would have the support I required in this role. All these three leaders instilled such courage in me. If it were not for the encouragement of these three nurse leaders, I would not have considered running for presidency and now have the privilege to serve cancer nursing in this national leadership role. I am determined to pay it forward and be a leader who instills courage and confidence to future oncology nurse leaders.

We must include strategies that not only build leadership skills, but also offer mentorship to continue to build confidence and capacity in the next generation of oncology nurses to step forward into formal leadership roles within our organizations.

**THE ROLE FOR STRONG GOVERNANCE**

It is critical that BODs of nursing professional organizations continue to focus on good governance, which forms the foundation for effective strategies for the organizations to fulfill its missions. A view once commonly held was that governance of not-for-profit (NFP) organizations was generally poor compared with the for-profit sector, but there is now evidence that this is not the case. The recent Australian Institute of Company Directors’ NFP Governance and Performance Study reported that 86% of NFP directors surveyed (n=1,195) believed that the quality of governance had improved compared with three years previously4. The calibre and experience of non-executive directors of NFP organizations has also increased; over 75% with more than four years of experience as a director, and over 40% (n=1,259) with more than 10 years of experience (Australian Institute of Company Directors, 2016).

To strengthen and guide the governance of the CANO/ACIO BOD to achieve its mission, a new governance manual was recently developed, benchmarking NFP industry standards that offer a code of conduct, board structure, performance evaluation strategies and other related policies. This governance manual continues to evolve, with the revision of policies (e.g., on/off boarding, conflict of interest) to more accurately reflect the current context of a volunteer board with full-time additional professional nursing roles.

For our organizations to further enhance our impact, we must prepare future leaders with an understanding of high-quality governance. For the reason of succession planning, training opportunities on governance should not be limited to board members, but also those who are serving on or leading various committees. Governance structures of both organizations should also be regularly reviewed to ensure they optimally align with their mission, vision and goals.

**THE ROLE OF NURSING SCHOLARSHIP**

Mentors and leaders in nursing academia are often under-utilized in moving forward the leadership agenda within practice-based professional organizations. In Australia and Canada, we are fortunate to have many outstanding oncology nurse academics who are contributing to the science of
oncology nursing, as well as educating the next generation of oncology nurses. While there are many examples of practice-research/education collaborations within our two countries, there is much room and opportunity for growth.

We have been working for almost two decades to narrow the practice-research gap. However, some wonder if we have “overshot” and unknowingly widened this gap by creating distance between clinicians and researchers. Walley and colleagues (2007) suggest we may need to revisit putting practice back into evidence—generating evidence that is embedded in practice. Oncology nursing professional organizations can play an important role in purposefully bringing together academics, researchers, clinicians and educators to work more closely together to advance oncology nursing practice, promote nurses’ opportunities to participate in their full scope, create systems of care that optimally align oncology nurses with patient needs and demonstrating impacts on patient/family, care provider and system outcomes. Evidence generated in practice can then be used to influence policy affecting patients and families affected by cancer.

Closer collaborations between academics and researchers may further build bridges to opportunities for developing a future oncology nursing workforce and influencing high-quality nursing care. Although most undergraduate nursing programs produce generalist nurses, there may be strategies to begin to influence academic programs to integrate oncology curricula, given the high prevalence of cancer in both countries. Graduate programs could be influenced to develop specialty training for advanced practice roles and/or oncology nurse researchers. Mentorship programs between researchers and/or clinicians and students could offer a solid strategy to build capacity and passion for oncology nursing practice and research.

THE ROLE FOR INFLUENCING POLICY

Engagement with policymakers (e.g., ministers of health, research funding bodies, national cancer control organizations, health services boards) is also a critical nursing leadership strategy to influence the health of people at risk for/living with cancer. Professional oncology nursing organizations must aim to influence policy through advocacy strategies and positioning key oncology nursing leaders on boards, decision-making groups and key leadership positions. It is also important to look beyond cancer and health silos, to include influence across social, economic, and environmental domains. The cancer care system can only be transformed to achieve high-quality care for all, when we influence policy to consider the social determinants of health at the individual and population levels.

OUR ROLE IN THE GLOBAL ARENA

As oncology nurses and global citizens of high-income countries, we have a moral imperative to use our leadership capacity—individually and collectively—within our professional nursing organizations to positively impact oncology nursing practice in the global arena. In particular, the growing cancer burden in low- and middle-income countries (LMIC), combined with nursing workforce issues such as narrowed scope of practice and limited cancer education limits opportunities for nurses to play a significant role in improving cancer patient, family and system outcomes (Galassi, 2015). Professional nursing organizations such as CANO/ACIO and CNSA may, where invited, join forces to offer capacity building, provide specialty oncology education and ongoing mentorship for advocacy and policy influence within LMICs. To be future ready for this global leadership challenge, CANO/ACIO has developed a framework for professional oncology nursing organizations to guide engagement in the international area.

SUMMARY

In this editorial, we have offered our perspectives on the importance of strong governance, nursing scholarship, influencing policy and participation in the global arena in the context of our professional organizations. Both the CANO/ACIO and CNSA are committed to ensure that we will continue to build future generations of oncology nurse leaders. Every nurse is a leader. We invite you to ponder your role in contributing to professional leadership through your professional organizations.

REFERENCES


Canadian Association of Nurses in Oncology (2016). Leadership position statement. Vancouver, Canada: Canadian Association of Nurses in Oncology.


