Lessons From Our Leaders: Advancing Oncology Nursing Through the Power of the Group

Anne Snively, BS, and Paula T. Rieger, RN, MSN, CS, AOCN®, FAAN

Passage of the National Cancer Act in 1971 paved the way not only for growth of comprehensive cancer centers in the United States but also for an evolution of the professionals who would provide expert cancer care. According to Lisa Begg, DrPH, RN, founding president of the Oncology Nursing Society (ONS), “That’s when the seeds of ONS were sown.” In the early days, a good deal of discussion focused on whether oncology nurses should create their own professional membership association or work with another association, such as the American Society of Clinical Oncology or the American Nurses Association. Noted Begg, “Clearly, nurses had been caring for patients who had been diagnosed with cancer forever, but no formal specialty nursing role existed until the founding of ONS. At the time, nursing was dominated by large, general nursing organizations. The founding of ONS marked the first time that cancer nurses came together to formally learn from one another, support each other, and explore issues and barriers that would lead to improved clinical care, education, and research” (Begg, 2000, p. 3).

Much has happened since those early days. Since its official incorporation in 1975, ONS has become a leader in cancer nursing care. It has grown to include more than 32,000 RNs, 223 chapters, and 30 special interest groups. It has become a leader in cancer nursing care. It has grown exponentially, and cancer has become a chronic disease for many, rather than a likely death sentence for most.

Changes in health care and scientific advances mandate that professionals and their associations adapt and change to meet new demands. Critical to this mandate is the need for professionals to support each other. This column draws on the wisdom gained from interviews with three former ONS presidents—Begg, president from 1975–1979; Connie Henke Yarbro, MS, RN, FAAN, president from 1979–1983; and Judy Lundgren, MSN, RN, AOCN®, president from 2002–2004—to demonstrate the importance of the power of the group. Oncology nurses, whatever their current positions, can harness the power inherent in this lesson to support daily nursing activities and, ultimately, elevate the profession as a whole.

The Power of the Group Voice: Influencing Positive Change

In the 1990s, when Lundgren became active in the national leadership of ONS, she served as a corresponding member of the Government Relations Committee. It was her first formal foray into politics and public policy. She was amazed at the size, influence, and sophistication of the organization and came to recognize the importance of ONS as a voice for oncology nursing, patients with cancer, and quality care. “As president, I was the physical face of all of these phenomenal nurses,” she said. When advocating on Capitol Hill to ensure nursing perspective on issues related to cancer care, she had the power of the group behind her. “Nurses are very powerful in that they’re viewed as authorities, people who know, and people who have answers,” Lundgren said. “That’s a great burden, but it is also a gift because a nurse can choose to use that power to create positive change.”

The respect for oncology nurses, and for ONS as an organization, provides the base on which the organization’s political power rests. As healthcare professionals, oncology nurses know that decisions made by policy makers in Washington, DC, can have an impact on their ability to deliver the highest possible level of care. One of the most important things that oncology nurses can do to ensure quality care is to influence the decisions. Over the years, ONS has developed position statements that delineate its stance on key issues (ONS, n.d.). ONS members can use the positions to support their messages when communicating with leadership about issues in their workplaces or with their local and national representatives. They have the power of the group and the organization behind them. Oncology nurses across the country participate in programs to influence policy.

- **ONSStat:** an ONS electronic grassroots advocacy network
- The ONS Capitol Gang: a group of ONS members who live in the greater Washington, DC, area and volunteer their time to assist ONS and its health policy associates with advocacy and public policy activities in the nation’s capitol

Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, interviews with nurse leaders, and accounts of the application of leadership principles or theories to practice. Descriptions of activities, projects, or action plans that are ongoing or completed are welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, DNSc, RN, OCN®, at klemmpa@udel.edu or Associate Editor Paula T. Rieger, RN, MSN, CS, AOCN®, FAAN, at ptrieger@pdq.net.

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The Outpatient Chemotherapy Advisory Panel: a group of ONS members who work in outpatient offices and clinics and advise ONS leaders and health policy associates about public policy related to the delivery of cancer care in community-based settings.

The State Health Policy Liaison program: dedicated ONS members in about 40 states who lead public policy and advocacy efforts for the state and coordinate with the National Office to advance ONS’s health policy priorities. Each of the programs has resulted in increased grassroots participation by oncology nurses in policy making at all levels of government. Outcomes have included:

- Drafting and modifying legislation to increase the recognition of oncology nurses and their contributions to quality cancer care
- Securing additional funding for the Nurse Reinvestment Act
- Elevating awareness among elected officials of the needs of people with cancer at the end of life
- Enacting state legislation to ban smoking in public places, ensure coverage for cancer-related screening for people with public and private insurance, and increase tobacco taxes to decrease consumption and support biomedical research.

The examples demonstrate what ONS members, representing the larger group, can accomplish (Halpern, 2004a, 2004b, 2004c).

Another way to capitalize on the power of the group is by creating partnerships with other professional organizations. For example, ONS works with the Center for Nursing Advocacy, Americans for Nursing Shortage Relief, the National Coalition for Cancer Research, and One Voice Against Cancer to secure additional funding for cancer research, prevention, treatment, control, and the nursing workforce. Participating in such activities, individual members can gain firsthand experience of the power of the group in effecting change while building their personal skills.

Iliisa Halpern, MPP, ONS health policy associate at Gardner Carton and Douglas, LLC, in Washington, DC, said that “one of the many things ONS excels at is developing and sustaining myriad collaborative relationships with other nursing, cancer, and health professional organizations to advance issues of mutual interest and priority.”

“For example,” Halpern continued, “ONS has taken the lead in working with patient advocacy organizations to create a consumer movement of patients across the country who are calling for a greater investment in the nation’s nursing workforce. The power of this group has helped us to increase funding for the Nurse Reinvestment Act. Unlike many other organizations, ONS understands and leverages the power of many to the benefit of patients and nurses throughout the country. It’s tremendous.”

Finding the Right Answer

Another notable quality of the power of the group is that group consensus on issues may be quite different from those of individual members. Yarbro recalled coming to the first ONS business meeting in Toronto, Canada, in 1976 with proposed bylaws in hand. The leaders thought the bylaws were perfect, yet the members did not approve them. “We were shocked!” Yarbro said. But, in the end, the members were right, and, ultimately, ONS had a better set of bylaws (Yarbro, 1984).

Lundgren also was impressed by the ability of the group to come to better conclusions than she may have on her own. When serving on the ONS Steering Council in the late 1990s, Lundgren often was asked to research issues and prepare material for subsequent meetings. She said she worked hard to put together information and inevitably went to meetings having reached decisions. But, as the group discussed each project, new points were raised that she had not considered. In the end, the group often put forth far better solutions than Lundgren had developed herself. She said she frequently was amazed at the power of the group to come up with the right answers.

Hence, one of ONS’s greatest strengths is its belief in inclusiveness, one of its six core values. As an organization, ONS celebrates and supports diversity of thought and diversity in its individual members. The organization strives for a culturally, ethnically, and racially diverse membership to strengthen its ability to meet the needs of members. Diversity also is manifested through individuals who have different levels of educational preparation and work in a variety of subspecialties. Ultimately, the society benefits from broader perspectives.

James Surowiecki’s (2004) popular book The Wisdom of Crowds provides support for this concept. The author offers many examples of how diverse groups of people with varied intelligence or expertise are able to come to the right answers while weeding out the wrong ones. It is exactly why diversity of opinion and wide representation are vital to the success of any forward-thinking organization.

Setting the Standard

Oncology nursing and ONS have been instrumental in setting standards for care and developing guidelines for practice. In 1982, a task force was convened to develop the first set of chemotherapy guidelines and recommendations. Today, oncology nurses are recognized as the experts in chemotherapy administration, and the ONS guidelines for administration (Polovich, White, & Kelleher, 2005) are recognized worldwide. The guidelines serve as a powerful demonstration of the culmination of collective clinical expertise and research.

The Power of Group Support

Holding the office of president of a national association such as ONS is a challenging exercise and requires demonstration of leadership skills. As presidents begin their terms at the helm of ONS, they may be intimidated as well as energized by the prospect of leading such a large and powerful group. They have admitted that they do not have all the answers, and they often leave their terms of office with some excellent lessons learned. Rare is the leader who does not mention the support of others as an integral part of his or her success.

Begg said that bringing together cancer nurses to form a national association would not have been possible without the support of her nursing colleagues and peers. In 1973, she was the only clinical nurse specialist at her institution and also served on the faculty at Rush University in Chicago, IL. Her work created unique stressors that led her to reach out to other nurses in the Chicago area and to begin a quest for a national organization for cancer nurses. Begg attributes the success of the founders to risk taking and gaining support from colleagues. She simply would not allow herself to be held back by doubts, and she continues to urge others to do the same. “We would not be denied,” she said. “We had conviction and just kept plodding away. And the benefits have been tremendous, particularly for patients.”

In the early days, support also came from physician colleagues. According to Begg, “Any time someone wants to make a change, he or she should create a ‘win-win’ situation.” For instance, the physicians understood that when they supported ONS, the visibility of their own programs would increase. She encourages nurses to apply this theory to their efforts to implement change. For example, a nurse working on an inpatient unit may want to change a process or procedure. To be effective, he or she should develop buy-in from colleagues across the interdisciplinary team to provide support for change.

Yarbro, who was ONS treasurer from 1975–1979 before becoming president, found that the support of mentors was essential to accomplishing so much in the early years of ONS. The director of her cancer center at the time, John Durant, MD, first executive director of the American Society of Clinical Oncology, provided administrative support for the logistics involved in being ONS treasurer and offered Yarbro leadership roles at the University of Alabama. Other mentors encouraged her to write for publication and hone her presentation skills at nursing conferences. This level of collegial support is mentioned consistently when nurses talk about how they came to leadership roles.

Lundgren noted that ONS is unique in the extent of support and mentoring that it provides. They were a primary focus of the organization long before formal mentorship and leadership programs were implemented. Lundgren said that ONS focuses on helping
members expand their roles and grow professionally in all of their activities. The support not only helps to build tomorrow’s leaders but also helps ONS sustain its prominence in the healthcare arena.

ONS has devoted much of its mission and strategic plan to creating leaders. The Leadership Development Institute, an annual three-day course for the development of personal and professional leadership, is an example of ONS’s commitment to helping nurses become leaders. Student, chapter, and special interest group mentoring; the Ethnic Minority Mentoring Program; and the Congress Mentoring Program also offer opportunities for members to enhance their leadership skills. Table 1 provides a list of mentoring opportunities for oncology nurses. The opportunities offer members another way to tap into the power of the group and to benefit from the expertise of ONS members.

Christina Leibold Sieloff (2004), a nurse researcher, has noted that nursing support needs to come from nursing colleagues as well as other healthcare professionals. By developing their group power at the institutional level, nurses can effect positive change in practice environments and improve the quality of care that is delivered. Sieloff urges nurses to become actively involved at the organizational level to further develop a group’s power “by demonstrating that the nurse group is aware of current and future trends in healthcare that may affect the organization” (p. 249). Involvement with a national organization such as ONS and at a legislative level is an effective way that nurses can work together to achieve goals that benefit their peers as well as patients. As Sieloff wrote, “To not recognize a group’s power is to waste a resource” (p. 248).

The Power of Belonging

Many oncology nurses speak of working in cancer nursing as a calling. “I’ve worked in a lot of areas: trauma, orthopedics, coronary care, oncology... and once I was in oncology, I thought ‘I love this. This is where I want to be,’” said Yarbro. “It’s diverse and challenging. You learn from patients about living and dying.” The idea of being a part of something that is greater than you is very powerful. The sense of belonging and ONS’s mission are evident each year during the opening ceremony of Congress, when more than 5,000 oncology nurses come together to share a common purpose and dedication to the specialty. Oncology nurses often are asked why they want to work in oncology. Begg strongly believes that nurses “self-select.” The hundreds of oncology nurses from the early 1970s have increased their numbers to thousands, representing a major impact in health care legislation and providing a perfect example of the true power of the group.

Summary

Begg, Yarbro, and Lundgren each contributed to the growth of ONS and the advancement of oncology nursing. Yet they did not do it alone. They had the support of colleagues, within and outside of nursing, and ONS as the professional society for oncology nursing. As Lundgren said, “The people you look up to are people just like you. They learned those skills. They didn’t just wake up one day and have them.” Indeed, they had the “power of the group” behind them to guide them along the way.

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