

SNAP-Shots: Scenes From Nursing Action Plans—The Cultivation of Leadership in Oncology Nursing

Ellen Giarelli, EdD, RN, CS, CRNP, Ruth Gholz, RN, MSN, AOCN®,
Mary Ellen Haisfield-Wolfe, RN, MS, OCN®, CWS,
Annessa Mitchell, BSN, OCN®, and Ann M. Smith, RN, BS, OCN®

Purpose/Objectives: To describe the experiences of oncology nurses who participated in a national workshop to prepare nurses to lead the transformation of cancer care and to illustrate the range of possibilities available to nurses motivated to affect positive change.

Data Sources: Literature on leadership and negotiation are referenced and related to the personal experiences and the observations of participants in the workshop.

Data Synthesis: Leadership is presented in historical context. A case study approach was used to organize the personal accounts of participants' plans to affect positive organizational change in oncology care settings. Scenes from action plans illustrate how the workshop's core curriculum, which focuses on leadership models, processes, and skills, was realized in practice.

Conclusions: Leadership is a dynamic process that shapes and is shaped by all stakeholders during the process of planned change. Education, risk taking, and active participation are vital components of the process of leadership development.

Implications for Nursing Practice: The contributions of nurses may be simple or complex and affect single individuals, groups, or institutions. In all cases, oncology nursing practice and cancer care may be enhanced.

"In all of us there are undiscovered gifts and untested strengths. Sometimes capabilities remain hidden simply because the circumstances of life do not evoke them. Sometimes the gifts have been buried by early defeats and harsh treatment, or layered over by criticism, or held inactive by self-doubt. It is a matter of self-interest for every society to remove obstacles to human growth and performance. The battles we wage against physical and mental illness, prejudice, ignorance, and poverty are not just exercises in compassion. They are battles for the release of human talent and energy" (Gardner, 1990, p. 74).

Leadership is dynamic, reflective, and contextual. It shapes and is shaped by participants in an ever-changing environment and is understood in the context of motivations, needs, and situational factors. Reflective leadership mirrors the spirit of society and responds to changing group goals and membership. People rise to lead when they

Key Points . . .

- ▶ Leadership is dynamic and creative.
- ▶ Nurses lead through role modeling.
- ▶ Leaders in oncology nursing will transform cancer care.
- ▶ Leadership is developed through mentoring and encouragement of risk taking.

believe that their ideas, skills, or talents are needed and find ways for them to be accepted.

Nursing leadership is not unique to a contemporary profession. Throughout the history of American nursing, practitioners successfully influenced healthcare culture, left their mark on practice, and advocated for quality care for patients and their families. At the turn of the century, American nurses walked different paths to realize their leadership potential. They distinguished themselves as ideal citizens and virtuous role models. A nursing leader in Victorian America displayed the ideals of true womanhood in her professional care. She lived the cardinal virtues of piety, purity, domesticity, and submissiveness (Welter, 1979). Victorian nurses influenced through role modeling. The character traits of head nurses became the model behaviors for students and associates. When the junior nurse demonstrated refined and feminine manners, these behaviors were rewarded with recognition,

Ellen Giarelli, EdD, RN, CS, CRNP, is a National Institutes of Health postdoctoral fellow in psychosocial oncology (supported by the National Institute for Nursing Research, National Institutes of Health 5-T32-NR-0036) at the School of Nursing at the University of Pennsylvania in Philadelphia; Ruth Gholz, RN, MSN, AOCN®, is a clinical nurse specialist in oncology at the Cincinnati Veterans Medical Center in Cincinnati, OH; Mary Ellen Haisfield-Wolfe, RN, MS, OCN®, CWS, is a research nurse coordinator at the Brady Urological Institute at the Johns Hopkins Hospital in Baltimore, MD; Annessa Mitchell, BSN, OCN®, is the oncology coordinator, cancer care nurse at Clark Memorial Hospital in Jeffersonville, IN; and Ann M. Smith, RN, BS, OCN®, is a clinical instructor of educational services at Halifax Medical Center in Daytona Beach, FL. (Submitted October 2000. Accepted for publication November 17, 2000.)