

ISNCC Cancer Nursing Leadership Position Statement

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PREMISE

Nurses are essential to global cancer control, influencing treatment, education, research, and policy issues. It is imperative that cancer nurses are empowered to lead and take on key leadership roles across the cancer continuum. Whilst every cancer nurse will be required to demonstrate skills as leaders, not all will be in leadership roles. More nursing leadership roles are needed at national, regional, and global levels. In some countries, more cancer nursing leadership opportunities are provided/available than in others. For example, in many countries, inequalities and professional hierarchies exist which often prohibit leadership opportunities for cancer nurses.

BACKGROUND

Leadership is the ability to achieve collaborative effort, enabling people to work together to achieve common goals. It is multifaceted, characterised by the ability to provide and deliver direction and support, motivation, coordination, collaboration, effective communication, and advocacy for patients and communities. The importance of strengthening nursing leadership was recognised a priority for global health (“no one left behind”) in the ‘Triple Impact Report’ ⁽ⁱ⁾, the Nursing Now initiative ⁽ⁱⁱ⁾, and in the State of the World’s Nursing ⁽ⁱⁱⁱ⁾ and the Global Strategic Priorities for Nursing and Midwifery ^(iv) reports. The consistent messaging in these documents is that the need for effective nurse leaders is more critical than ever. As the largest global health workforce ^(v), it is essential that nursing turns its attention to the development of nurse leaders across clinical care, research, education, and administration, if the WHO sustainable development goals ^(vi) and the global strategic priorities for nursing are to be met. Nurses, as informal and formal leaders need to be fostered and recognised across all aspects and levels of nursing work. Nurses work across all health settings and organisations, often at the highest levels of clinical care, but rarely at the highest levels of management where they can use their voice to influence ^(vii). Pathways to develop nursing leadership and nurse leaders need to be fostered and implemented ^(viii). The COVID-19 pandemic has powerfully demonstrated the knowledge, skills, commitment, and leadership of nurses the world over. The work of nurses across the world has demonstrated why evidence-based care and Universal Health Coverage (UHC) ^(ix) cannot be achieved with nurses and nurse leaders. Investment in developing leadership among nurses at all levels is a global priority ^(x-xi). The Institute of Medicine (IOM) report on the Future of Nursing: Leading Change, Advancing Health ^(xii) states that nurses must be enabled to lead interprofessional teams and healthcare systems for the benefit of patient outcomes and system level efficiency. Research in nursing leadership demonstrates clinical and system level benefits ^(xiii), but more research is needed to strengthen the evidence around nurse leadership and particularly in the context of cancer nursing.

Definitions:

Cancer Nursing/Oncology Nursing: Cancer or oncology nursing is used interchangeably to describe the nurses that practice in the speciality of cancer care/oncology. However, for this position statement we also include all nurses working with people affected by cancer, whether they are oncology trained or not, have an important leadership role to play.

Why cancer nursing needs effective leadership

Cancer is a common chronic disease with 19.3 million new cases and deaths of around 10.0 million reported worldwide in 2020 ^(xiv). As healthcare delivery systems change, and new scientific discoveries are integrated into cancer care, the role of the cancer nurse continues to evolve. Cancer nurses work in a variety of roles and settings that were unheard of 10 years ago but are now increasingly common. These include acute care, ambulatory care, and the private sector, and home and community services, along with education, research, policy, and advocacy. They practice within a number of oncologic disciplines, including, but not limited to surgery, radiology, gynaecologic oncology, paediatric oncology, medical oncology, transplant, and cancer genetics.

The era of precision medicine also presents challenges to achieving universal health coverage (within the sustainable development goals). As the global cancer burden increases in lower income countries, the leadership of cancer nurses in reducing both inequalities and inequities in access to high quality care has never been more important.

The nursing profession establishes leadership through the practice of individual nurses engaged in patient care, administration, teaching, and research. When empowerment is absent or not utilised, others are more likely to step in and decide what nursing is, and what nurses do. Thus, nurses may not identify themselves as leaders, or potential leaders. The language of leadership often excludes nurses and has socialised nurses into defining leadership as separate to nursing practice. However, nursing leadership can be 'learned' ^(xv). Globally nurses can provide leadership in patient assessment, patient education, coordination of care, symptom management, palliative care, education, research, advocacy, and policy. Whilst many also serve in key management positions such as Chief Executives or Directors of Cancer Services, it is essential that they are empowered and supported to utilise their leadership skills, whether in key management positions, in academic roles or clinical practice.

Strengthening nursing leadership is evident across several international cancer nursing position statements, for example, the Canadian Association of Nurses in Oncology (CANO/ACIO) position statement ^(xvi). The CANO/ACIO statement strongly advocates for prioritisation of nurse leadership training within academic programmes, across cancer care organisations and nursing organisations, who can provide mentorship and coaching. One of the most prevalent opportunities for cancer nurses to influence and lead care is by collaborating and influencing within multidisciplinary teams to address the needs of the patients and family members they care for, often in high acuity, fast paced and under resourced environments.

Many organisations have identified the competencies required for nursing leadership, including for cancer and palliative care nurses e.g. the African Palliative Care Association (APCA) ^(xvii) the Oncology Nursing Society (ONS) ^(xviii), the European Oncology Nursing Society (EONS) ^(xix), the International Society of Nurses in Cancer Care (ISNCC) ^(xx), and the African Organisation for Research and Training in Cancer (AORTIC) ^(xxi).

POSITION

The International Society of Nurses in Cancer Care (ISNCC) is committed to the promotion and development of cancer nursing leadership around the world because:

- Effective cancer nursing leadership is required at all levels of clinical care spanning from newly qualified through to advanced clinical practice, advocates, education, research, and senior health service administration.
- Cancer nurses need the opportunity to practice a range of leadership skills which includes the following: modelling the way for others, inspiring a shared vision, challenging the process, enabling others to act to their maximum capacity and skills, and encouraging and empowering others ^(xxii).
- Cancer nurses enable implementation of future trends in oncology care. Nurses identify ways to change, grow and improve; create a culture, infrastructure, and practice environment that supports innovation, advancement of cancer nursing practice, and excellence in patient and family-centered care.
- The responsibility for leadership development lies not only with schools of nursing and individual institutions but also with professional associations who can collaborate to research strategies and develop effective leadership programmes that can be integrated into clinical training.

ISNCC is committed to advocating to ensure that cancer nurses can reach their leadership potential for the benefit of patients and their families, and influence local, national, and global cancer control.

ISNCC RECOMMENDS THAT:

- All nurses working with people affected by cancer, regardless of where they are working, should be supported and encouraged to develop and utilise leadership skills.
- Cancer nurses need preparation to be able to mentor and empower other cancer nurses to develop their leadership skills, actively supporting them and providing, where possible, opportunities for leadership development.
- Leadership skills should be included in formal professional and continuing cancer nursing education, and where possible, leadership fellowships established to develop cancer nurses in a wide range of countries.
- Examples of cancer nurses as leaders across a range of settings should be made available and shared to encourage and empower cancer nurses.
- Leadership training for cancer nurses should be developed that links in with national nursing leadership development programmes ⁽ⁱⁱⁱ⁾.
- Cancer nurses should be provided opportunities for training in policy development and advocacy, thus enabling them to lead in this capacity.
- Cancer nurses are enabled to get a 'seat at the table' ^(iv) to enable their voice to be heard, at all levels within cancer care e.g., on the ward, in the community, at the administrative levels and at the national and international levels.
- ISNCC members work together to contribute to global efforts to build cancer nursing leadership globally.
- Nursing leadership is addressed at all national, regional, and international cancer nursing conferences to stress its importance, but also to empower and encourage new and emerging cancer nursing leaders.
- National, regional and international cancer nursing and related associations work together to develop cancer nursing leadership globally.

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