It takes chutzpah: Oncology nurse leaders

By Esther Green

Abstract
Chutzpah, according to the Oxford Dictionary of Current English (1996) is a slang term from the Yiddish language which means shameless audacity. Chutzpah has been used to identify people with courage who take on situations that others avoid and somehow achieve the impossible.

Tim Porter-O’Grady (1997) recently wrote that management is dead, and has been replaced by process leadership. Health care organizations have made shifts from hierarchical structures to process or program models where people have dual/multiple reporting/communication relationship. In this new orientation, management functions of controlling, directing, organizing and disciplining are replaced by process leadership functions of coordinating, facilitating, linking and sustaining (Porter O’Grady, 1997).

Herein lies the challenge for oncology nurse leaders: “what lies behind us and what lies before us are tiny matters compared to what lies within us” (Ralph Waldo Emerson). Leadership is not a function of job title. The evidence for this is clear in current practice... There are no/few positions of nurse leaders. Titles have changed to eliminate the professional discipline, and reflect a non-descript orientation. The new titles are process leaders, program leaders, professional practice leaders.

Nurse leaders need new points of reference to take in the challenges of influencing, facilitating and linking. Those points of reference are: principle-centred leadership, integrity and chutzpah. This presentation will focus on examining current thinking, defining key characteristics and attributes, and using scenarios to illustrate the impact of leadership. We, as leaders in oncology nursing, must use chutzpah to make positive change and long-term gains for patient care and the profession of nursing.

Introduction
The opportunity to give the Helene Hudson memorial lecture is both an overwhelming and humbling experience. I had the opportunity to meet Marilyn Bruce, who shared her insights about Helene - about her leadership talents and the impact that she had on cancer care. It was helpful to understand the nurse that Helene was and the values she demonstrated. I am appreciative of the committee’s selection and humbled to stand before peers, colleagues, friends and leaders.

In our practice, we have all experienced outstanding, effective leaders whom we admire, respect and strive to emulate. Sometimes we may have been challenged by poor leadership practices in situations where we felt oppressed, undervalued or demeaned. My hope for this presentation is to stimulate your thinking about leadership and provide you with positive options and creative ideas that you can apply to yourself and your practice. The intent is that these words and this message will have meaning for you and at the same time will acknowledge and honour the leadership demonstrated by individuals like Helene Hudson.

This presentation will focus on three areas. First, a brief overview from literature primarily outside of health care on the concepts of leadership. Secondly, recognition of a few of our nurse leaders who have demonstrated shameless audacity or chutzpah, and achieved the unexpected. Finally, I will share with you the results of an informal survey conducted with nurses in several provinces on their experiences and concepts of leadership.

Before beginning, I want to take a moment of reflection. This is the tenth CANO conference and this is a time for celebration and acknowledgement of 10 years (plus) of dedication, commitment, sharing and fun! Congratulations CANO on reaching this milestone.

The winds of change
“Behind innovations are leaders who are far-sighted. They dare to be bold. They have a vision. They break the established rules. They want something better and create it with the force of their conviction” (Henry, 1998, p.102).

Beverly Henry wrote these words in an editorial outlining the challenges faced by faculty in nursing programs. But her comments apply to all of us as we confront the changes and challenges in oncology and in health care. We need leaders who have the curiosity, imagination and innovative thinking to build for the years ahead (Kerfoot, 1998).
Leadership is not about positions of power, but the power of influence; or as Marilyn French (1986) stated, leadership is not to be confused with “power over”, but is demonstrated rather in “power to”. Within each of us lies leadership potential: to be creative problem-solvers; to use our imagination to visualize new connections between ordinary events; to analyze critically and constantly ask “what if?” (Kerfoot, 1998). We can choose to use leadership potential to influence the greater good, and continue to move oncology nursing forward in new and exciting ways. We have come a long way and accomplished much: Canadian Nurses Association’s recognition of oncology nursing as a specialty practice; the certification process; standards of practice and education, to highlight a few examples. There is, however, more to be done.

Across the country, health care reform has changed the work of nurses. Provincial health care restructuring occurred in order to manage the decreased federal health care payments. Restructuring has led to hospital closures and the shift of acute care into the community, resulting in changes in nursing practice in both care areas. Some acute care organizations introduced non-regulated workers into the hospital environment and challenged the traditional role of the registered nurse.

Two years ago at the conference in Calgary, Leslie Vincent presented the Helene Hudson Memorial Lecture. At that time, Vincent (1997) provided an overview and impact of re-engineering and work re-design. Rather than bemoaning the changes, she visualized turning the negative impacts into opportunities to be creative and innovative.

Through significant financial changes and downsizing in health care, we have witnessed colleagues who have been displaced permanently. Some nurses have been bumped out of oncology settings, as colleagues with more seniority have lost their positions and moved reluctantly into oncology units. Gustafson (1998) wrote an impassioned article about her personal experience of being displaced not once, but twice in the course of two years. She wrote: “I was angry that government reform initiatives targeted hospitals and a workforce comprised predominantly of women. I was angry at nurses as a group because they did not launch any strong political response to job displacement or drastic cuts in staffing” (p.53). This article is illustrative of the impact of change. Gustafson chose to leave the profession of nursing, as have others.

Now we are confronted by the realities of recruitment and retention in health care across the country, in the absence of a strategic workforce plan.

As organizations changed their structure, size of workforce and focus and new organizational models were introduced. Functional or departmental structures have been removed in a shift to placing health professionals in a model of care centred around patients and their families. Porter O’Grady (1997) described the infrastructure change as process-oriented design where management layers have been eliminated in order to place decision-making at the point of service. Clinically-based teams of health professionals care for patients. These teams may be self-directed; or they may have new leadership, one that may not be affiliated with the members’ professional discipline.

There is a variety of terminology used in health care today to define the model. There is a program management model, where professional departments are eliminated and several disciplines come together within a program to deliver care. An example would be a maternal-child program, where divisions for labour and delivery, post-partum care and paediatrics are melded into a new interdisciplinary group having responsibilities for ambulatory and inpatient mother/child care and outreach.

The process model is based on the premise that all resources should be focused on a more efficient and effective care process for patients. An example would be systemic therapy process where disciplines such as medical oncology, pharmacy and nursing work collaboratively to provide consistent, standards-based care to cancer patients and their families.

Irrespective of the model, program or process, there are three areas of responsibility that must be addressed: program administration, clinical management and professional practice (Young, Ang & Findlay, 1997). Program administration includes aspects such as the budgetary process, recruitment of staff, resource allocation, quality and risk management and policies. Clinical management encompasses the aspects of care: program purpose, goals of care, staff coverage, procedures, clinical management tool development, community partnerships, and clinical audit and evaluation. Professional practice addresses the standards of practice, human resource planning, academic relationships, staff development and research.

The effects of the evolution in health care are that the traditional structures of management, divisions or departments of professional disciplines have been eliminated and new infrastructures created. Departments of nursing, directors and nurse managers no longer exist in many organizations. Nurses continue in leadership roles, but now may have responsibilities to lead several disciplines. Or nurses may find themselves being led by another discipline such as medicine or social work, and wonder whether their professional integrity and development will be enhanced or supported, or rather diminished or marginalized.

The changes in infrastructure demand new leadership talents. The traditional management models of controlling, organizing, directing and disciplining are gone. The new leadership calls for individuals who can vision, facilitate, coach, mentor and sustain. The strengths of quality leadership are best demonstrated in the outcomes of the team. But, only when leaders demonstrate their values, vision, courage and principles will the team be effective.

Examples of leadership

Leaders with vision, values, courage and principles can do anything! There are numerous examples of leaders among us. The core group of nurses who saw the need for a national oncology nursing organization some years ago created what we know, enjoy and benefit from: the Canadian Association of Nurses in Oncology. My colleague from the B.C. Cancer Agency and long-standing member of CANO, Barb McDermott, was one among that core group. I would describe Barb as a leader with chutzpah. The lobbying of the Canadian Nurses Association to recognize oncology nursing as a specialty practice is another example of leadership. There are many who should be congratulated for this effort.

Examples of leadership values, vision and courage abound outside of oncology. Ken Agar-Newman is a nurse with a vision... an international vision! He has lobbied at many levels to get Article 10 of the United Nations Convention Against Torture recognized and implemented in Canada. He is co-authoring a book for nursing students on care of torture survivors; co-ordinating the nurses’ committee of the medical network of Amnesty International and creating an international health professions’ committee to investigate unethical involvement of health workers in torture and inhumane treatment (Sibbald, 1998). This is truly leadership in action. Ken Agar-Newman is a leader with chutzpah.

Dr. Susie Kim is a nurse who has established a community-based nursing model for long-term psychiatric patients in Korea using music and creative talents to encourage and support these patients (Kim, 1998). Pat Porterfield is a colleague and clinical nurse specialist in palliative care at the Vancouver Hospital and Health Sciences Centre. She has been in palliative care for 17 years and consistently advocated for patients’ humane care and effective pain management through her career. She has researched, taught and maintained her clinical practice because she passionately believes in how nurses can effect improved patient outcomes in the palliative and terminal phases (Porterfield, 1998). Dr. Susie Kim and Pat Porterfield are leaders with chutzpah.
Nurses like the ones described above are leaders who, in the face of change and adversity, carry on, seemingly doing what some might say can’t be done. How do they do this? They have CHUTZPAH! Chutzpah, according to the Oxford Dictionary of Current English (1996) is a slang term. Originating from the Yiddish language, it means shameless audacity. Chutzpah has been used to identify people with courage who take on situations that others avoid, and by doing so somehow achieve the impossible.

**Leadership concepts**

There are countless articles and books on leadership. In fact, there is a proliferation of leadership articles demonstrated by a 2,000 increase in total number of articles in a span of seven years (Kets de Vries, 1994), and that occurred only between 1974 and 1981! Imagine the plethora of literature now in business, health care and popular magazines. Is there on overarching theory; one outstanding research study or one model that describes how we can be leaders? The obvious answer is no. However, there are insights to be gained from the literature.

Kets de Vries (1994) wrote about the “leadership mystique”, which defined and described real leaders in action. In this paper, he grouped leaders into two roles: charismatic and instrumental. A leader is charismatic when envisioning, empowering and energizing others. In the instrumental role, the leader organizes, designs and controls behaviour. Traits of leadership as described by Kets de Vries include:

- conscientiousness (being dependable, persevering and being achievement-oriented)
- being an extrovert
- sometimes being dominant
- having self-confidence
- being energized
- agreeableness as demonstrated through flexibility and trust
- being intelligent
- having openness to new experiences, and
- being emotionally stable.

These traits and behavioural patterns were summarized from a literature review that described effective leaders. However, the key interpersonal qualities described by Kets de Vries are: humility, humanity and a good sense of humour.

Burwash (1995) also defined a number of key attributes of leaders. He observed that good leaders continue to grow and learn; but great ones give others the encouragement and opportunity to do the same. The aspect of nurturing and mentoring others to grow is a prime exemplar of leadership; being able to teach and facilitate another’s learning. Burwash also wrote about humility as a key principle of leadership. The ability not to think less of oneself, but rather to think of oneself less is mark of successful leadership. So, too, are consistency, communication and learning from one’s mistakes.

**In Leadership Jazz,** Max De Pree (1992) used the analogy of jazz to describe leadership, in that a jazz ensemble brings together the talents of several musicians. The leader picks the tune, sets the tempo and starts the music. After that, it’s up to the group to be disciplined and free, restrained and wild, leaders and followers, focused and wide-ranging. The musicians are expected to play solo and together, and at all times the expected outcome is enjoyment for themselves and the audience. The ethos of jazz is participative creative work.

Leadership elements described by De Pree include:

- accepting risk
- being accountable
- having a sense of history, but not dwelling on it
- being compassionate, truthful and fair
- having unshakable commitment

A leader is one who is not afraid to work with creative people. Rather, she encourages and supports creativity, knowing that really great ideas can shake up the organization for the better. The leader must be vulnerable and offer others the opportunity to be and do their best.

There is much to be gained when creative people are given the scope to work. A leader provides the environment which facilitates creative thinking and creates opportunities for people to work together. We improve only when we are challenged and stretched by others of equal or perhaps greater competence.

To say that one leads necessarily entails the existence or presence of followers. Let’s turn, for a moment, to think about followers. Followers need a chance to do their best. De Pree made these suggestions for followers:

- Develop a high degree of literacy about the institution: understand its motives; accept what must be measured and what the constraints are
- Take responsibility for achieving personal goals
- See work and take ownership in areas of responsibility and accountability
- Become loyal to the idea behind the institution, even when unable to agree with all the goals and processes
- Resist the inevitable and understandable fear of the unknown
- Understand and value the contributions of others
- Be open to change
- Be a builder, not a taker, and
- Ask a great deal of the leader.


Followers have an equal responsibility to move organizations forward. Whether a leader or follower, all are accountable.

There is a misconception that to be a leader you must control and have power over others. But power isn’t about control; it isn’t intimidation. Power is learning what is inside you and taking control only of yourself in every situation you encounter. Power is not what you see; it’s what you have. It’s not what you own, it’s what you give away.

Rubin (1997) wrote a national bestseller called The Princessa Machiavelli for Women. In this book, she reflects on the different approaches women use in taking control of their lives, and in winning battles: in the workplace; in relationships; in family domains. She uses the Machiavellian prince as a story on which to reflect and learn. Whereas Machiavelli taught the power of oppression, Rubin offers insights about building networks of support, counting on others to help, and understanding the power that is within. Analyzing her own and others’ experiences has taught her to be firm, but flexible; to pause and reflect; to realize that nothing can hurt you unless you give it power to hurt you. Rubin stated: “Enlarge your life, your circle, your mind. Boundaries do more than keep others out; they lock you in” (p.111).

Sharma (1998) in Leadership Wisdom speaks to the need for a clear vision, one that looks ahead to the possibilities of what can be. If you hold a newspaper picture really really close to your face, you will see that it is actually comprised of millions of tiny dots. When you hold it close, you cannot see the big picture. You see the concept in the picture only when you hold the paper at arm’s length. This analogy speaks to vision; seeing the possibilities, the goal, not the minutiae.

Leaders are those who hold principles and use those principles to guide their actions. If ever you have the opportunity, go to Vancouver Island and walk through Cathedral Grove or walk the rain forest in Pacific Rim National Park. There you will see massive trees: Douglas firs, sitka spruce, western redwoods, powerful trees, some that have been uprooted by devastating storms. Those trees fell because their roots were shallow and lacked the foundation to support them. We can take a lesson from this.

Principles are to people what roots are to trees. Without substantial roots, trees fall when they are threshed by winds. Without principles, people fall when they are shaken by gales of existences. To stand tall and continue to grow, leaders need to be principle-based. A strong leader requires courage to maintain faith in one’s vision and to constantly do the right thing. Mother Theresa was a great leader who had an abundance of humanity. She had wisdom, a vision and courage to lead herself and live by her principles.
Leadership survey

In preparation for this paper, I conducted a small survey of selected nurse leaders across Canada. Six open-ended questions were posed in an electronic mail survey conducted during the summer months. Sixty-one nurses were sent the survey. Twenty-two replied, giving a response rate of 36%.

The leadership questions were:
1. What are the defining characteristics of a leader?
2. Describe a situation where you observed one or more of these characteristics demonstrated.
3. Describe a situation where a leader’s behaviour exemplified courage.
4. How has leadership influenced your practice?
5. What type of environment would nurture leadership?
6. In summary, what does leadership mean to you?

The nurses who shared their thoughts and experiences described the essence of leadership. Here are their stories.

What are the defining characteristics of a leader?

A leader is one who acts as a visionary for the group and works with them to move towards the vision. A vision for the way things ought to be and the willingness to change current practice.

Leaders are risk-takers who are able to take difficult stands in order to move the vision ahead. They accept challenges and are good negotiators who use personal influence rather than position power. They are genuine people, unafraid to show their feelings and passions to others. They inspire confidence and, although realistic, portray an attitude of optimism.

A leader is competent, has the knowledge and abilities related to the profession and role. Is self-assured, but sensitive to others’ perspectives and needs. Takes calculated risks. Is goal-directed, but not afraid to deviate from the plan to achieve goals. Is tenacious and motivated.

A leader is a team player; is a non-linear thinker, able to think critically and find solutions. She consistently reflects personal, professional and agency philosophy and sees setbacks as learning opportunities.

The leadership characteristics most often described were:
- Being a coach
- Being a mentor
- Having respect for others
- Having a vision and sharing the vision
- Being values-oriented
- Having integrity
- Having expectations for excellence and helping others to reach their potential
- Thinking critically; and being able to reframe
- Being a consensus builder
- Having warmth, charisma, courage and commitment.

These were the substantive themes that arose from the group in describing leadership characteristics.

Situations where leaders demonstrated the characteristics

A compelling description of a leader was shared in this way:

“I have observed a person who has an amazing passion for the profession of nursing. She has been my mentor and I witnessed her transform an organization into living and breathing, professional nursing. She is strong, passionate, intelligent, a wonderful human being and she truly loves nursing. She is contagious. She will take on anybody and has encouraged the most desperate people and enabled them to find their way inside or outside of nursing. Her overwhelming enthusiasm keeps her strong. She will back down to no one; she has the respect of all disciplines. She is fearless and has made very difficult decisions in order to ensure the profession lives.”

Another highlighted an example of the strength of a leader in building a team from diverse groups. She wrote:

“I worked with a leader who was responsible for developing a ‘new’ association from the amalgamation of three smaller organizations. Her style fostered individual development through mentoring; respect for people’s strengths and differences. She paid attention to the importance of vision and values in developing the new culture, involved others in decision-making and communicated important information in a timely fashion. I worked harder than I’ve ever worked before, but felt trusted, respected and supported through it all.”

This excerpt speaks to how followers are energized by a leader who communicates well, respects others and is driven by a vision.

“As I reflect on events or individuals that made a difference in my career, it is when I experienced leadership of those who articulate a very clear vision, one that could be shared or expanded over time. There were three individuals who consistently exhibited key concepts: that of vision, unrelenting commitment to purpose; always involving staff, subscribing to collective thinking and engaging people in a form of dialogue that would create new insight.”

The ability of a leader to facilitate and reframe, building on the strengths of diversity, is highlighted by this reflection.

“I watched this leader at several contentious meetings, where she carefully listened to both sides of a polarized issue, then creatively offered another way of framing the situation that builds on (and credits) the best elements of both parties in a harmonious, patient-centred, everybody-can-live-with-it way.”

As identified in the examples cited above, leaders demonstrated defining characteristics in a number of ways:
- Being passionate about the goal
- Persevering, while keeping an eye on the ball
- Respecting others’ expertise; instilling confidence
- Inspiring and encouraging others to be excellent and accountable
- Facilitating divergent ideas into a common plan
- Using excellent communication and listening skills, and
- Having a sense of humour.

Some of these concepts were described as well in the literature. Chutzpah is defined as having “shameless audacity”. One can infer that courage may be a driving force behind chutzpah. The third question in the leadership survey focused on situations where courage was portrayed.

Some of the respondents went outside of nursing or health care situations to describe a courageous leader. For example, one said:

“I think that the most stirring example of courage I’ve seen was the doctor in the Canadian army who stepped outside of the structure and reported on the Somalia affair... he was vilified.... but he was right.”

A recent example of courage by those not in leadership positions comes to mind: that of the many men and women who risked their lives trying in vain to rescue the passengers of Swiss Air Flight 111, which crashed near Peggy’s Cove in Nova Scotia in September 1998. They went ahead in their quest, not stopping to consider the personal risk for themselves. As a Canadian, this demonstrated to me the nature and spirit of who we are. We all felt a sense of pride watching how supportive, caring and compassionate they were to the grieving families in the aftermath of the disaster.
One survey respondent spoke from a personal, reflective base as she commented:

“I was once in a position as past-president of a professional nursing organization when something needed to be done because it was right and good for the organization, but most of the leadership was against it for personal reasons. It became an adversarial relationship. Despite that, I persisted and made enemies in the process. Now, many years later, I still have the enemies, but the organization moved forward as it should and needed to and has been quite successful. If I was worried about whether I was liked or not, I would have folded to the pressure.”

This example was supported in other comments and illustrates that it is a tough road for leaders. Making unpopular decisions puts the leader at risk personally, in that interpersonal relationships may be changed forever. It is a lesson in courage that some big “P” politicians never learn. Sometimes the unpopular decision must be made for the greater good. Leaders with vision know that it is vital to keep focused on the horizon rather than watching where the stones and potholes are along the pathway.

Another example of courage demonstrates values-based leadership. One respondent wrote of a situation where a leader stated that he would resign if working conditions of staff were not addressed. Unfortunately, they were not and he did resign. However, the situation illustrated his fortitude in standing true to his word... even though he suffered a personal loss.

Gathered from the responses to the question on leadership behaviours exemplifying courage are the following themes:

• The strength to take on the “tough” issues and follow through
• Having honesty and integrity in the face of tough decisions
• Facing conflict in values or principles
• Not acquiescing to popular opinion
• Knowing which “battles” are the right ones to fight, and
• Being hard on issues, but soft on people.

**How has leadership influenced your practice?**

There were two sides to the answers to the question of how leadership influenced practice. On the positive side, respondents commented on how leaders had encouraged, supported and nurtured their ability to work and to be successful.

To illustrate the positive aspects, a nurse wrote:

“I learned from this individual. I constantly strive to find the elusive qualities of a leader in myself... and I am ever vigilant to avoid the pitfalls in a management position. The leadership example has helped me to develop personally and professionally. It created in me a desire to learn, to commit to my professional career, to focus my attention on those whom I serve and not on myself.”

Where leaders created an environment that affirmed, validated and valued others, there was synergy, desire to expand practice to learn more, to risk and try new avenues.

“I have found strength and commitment in myself and uncovered knowledge and skill and have known how best to use those skills because I was encouraged to be the best I could possibly be and I have been given the freedom to test myself unconditionally by this type of leadership.”

There was recognition for leaders who were role models, and the long-term effects that continued to be practised by others emulating the style. Over and over respondents spoke of those long-term effects, such as: the ability to be creative; being autonomous; being enabled; having personal power; feeling trusted, respected and competent. These aspects were always attributed to those leaders who were principle-based; leaders who mentored and encouraged others to push themselves and stretch to the fullest potential.

The other aspect of leadership influence is negative. Respondents described how creativity and professionalism were crushed by controlling, disenabling, demoralizing leaders; or those who had the designation of being a leader, but opted out of the responsibility, and managed the group rather than leading.

“Poor leadership was a person in power who controlled and monitored all activity and didn’t trust capable people to do work without her influence.”

The lack of leadership is as powerful an experience as when good leadership occurs. Unfortunately, the experiential outcomes have long-lasting effects where leadership is lacking. As Florence Nightingale observed: “How little can be done under the spirit of fear”. Having experienced the negative effects, there was a stimulus to learn what not to do, to learn from our own and others’ mistakes. One nurse said:

“I am much more aware of encouraging others to participate and succeed. I recognize the importance of coaching and mentoring.”

Another said that she:

“Learned as well that failure is not so terrible. Something is always gained. There is no pure failure.”

The insights shared by the respondents are consistent with themes in the literature related to how people grew when they worked with true leaders. Kouzes and Posner (1993) summarized the outcomes described by people who worked with credible leaders. The outcomes described were: being valued, motivated, enthusiastic, challenged, inspired, capable, being supported, feeling powerful, respected and proud.

Credible leaders raise self-esteem and empower others to feel that they can make a difference too. Leaders we admire do not put themselves in the centre, they place others there. When you work with someone you respect and admire, you feel better about yourself and seek a higher ground for your practice. Leadership can be a powerful aphrodisiac, not for the leader, but for those with whom she or he works!

**Environments that nurture leadership**

In response to the fifth question on leadership, there was eloquence in the examples and words used, and lots of exclamations points to bring home the themes. People were passionate in their responses, and articulated, from their experiences, the ideal environment where leadership can flourish.

Here are their words:

“One in which it was safe to dream, to risk, to discuss, to do. One which valued the individual and showed that value by sharing information, power, responsibility and accountability. One which would recognize the individual contribution. One which established an environment of trust and appreciation - where power was not in the hands of the few and related to position and not worth.”

“An environment that supports collaboration and healthy competition. A flat playing field, a matrix accountability, an environment of mutual respect.”

“One in which individuals are respected for their capabilities; where differences are not only tolerated, but capitalized on; where ongoing learning is encouraged; where mentoring is practised; where “informal” leaders’ skills are used and encouraged; where leadership qualities are recognized/applauded.”

The themes described environments that recognized, nurtured, respected and valued individuals - where freedom to try and risk-taking were norms because there is recognition that to try and fail is better than not trying at all. As Helen Keller said: “no pessimist ever discovered the secrets of the stars, or sailed to an uncharted land or opened a new heaven to the human spirit.”

At times, in approaching change we have feared, dreaded and avoided it. Change can be an opportunity for new growth. When new models were introduced through restructuring, we were apt to condemn and defame them with phrases like: “it won’t work!”; “we
can’t”; “yes... but”. Perhaps in reflecting the positive aspects that our colleagues shared in describing their experiences of environments that nurtured leadership, we can take a step back to analyze the bigger picture. It is not the structure that creates a positive or negative environment, but the attributes, values and beliefs of the people in the environment who make the real difference!

**Meaning of leadership**

The most articulate statements that encompassed the qualities and themes about leadership were offered in this way:

“Championing a cause that you believe with your heart, nurture with your mind, and embrace with your soul.”

“Leadership is supporting and nurturing people with whatever is necessary (education, listening, other resources) so that they can be the best they can be.”

“Being ahead of the curve... it is about sharing and empowering others.”

“Leadership is an extension of a personal belief system... demonstrating authenticity and integrity.”

“Leadership is an exercise in humility, a constant process of self-evaluation and re-adjustment, and a challenge of mind and spirit.”

These statements create compelling images of leadership. We can only imagine how deeply these nurses were affected by a positive role model, mentor and coach who imparted to them a sense of purpose and passion.

Reviewing the themes that have come forward, both from the literature as well as from the rich experiential base of the survey group, we can infer that the essence of leadership is about:

- Caring enough to be vulnerable
- Nurturing, fostering and enabling others to grow
- Being other-centred; not self-centred
- Having a values-based orientation
- Being a visionary, and
- Thriving, not just surviving.

As one nurse reflected:

“I can survive under oppressive or indifferent management; but I can grow only within the light of visionary, collaborative leadership.”

Each one of us has a deep and abiding passion for oncology nursing. It is what we do, who we are, and what we want to be. We take pride in our relationships with patients and others. We reflect on our strengths and seek ways to improve. Yes, there are many things that can be improved in our workplaces; but only if we each take a leadership role, take the leadership challenge, which involves envisioning the impossible. The choice to lead or follow... or do neither, is yours!

If you choose to lead, then let this be your guidepost:

- Lead by example.
- Enlighten through communication.
- Acquire the courage to believe in yourself.
- Describe the vision.
- Enhance others through mentorship.
- Reframe negativity.
- Stimulate others to reach and stretch to their fullest potential.
- Hold true to your values.
- Integrity is the right path, and the only one on which you will never lose your way.
- Promote excellence in yourself and others.

Canadians need oncology nurse leaders to take cancer care into the next century. Leadership may consist of important little things, performing small acts of faith, engaging in episodes of principled stubbornness, always with a moral outcome in mind. I believe that for all of us here the outcome is predestined: the enhancement of cancer care and oncology nursing. That outcome defines the leadership role.

The challenge is yours!

In closing, I would like to share some personal reflections of leaders with chutzpah, leaders who I encountered who have influenced me. They are: Janet Beed, Rhea Arcand, Janice Wright, Cynthia Struthers, Karima Velji, Maureen McQuestion, Dr. Margaret Fitch, Leslie Vincent, Ann Syme, Dr. Heather Porter, Pat Staneland, Carolyn Taylor, Careen O’Connor, Karen Tamlyn-Leaman, Marie Andrée Chassé, Barbara Love, Denise Bryant-Lukosius, Susan Ness, Dr. Lorna Butler, Nancy Guebert, Barb McDermott, Monica Bacon, Manon Lemonde, Dawn Stacey and Debbie Mayer.

Thank you for this opportunity to share these thoughts with you. I am grateful for this honour provided by Amsgen and CANO.

As the German philosopher Johan Von Goethe said: “Whatever you can do and dream you can do, begin it. Boldness has genius, power and magic.”

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**References**


