

The path to change: Oncology nurses leading the way

The CANO/ACIO 2017 conference theme, *The Path to Change: Oncology Nurses Leading the Way*, set the stage to consider the ways in which oncology nurses lead to transform our cancer care system to be more equitable, person-focused and responsive to patient and family needs. Our path, as an association, and the positioning of oncology nurses, as key contributors to high-quality cancer care in Canada, has been solidly forged by outstanding oncology nursing leadership over the past three decades.

So, what does the path to change look like? What does leadership look like? For me, the path and leadership are intricately intertwined.

Keeping patients and families at the core of everything we do, as oncology nurses, it might look much like this: a small team's challenging ascent up a sometimes-treacherous mountain with an end in view. We might consider this as an analogy of a team supporting a patient and family through treatment and beyond. Some might think the nurse, as a leader, is out front, blazing the trail. This may be true in some of the trickier sections of the rugged terrain, but most of you recognize that the nurse, as a leader, is more likely to be supporting from behind.

It is the patient and family who are out in front. The oncology nurse, using best evidence, clinical judgment, unique nursing knowledge, and the goals, values and preferences of the patient and family, has helped them prepare for this long journey in advance. This might include education and physical preparation to manage the harsh elements, being prepared with the right tools and resources to manage the climb, and anticipating and early intervention for the psychosocial elements that may make the journey harder than it needs to be. The nurse also has assembled an inter-professional team to wrap around the patient and family, including a diversity of oncology nursing roles, such as RPN/LPNs, RNs, and Advanced Practice Nurses (APNs).

Less visible, but equally important, is the leadership the oncology nurse provides to negotiate policies and other structural elements that are critical to the success of this climb. For example, this climb may require special access to funds or supports to care for the remaining family at home. Most importantly, the oncology nurse will have ensured that the destination, and how we evaluate it, includes measures that are meaningful to patients and families. We know that simply arriving at the destination is not the only end in view. And we know that living with cancer is full of multiple destinations, so our support for the journey is not done when the first peak is reached.

The oncology nurse as a leader is also thinking about those patients and families for whom this path is not accessible. For example, the older adult and vulnerable populations for whom the social determinants of health are marginalized.

Oncology nurses lead by ensuring the path is accessible to all; and if it is not, by removing barriers or creating new paths.

In every moment of practice, every nurse is a leader. CANO/ACIO supports a position statement recognizing that nursing leadership is about *critical thinking, action and advocacy* across all roles, practice settings and domains of nursing practice (CANO/ACIO, 2016). It is through our collective leadership potential that we may continue influencing the path to change for patients and families.

We are living in complex times, and the uphill challenges we face are huge. Shrinking budgets, rapidly changing evidence and treatments, and increasingly complicated health-care systems are only a few of those challenges. Historically, CANO/ACIO has never shied away from a challenge. We actively build leadership capacity in our members through practice standards and competencies, educational resources and, more recently, a focus on leadership development. For example, in 2017 we hosted a *LEADS in a Caring Environment* leadership workshop, as well as an inaugural CANO/ACIO Leadership Summit to build a leadership and policy influence strategy for the association.

Another key area where CANO/ACIO has laid a path to change is through establishing oncology nursing as a specialty area of practice. Celebrating our 20th anniversary of CON(C) certification with the Canadian Nurses Association (CNA), in 2017 we saw more than 1,900 nurses certified in oncology, plus a large group certified in hospice/palliative care, and pediatric oncology. Through these certifications, CANO/ACIO members demonstrate excellence in oncology nursing knowledge and practice to the public, patients/families, and employers.

I want to close by reflecting on someone who embodies leadership and carving a path for change. Gord Downie has been close in our hearts, particularly over the past year. Some of you may have cared for him and his family, to help him live his best life with glioblastoma. And for some, perhaps he has been the soundtrack throughout your whole lives, through the music of the Tragically Hip. (The Tragically Hip, n.d.)

Through his critical thinking, advocacy and action, Gord added his voice to those carving a path for change toward Truth and Reconciliation for Indigenous people in Canada (Truth and Reconciliation Commission of Canada, 2015). He used his position and creative talents, fuelled by Canadian values of humility and social justice, to influence change. His final musical project *The Secret Path* (Downie & Lemire, 2016), created in partnership with the family of Chanie Wenjack, offers education about the generational impacts of residential schools in Canada. He also called on Prime Minister Justin Trudeau, in front of millions of Canadians watching his final concert, to take action, NOW, to address the inequities experienced among Canadian Indigenous people.

To honour his efforts, Gord was adopted as an honorary Indigenous relative. He was wrapped in a star blanket, offered an eagle feather, and bestowed the Lakota name, *One who Walks with the Stars*. Gord showed us how to illuminate the dark spaces that we know exist, but for whatever reason, do not have the knowledge or courage to take action. He illuminated the best of humanity, and what it means to be a Canadian and a leader.

As nurses, we too have positions of power—not rock stars like Gord Downie—but we are the most trusted profession, and have significant experiential knowledge about what is and is not working for oncology patients and families. You know where those dark spaces are; now we need to find ways to illuminate them for all to see, and act on them in partnership with patients and families.

And the time is now! We have no time to wait! Gord reminded us, “No dress rehearsal, this is our life” (The Tragically Hip, 1996). We can’t wait for someone else to come along and fix the issues. We are the leaders we have been waiting for. We need to illuminate the dark spots and shine a light

on the contributions that oncology nurses are already making to carve a path for change.

I encourage you to start those small conversations with colleagues about those dark spaces that need to be illuminated, where you can make a difference in partnership with patients and families. Draw on your inner Gord Downie! Because small conversations among people who care may just spark the beginning of a glow, which creates the synergy to move us forward along the path to change.



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Editor Note: This editorial was based on the 2017 President's Address, originally delivered October 27, 2017, by Tracy Truant at the Annual CANO/ACIO Conference in Ottawa. Tracy completed her term as President of CANO/ACIO at the conference and assumed the role of Past President. We thank her for her leadership and dedication to the Association and to oncology nursing.

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