



2012

Oncology Nursing Society
**LEADERSHIP
COMPETENCIES**



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Oncology Nursing Society Leadership Competencies

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Project Overview

Background

The nursing profession is often described as “caring” and “nurturing.” These two descriptors seem relatively simple, but what is needed to promote the nurse’s ability to care and nurture? The answer is strong leadership at all levels of professional nursing practice. In the 21st century, healthcare delivery has become more complex than ever. Human and financial resources have reached a level of scarcity that has far exceeded anything previously observed. Expected changes from healthcare reform will likely alter the current methods of accessing, navigating, and paying for health care. Effective leaders are required at all levels—not only to nurture and care for those in need but also to be advocates, change agents, fiduciary stewards, and exemplary clinical leaders.

The 2010 Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health* addresses the need to develop nurses. As the largest profession of healthcare workers in the United States and being at the forefront of patient care, nurses must be leaders and advocates for quality healthcare. The report lists several recommendations to proactively address the need to transform nursing care and enable nurses to respond effectively to the rapidly changing system. One of these recommendations is to “prepare and enable nurses to lead change to advance health”:

Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

- Nurses should take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise their leadership skills.
- Nursing associations should provide leadership development, mentoring programs, and opportunities to lead for all their members.
- Nursing education programs should integrate leadership theory and business practices across the curriculum, including clinical practice.
- Public, private, and governmental health care decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions. (IOM, 2010, p. 14)

The report further calls for nursing leaders at all levels of the healthcare system, “from the bedside to the boardroom,” to serve as full partners with other health professionals and take accountability for their work (IOM, 2010). The responsibility for this leadership development lies not only with schools of nursing and individual institutions but also with professional associations, who can research strategies and develop programs that address this need and integrate them into clinical training.

As a professional organization, the Oncology Nursing Society (ONS) is recognized for its contributions to cancer care both within the United States and throughout the world. The level of excellence for which ONS strives does not exist in the absence of strong leadership and most certainly cannot be maintained without mechanisms to promote leadership succession, both at the national and chapter levels of the Society. As a result, ONS has a vested interest in developing individual leaders to prepare for future changes in cancer nursing care, nursing education, and research.

ONS leadership competency development has followed the organization’s rich history of developing evidence-based professional nursing standards and organizational statements to guide practice. ONS has developed role-specific competencies for the nurse practitioner (2007), clinical nurse specialist (2008), and clinical trials nurse (2010). ONS publica-

tions such as the *Statement on the Scope and Standards of Oncology Nursing Practice* (Brant & Wickham, 2004) and the *Statement on the Scope and Standards of Advanced Practice Nursing in Oncology* (Jacobs, 2003) address the scope of the oncology nurse's role and the academic and professional preparation needed for these positions. Extensive literature review, research of standards, multiple perspectives, and expertise are used in the development of these standards to ensure relevancy, timeliness, and integrity.

An initial exploration of existing leadership competencies indicated that many professional and specialty organizations, including the American Organization of Nurse Executives (2005), American Association of Critical-Care Nurses (2006), and National Council of State Boards of Nursing (2009), have estimable compilations of skills to address this need for strong leaders. These documents have intrinsic value and articulate many functions of nurse executives and managers and of governance roles. The expressed need from ONS members was to outline a leadership development pathway and tangible description of competencies that would equip nurses—whether at the point of care, as a nurse manager, or a national board member—to understand where and how they need to develop personally to lead at every level. Moreover, an individual might find himself or herself at two concurrent but different leadership levels: one for employment and the other in a volunteer role. The clear indication from this literature review was that a conceptual model was needed to visually describe the personal growth required to effectively advance as a leader. Such a model would describe an effective leadership pathway, including competencies needed from an individual level to a board level.

These ONS Leadership Competencies were designed to reflect the specific needs of oncology nursing, the strategic goals and direction of ONS, and the future of leadership within cancer nursing practice. However, they were developed with the intention of transcending practice settings and professions so that they may be engaged universally by those wishing to increase and measure their leadership competency within any environment. These competencies will provide a means for self-assessment and a foundation for future leadership education.

Process

The ONS Leadership Competencies Project stems from a Leadership “think tank” that was held April 11–12, 2011. ONS hosted 20 nurses, staff, and association professionals in Pittsburgh, Pennsylvania, with the intent of generating discussion on the needs of nursing leadership education and development among the diverse group of professionals. The group discussed the landscape of nursing leadership in the 21st century, the differing needs and interests among the various generations of nurses in the workforce today, and the vision of how leadership education and training might advance the profession into the future.

In 2011, the ONS 2012–2016 Strategic Plan was being formulated. The plan identifies four pillars: Knowledge, Leadership, Quality, and Technology. Three objectives within the Leadership pillar clearly speak to program development, increasing the effectiveness and advocacy of the organization, and increasing the Society's involvement of international leaders. ONS recognizes that there are leaders worldwide, practicing at all levels. There is a compelling need to provide a framework for leadership development for oncology nurses regardless of practice location or professional nursing role within the specialty.

The ONS Leadership Competencies Project Team was launched in the fall of 2011 to participate in the process of developing leadership competency statements that would be relevant to oncology nurses regardless of their specific role or area of practice. A diverse team of five nurse leaders representing administration, education, and clinical practice were selected to participate on the team. The team met through numerous conference calls from November 2011 to February 2012, when they met in person at the ONS National Office in Pittsburgh.

All team members participated in an extensive literature review. Articles were selected based on content rather than discipline, drawing from both healthcare and business literature. Each citation was reviewed by at least two team members

and summarized in a synthesis review table. The articles were scored based on relevance to the topic. As the synthesis table was completed, themes, categories, and skills began to emerge. At the meeting in February 2012, the group used the synthesis table and literature to identify the domains and competencies. The competencies were then defined at the individual, group, and governance level.

Competency Review

The planning team decided to put the competencies through an extensive review process, including public comment, field review, and expert review. Public comment for the competencies and the model was accomplished using a Web-based survey platform. Introductory text provided an explanation of the project and key definitions, and then each competency was listed separately for voting. The survey tool collected demographic information, including nursing role and years of experience. For each of the draft competencies, respondents voted (yes/no) for inclusion in the domain and final set and provided relevant comments.

ONS members and their nursing colleagues were notified of the opportunity for public comment via targeted e-mails to relevant groups and posting in the electronic newsletter *Connect Weekly*. Following the closing of the public comment period, the planning team reviewed the voting results and all comments. Planning team members evaluated the competencies, focusing on those receiving fewer “yes” votes for inclusion, and assessed concerns raised in the respondents’ comments to determine whether their integration would clarify, strengthen, and improve the competencies and definitions.

The next steps were to put the document through field and expert review. Nurse leaders selected for their various expertise, role, location, and background reviewed the draft document. The planning team made edits to the competencies and model based on the feedback received.

Key Terms Used in This Document

- **Competency:** a social, practical, or analytical skill required within a job or role
- **Domain:** the area of personal and professional knowledge or responsibility
- **Evidence-based practice:** the use of a combination of clinically relevant research data along with clinical expertise to make patient and practice decisions; incorporates both expert opinion and meta-analysis
- **Governance leadership level:** the oncology nurse leading at the board level or any other high-level position of representation. This area of leadership will often extend beyond the oncology setting and have an impact in the multidisciplinary arena.
- **Group:** any collection of people with whom the oncology nurse interacts
- **Group leadership level:** the oncology nurse leading within any group setting
- **Individual leadership level:** the oncology nurse at the individual level addressing the skills needed for personal growth within his or her practice setting
- **Interprofessional:** the reciprocal relationship among individuals, groups, and organizations from different disciplines
- **Organization:** any group of people that comes together formally to accomplish a set goal

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Oncology Nursing Society Leadership Competencies

Conceptual Model

Following a review of the healthcare and business literature, the ONS Leadership Competencies were created to define the role of the oncology nurse leader. Whether working at the bedside, as a manager, or as a member of a national or international board of directors, oncology nurses are viewed as leaders within their practice. These competencies will provide a means for self-assessment and a foundation for future leadership education.

The ONS Leadership Competencies have been divided into five *domains*: **Personal Mastery, Vision, Knowledge, Interpersonal Effectiveness, and Systems Thinking**. The competencies in one domain will often overlap with or relate to those in another. Each competency builds upon the proficiency met at the individual level, which is foundational for leading groups or serving in governance roles.

This model is designed to reflect the transitions nurse leaders make among the defined levels of leadership within the domains. This fluid movement back and forth between levels is dependent on the skills needed at the specific level of practice and the needs of the leadership role. The oncology nurse as a leader never stops growing, and this model is designed to reflect that evolution.

The leader may transition among the three *levels* within a given competency depending on the skills needed at the level of practice.

- **Individual**—At the individual level, oncology nurse leaders address the skills needed for personal growth or within their individual practice setting.
- **Group**—Oncology nurses who are leading a group should be competent in additional areas, with a broader view of their personal practice as well as the practice of the unit, council, or group that they lead.
- **Governance**—In a governance role, which may include participation on a board or other high-level position of representation, oncology nurse leaders demonstrate expanded skills. Competencies at this level will often reach outside of the oncology setting.

The image to the right depicts the oncology nursing leadership competency model. Nurse leaders will move among levels depending on the needs of the leadership role.



Leadership Competencies

| DOMAIN: PERSONAL MASTERY <i>Continuous domain of self-understanding, internal and external assessment, and personal growth as the leader develops the intrinsic skills and values that will serve at every level of leadership</i> | | | | |
|--|---|--|---|---|
| | | Examples for Each Level of Practice | | |
| Competency | Definition | Individual | Group | Governance |
| Introspection | Conscious and purposeful reflection relying on thinking, reasoning, and examining one's own thoughts, feelings, and motives | Engages in introspection to ascertain one's own values, ideals, and goals, as well as one's innate leadership potential | Engages in a deeper level of introspection while learning to compare one's own beliefs and values to those of the group or organization and how to convert this introspection into a vision for the group | Engages in the highest level of introspection to align individual goals and values to guide the direction of the organization. At this level, the leader determines when to elevate the needs of others in the profession and society over personal priorities. |
| Self-care | Personal health maintenance reflecting physical, mental, emotional, and spiritual care of oneself | Sets personal priorities and boundaries and establishes the work-life balance to maintain those priorities | Models the work-life balance and encourages/enables others to establish this in their lives as well | Shows increased judgment when accepting responsibilities in regard to both professional and personal impact, including negotiating demands on one's time, delegating, and realigning one's commitments |
| Authenticity | Being true to oneself regardless of external influences | Lives ethically by goals and values and ensures that words and actions align with personal values | Demonstrates consistency in values and adapts leadership style to the circumstances | Maintains consistency in values and priorities in the face of opposition, not only for oneself but also for those the leader represents |
| Lifelong learning | Voluntary and lifelong pursuit of knowledge and skills needed for personal and professional advancement | Identifies learning needs and translates knowledge into practice, models a desire for self-improvement, and seeks opportunities to give and receive mentorship | Supports or makes available opportunities to foster learning in others and advance the interests of the organization | Builds a framework for professional development by fostering a culture of growth and mentorship |
| Adaptability | Ability to change oneself in response to intrinsic and extrinsic factors | Can "go with the flow," "think on one's feet," and respond appropriately to crisis situations | Leads others to respond appropriately in rapidly changing environments, new situations, and process improvements | Responds with flexibility to changing information and proactively guides others through ambiguity |

| DOMAIN: VISION | | | | |
|---|--|--|--|--|
| <i>Ability to strategically look into the future, discern the possibilities, and act as a catalyst for change</i> | | | | |
| | | Examples for Each Level of Practice | | |
| Competency | Definition | Individual | Group | Governance |
| Strategic thinking | Ability to look ahead with clarity and use broad environmental information to understand trends and anticipate outcomes | Establishes a clear purpose and direction for one's practice | Defines a realistic, credible, and optimal future for the group by setting standards of excellence | Uses insight to develop a sustainable vision for the profession and health care that evolves within a changing environment |
| Articulation of strategic direction | Clear communication of the goals and strategies leading to desired outcomes and effective description of the steps needed to reach the imagined future | Clearly expresses the vision and objectives for a process or project | Communicates core purpose and vision so that all members understand their expected contributions and roles | Interprets and aids others in understanding and supporting the vision of the organization |
| Inspiration | A sense of confidence and excitement about the future and a climate that encourages and celebrates achievement | Expresses the vision of the future with genuine enthusiasm | Builds team spirit and enlists others through collaboration of the shared vision | Enlists resources and provides visibility in the journey to achieving the vision |

| DOMAIN: KNOWLEDGE | | | | |
|---|---|---|--|--|
| <i>Continual and systematic pursuit, translation, and application of evidence-based information</i> | | | | |
| | | Examples for Each Level of Practice | | |
| Competency | Definition | Individual | Group | Governance |
| Pursuit of knowledge | Process of obtaining answers to questions through meaningful inquiry | Pursues information with the end goal of improving practice | Models the pursuit of continuous inquiry and sets the expectation for colleagues to remain on the forefront of knowledge | Facilitates knowledge acquisition by others through mentorship, formal guidance, and collaboration through professional organizations |
| Translation of knowledge | Facilitation of knowledge acquisition by others through mentorship, formal guidance, and collaboration through professional organizations | Demonstrates the ability to evaluate the credibility and applicability of evidence into practice | Leads others in critical appraisal of evidence-based information and provides resources to determine applicability | Develops processes to support the use and dissemination of evidence-based information and translation into practice at the point of care |
| Utilization of knowledge | Application of evidence-based information to reach optimum outcomes | Critically applies evidence-based information to practice | Equips colleagues with tools and resources necessary to implement and appraise evidence in professional practice | Creates infrastructure and processes to support a culture of evidence-based practice in action |
| Evaluation of outcomes | Systematic process to evaluate the quality and merit of practice outcomes | Examines the validity of evidence and its applicability to desired or obtained outcomes in practice | Leads others in the process of critical assessment to determine best practice | Engages in continuous collaboration and analysis of outcomes at the systems level, leading to new initiatives |

| DOMAIN: INTERPERSONAL EFFECTIVENESS | | | | |
|--|--|--|--|--|
| <i>Ability to create and maintain productive interactions and positive relationships</i> | | | | |
| | | Examples for Each Level of Practice | | |
| Competency | Definition | Individual | Group | Governance |
| Relationship building | Ability to form partnerships through use of influence, teamwork, trust, and honesty | Seeks out, initiates, and maintains healthy relationships both personally and professionally | Fosters the creation and maintenance of healthy relationships between individuals and groups and promotes a willingness to work collaboratively | Initiates alliances that foster the advancement of health care and the profession and promotes collaboration through professional networks |
| Caring | Ability to both feel and demonstrate empathy, concern, and a desire to help others | Demonstrates in both actions and words a genuine desire to help others | Creates an environment of caring where others feel heard, supported, safe, and recognized | Uses empathy and concern to build a nurturing environment by setting the highest standard of accountability for self and others |
| Balance | Proper prioritization of responsibilities, both professional and personal, by boundary setting and use of time management skills | Creates cohesion between personal responsibilities and professional demands | Creates a healthy environment that encourages others to set priorities and boundaries while meeting the needs of the organization | Creates an organizational structure that encourages individuals to maintain personal and professional balance |
| Effective communication | Use of both verbal and nonverbal skills to successfully share information, thoughts, and feelings with others | Conveys thoughts and ideas effectively in both personal and professional environments | Facilitates a multifaceted exchange of information with and in response to others | Creates and maintains a communication process and structure to facilitate the multidirectional flow of information |
| Emotional intelligence | Ability to understand, evaluate, and respond to emotions in oneself and others and to influence the setting or situation | Possesses the self-awareness to identify, manage, and evaluate one's own emotional responses | Manages responses to the emotions of self and others by modeling emotional awareness to influence decisions that are beneficial to the environment | Discerns the emotional context within a setting and objectively manages the decision or situation |

DOMAIN: SYSTEMS THINKING

Understanding, interpreting, and acting upon the relationships and processes internal and external to the healthcare environment to drive positive outcomes

| | | Examples for Each Level of Practice | | |
|---------------------------------|---|---|--|---|
| Competency | Definition | Individual | Group | Governance |
| Navigating change | Ability to plan, make decisions, and implement and evaluate processes in an evolving environment | Embraces change in an open, supportive manner, takes personal responsibility for implementing proposed changes in process or structure, and creatively improves processes at the point of service | Provides the framework, evaluates data, and celebrates success to enable others to adapt to change and empowers and supports others to incorporate these changes into the everyday work setting | Creates, aligns, designs, and modifies the change process within an organization, makes change initiatives tangible through a clear vision, and inspires enthusiasm for and ownership of the proposed changes to produce desired outcomes |
| Interprofessional collaboration | Integration of treatment and support for patients from cross-functional teams and professions through cooperation and communication, providing care that is continuous and reliable | Coordinates and collaborates among professions to ensure comprehensive, cost-effective, safe, patient-centered health care | Uses effective communication skills to facilitate coordinated care and shares responsibility for leadership and decision making to develop potential solutions or plans | Sets, promotes, and champions an organizational environment of respect and support of interprofessional collaboration |
| Technology | The science of innovation through equipment and knowledge translation into the work environment | Embraces the integration of technology to provide optimal outcomes | Understands how technology supports the group environment and provides resources for users to receive adequate education | Develops a global understanding of technology and assesses the healthcare environment to set standards and priorities for technology use |
| Stewardship | Effective use of financial, human, and other resources in practice | Possesses a clear understanding of how financial and human resources are integral to the professional practice of the individual | Interprets the relationship between the group's work and the well-being of the organization and allocates resources effectively | Stays informed about current and future societal trends and determines and allocates the resources and finances needed to provide the best outcomes for the population served |
| Quality | Benchmarking of measured outcomes and development of predictors of best care | Understands quality at the point of service and provides care at the highest level of evidence-based or best practice available | Possesses a clear understanding of quality and the metrics needed to benchmark and compare internally and externally, disseminates information to the group, and facilitates the use of metrics and indicators to provide quality outcomes | Anticipates trends in healthcare quality, analyzes current data, and provides a clear vision that integrates metrics and indicators reflecting the needs and norms of society |

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DOMAIN: SYSTEMS THINKING (CONTINUED)

Understanding, interpreting, and acting upon the relationships and processes internal and external to the healthcare environment to drive positive outcomes

| | | Examples for Each Level of Practice | | |
|------------|--|---|---|---|
| Competency | Definition | Individual | Group | Governance |
| Diversity | The incorporation of unique experiences and characteristics that unify individuals and groups while distinguishing them from one another | Understands own biases and builds respectful relationships with others | Integrates differing viewpoints and promotes collaboration among a diverse team to optimize work environment and maximize culturally competent care | Ensures that all viewpoints are considered and that decisions are made with respect to the needs and welfare of those they represent |
| Advocacy | Support of others without bias by having the courage to challenge the norm | Understands the impact of issues and advocates for those being served | Models and encourages advocacy and ensures the group is represented in the organization | Demonstrates courage in society to be the voice for those in need and leads efforts in addressing disparities existing in communities at all levels |
| Ethics | Use of knowledge to do what is right and just for the greater good, without involving personal agenda | Practices in an ethical manner as defined by the American Nurses Association Code of Ethics | Models professional ethical practice and supports ethical behaviors relative to practice | Recognizes societal needs and influences policies and processes based on ethical principles and evidence |



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