The Oncology Nursing Society Leadership Competency Project: Developing a Road Map to Professional Excellence

Donald D. Day, RN, MSN-L, Mikel W. Hand, EdD, RN, NE-BC, NEA-BC, OCN®, Ann R. Jones, RN, MS, MBA, AOCN®, FACHE, Nancy Kay Harrington, RN, MS, BSN, OCN®, Robyn Best, BSN, MSL, RN, OCN®, and Kristine B. LeFebvre, MSN, RN, AOCN®

Combining the recommendations of the Institute of Medicine’s report on the future of nursing, an Oncology Nursing Society (ONS) leadership think tank, and current evidence, the ONS Leadership Competencies were developed to provide all nurses with a pathway to advance their leadership skills and abilities. Generated through a systematic approach of literature review, data synthesis, and peer and expert review, the ONS Leadership Competencies are divided into five domains: vision, knowledge, interpersonal effectiveness, systems thinking, and personal mastery. Each of the competencies can be measured at the individual, group, and governance levels. They serve as a means of self-assessment, growth, future planning, and professional development. This article describes the process used to develop the ONS Leadership Competencies and offers examples of how they may be used in practice.

A long-held stance of the Oncology Nursing Society (ONS) is that every nurse is a leader. Whether the nurse is working at the bedside, as an administrator, or serving on the board of directors for a national organization, leadership skills are integral in the work of the oncology nurse. In addition to the role of direct care provider, the nurse routinely serves in the roles of advocate, change agent, and fiduciary steward. Effective nurse leaders are needed to help the system cope with the continual changes facing health care and cancer care, and to build a solid future for the nursing profession.

In 2010, the Institute of Medicine’s ([IOM’s], 2010) report brief, The Future of Nursing: Leading Change, Advancing Health, addressed the need to develop nurses. As the largest profession of healthcare workers in the United States and at the forefront of patient care, nurses must be leaders and advocates for high-quality health care and serve as full partners with other health professionals. The responsibility for leadership development lies not only with schools of nursing and individual healthcare institutions, but also with professional associations that can research strategies, develop programs that address the need, and integrate it into clinical education (IOM, 2010).

As a professional organization, ONS has a vested interest in developing individual leaders to prepare for future changes in cancer nursing care, nursing education, and research. Members have participated in educational offerings in leadership, as well as taken the opportunity to grow professionally through publication, research, and clinical and organizational leadership. Educational programs include the Leadership Development Institute (offered from 1998–2011), the leadership development online course (which began in 2012), and the Leadership Workshop,
which is held annually and helps to prepare ONS Chapter and Special Interest Group leaders in their roles.

In 2011, with funding from the ONS Foundation and ONS, a leadership think tank was held. Twenty nurses, staff, and association professionals discussed the landscape of nursing in the 21st century, the differing needs and interests among the various generations of nurses in the workforce today, and their vision of how leadership education and training could advance the profession in the future. Attendees to the think tank were invited to provide a broad representation of nursing roles and experiences, and six nursing and professional organizations were represented. ONS members included academic educators, advanced practice nurses, nurse administrators, and current and past members of the ONS Board of Directors and Nominating Committee. Executive leadership and staff members from ONS and the ONS Foundation also participated. One of the recommendations from this meeting was to define competencies for individual and group leadership.

Although the ONS Leadership Competencies were developed to reflect the needs of oncology nursing, they were written as a means for self-assessment and to provide a foundation for future leadership, applicable in many practice settings and environments.

Methods

The ONS Leadership Competencies project team, consisting of five nurse leaders representing administration, education, research, and clinical practice, was launched in the fall of 2011. All team members participated in an extensive literature review. Articles were selected based on content rather than discipline, drawing from nursing, health care, and business literature. Search terms included leadership competency, competency models for leadership, and nursing leadership. Data sources included CINAHL®, Ovid, MEDLINE® on OvidSP, and the ONS library. One significant challenge was the lack of available published research studies (particularly randomized, controlled trials and meta-analyses) that specifically addressed leadership competencies and competency development. Originally, the team planned to draw on research within a five-year time frame. However, this was expanded to 10 or more years to gain adequate material. In addition, 31 research publications (e.g., original research studies, retrospective analyses, systematic reviews) and expert opinion pieces were selected for review by two or more members of the team using an applicability scale that ranged from 0 (no relevance) to 10 (direct relevance).

Findings

Each of the articles was summarized in a synthesis review table that included article description, competencies, traits relating to competencies, level (e.g., individual, group, governance), type of article, applicability, and conclusion. As the synthesis table was completed, themes, categories, and skills began to emerge (see Table 1). The group used the synthesis table and literature to identify the domains and competencies based on evidence and best practice. The competencies then were defined at the individual, group, and governance levels.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Communicating requirements and expectations, limiting setting, creating a culture of responsibility, and addressing performance problems</td>
</tr>
<tr>
<td>Financial skills</td>
<td>Managing budgets and assets, evaluating financial analysis, understanding the impact of reimbursement models, and developing long-term financial plans; the ability to explain financial metrics and reports; the ability to understand and explain competitive markets, and to firmly recognize the implications of action or inaction in particular financial situations</td>
</tr>
<tr>
<td>Effective communication and conflict resolution</td>
<td>Written and verbal communication, listening, and technological and crisis management; interpersonal effectiveness and the ability to know how communication affects others; collaboration and interpersonal skills; demonstrating effective communication and conflict-resolution skills including listening skills, the ability to communicate across cultural lines, relationship management, and skills to manage and contend with conflict interactions; the ability to lead in pursuit of common objectives</td>
</tr>
<tr>
<td>Transformation</td>
<td>Results orientation, analytical thinking, community orientation, strategic orientation, and innovative thinking by addressing the need for a global perspective when approaching healthcare and professional issues</td>
</tr>
<tr>
<td>Personal mastery</td>
<td>Referred to as self-knowledge; the ability to deal with ambiguity and complexity, clear expectations for self in relation to honesty and integrity, and a clear understanding of self; self-awareness, regulation of moods and emotions, motivation, and empathy are identified as traits demonstrative of the intellectual and emotional self.</td>
</tr>
<tr>
<td>Systems thinking or governance leadership</td>
<td>Discussed as a competency directly and indirectly in the literature; establishment and enactment of a clear vision; the capacity to understand and influence public policy that affects the performance of one’s domain of responsibility, strategic and futuristic thinking, and evidence-based decision making</td>
</tr>
</tbody>
</table>

Note. Based on information from Calhoun et al., 2008; Eddy et al., 2009; Huston, 2008; Jennings et al., 2007; Mouradian & Huebner, 2007; National Center for Healthcare Leadership, 2013; National Council of State Boards of Nursing, 2009; O’Connor, 2008; Ponti & Devet, 2012; Sherman et al., 2007; Stichler, 2006; Weston et al., 2008.

The initial six broad competencies identified in the literature provided a foundation for dialogue, but it soon became apparent that overlap existed within these competencies. Effective communication was identified as a skill required for interpersonal effectiveness and was integrated within that competency. Transformation was separated into two competencies based on behavioral traits. Strategic orientation and strategic thinking were placed within vision. The knowledge domain incorporated analytical thinking. After the original competencies were further refined, the five remaining competencies were developed into broad domains to address performance by leaders functioning at different levels (e.g., individual, group, governance). Two
of the original competencies identified from the literature review—systems thinking and personal mastery—were retained and expanded into domains.

Each of the five broad domains and the specific competencies within them were defined. Specific actions were developed for each competency and level through group discussion and consensus, guided by the information derived from literature synthesis. The rigorous process allowed for in-depth examination and critique of each action as it was developed. The team then identified actions for each competency at the individual, group, and governance levels.

Conceptual Model

A conceptual model was created as a visual explanation of the transitions nurse leaders make when moving between the individual, group, and governance levels within the five domains of leadership. The competencies in one domain often overlap with or relate to those in another. The skills needed at a specific level of practice and in a particular role will guide the fluid movement between levels. Each competency builds on the proficiency met at the individual level, which is the foundation for leading groups or serving in governance roles (see Figure 1). At the individual level, oncology nurse leaders address the skills necessary for personal growth or within their individual practice setting. Leading groups requires an additional leadership skill set inclusive of broader views of personal practices as well as the practice of the unit, council, or group he or she leads. At the governance level, nurse leaders participate on boards or other high-level representation and require competencies that often reach beyond the oncology setting. For example, a nurse leader who demonstrates the competency of adaptability at the individual level is able to respond appropriately to crisis situations and can think quickly on his or her feet. The competency skills of adaptability expand in the group level to include the ability to lead others to respond appropriately in rapidly changing environments and new situations. A highly functioning nurse leader in the governance level has the skill set to adapt as an individual and as a group leader, and possess additional skill sets to respond with flexibility to changing information and proactively guide others through ambiguity.

Competency Review Process

The competencies were refined 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. ONS staff gathered the results and shared them with the authors. After each review level, the proposed document was revised based on strength of content, expert opinion, and consensus of the group. The ONS Leadership Competencies were published in November 2012 and are available on the ONS website (http://bit.ly/1kRkmCo).

Application

Application of the ONS Leadership Competencies is far-reaching and not limited to the clinical setting—they also have direct implications for chapter and organizational governance. The competencies were developed with the idea that all nurses are leaders and can benefit from a strong pathway to development of leadership skills and abilities. Bridging the gap between conceptually understanding the leadership competency model and translating it for use in daily practice can be difficult. Since the publication of the ONS Leadership Competencies, several methods have been used to create awareness of the document. Educational forums held prior to ONS’s annual Congress in 2013 and at the 2013 ONS Leadership Workshop, in addition to discussions with the ONS Board of Directors and the Nominating Committee, have initiated dialogue on how the competencies are being applied. Although the competencies are just beginning to be used in practice, creative approaches to application have been proposed in various settings. For example, the Nominating Committee at ONS uses the tool in the application process for the evaluation of candidates and as a framework to clearly describe the skills required of the governance-level leader. In addressing how to apply the competencies, four themes become apparent. The competencies (a) present a common framework by which self-assessment can occur, (b) provide a guideline that fosters development and enhances growth, (c) link development activities to goals and objectives, and (d) if used as a communication tool, inform others of needed leadership development strategies.

Self-Assessment

The leadership competency model was used to design a self-assessment tool to identify areas of strength and opportunities
for additional development. The tool has been used in educational programs related to leadership and will be available to ONS members through the ONS Leadership Virtual Community. In this decade of promised changes in health care, nurses must be equipped to deal with the many opportunities and challenges certain to arise. Nurses have found it beneficial to complete the assessment after determining the context of their leadership pursuit. For example, is the nurse seeking a new work position, volunteer opportunity, professional endeavor, or personal growth challenge? By matching the goal with results of the self-assessment, a development and activity plan can be created. One individual indicated that she had completed a self-assessment and revisited her five-year professional plan. She recognized several areas that she needed to work on to be successful in reaching her five-year goals, and then outlined activities that would help her learn and grow in those specific areas.

Education and Personal Growth

The ONS Leadership Competencies provide a foundation for leadership education that can be used in many settings. Through the identification of developmental needs of the individual or several leaders within an organization, continuing nursing education programs can be designed or selected to meet the needs of the learner, including inpatient and outpatient practitioners, advanced practice nurses, and those in compensated or voluntary professional roles.

Leadership development opportunities exist for all levels of academic nursing education, from prelicensure through the doctoral level. Students within leadership courses have been asked to analyze specific competencies and identify their level of practice. Education is provided with a focus on a domain or specific competency. Learners can observe concepts in the clinical practice setting and study how best to strengthen their skills. One leader reported using the competencies with students when teaching about the attributes needed for roles in healthcare delivery once they enter the workforce. The nurse leader explained that the model is relevant for roles ranging from novice to advanced practice. The competencies also provide leadership development opportunities for faculty.

Planning for the Future

Although discussion often begins with how the competencies can be used to strengthen individuals’ leadership pursuits, the competencies can collectively support the development of a team, as well. The board of one ONS chapter is planning to use the competencies to collectively analyze the strengths and weaknesses of the leadership group and incorporate findings into its annual strategic planning process. Another group is planning to offer the self-assessment to its members and target chapter programming around the needs identified by membership. Still another chapter plans to develop a mentoring program, matching aspiring chapter leaders to experienced members based on individual results from the competency tool. Finally, one group is considering an all-day workshop centered on leadership development, using the competency model as the basis. Succession planning for board leadership was mentioned as another application of the competency model.

Implications for Practice

- Use the framework to guide individuals for personal and professional growth through assessment as well as career planning and goal setting.
- Make the tool an ongoing opportunity for mentorship, succession planning, and performance review at the group or unit level.
- Guide organizations and institutions with the competencies in terms of shared governance, chapter growth, and development in the role of the professional leader.

Professional Role

The ONS Leadership Competencies are being incorporated into the professional role and responsibilities of oncology nurses during recruiting processes, professional evaluations, and volunteer activities. Many settings require competency-based interviews and performance reviews. The ONS Leadership Competencies have been integrated into this process in several centers by clarifying the responsibilities of a role and matching the individual’s professional development needs with the role. Managers have used the competencies to mentor staff as they create a personal career development plan.

In addition to professional practice where compensation is provided, nurses often participate in volunteer activities that demand a high degree of leadership ability. Leadership competencies have universal application and may be addressed through a standardized model of leadership development and training. By encouraging standardization of leadership training for volunteers, these individuals are equipped with the tools necessary to assess, develop, and implement the skills needed to organize and lead their volunteer activities to effective and productive outcomes.

Future Recommendations

The challenge, then, is to operationalize the competencies. Implementation of the competency model supports the highest standards for professionals at the point of care as well as those in the boardroom. For successful navigation through the model, self-assessment and reflection serve as starting points, but professional support in the form of mentoring is needed to guide, advise, and offer a role model. Additional research is needed to support leadership in all aspects of nursing, as well as to fully test the ONS Leadership Competencies.

Healthcare reform will continue to compel organizations to reflect on what is really needed to accomplish high-quality work. Nursing must remain at the heart of the issue, leading these discussions and guiding the profession into the future.

Conclusion

The ONS Leadership Competencies were developed through a rigorous process of literature review, public comment, and field and expert review. They have combined the recommendations
of the ONS leadership think tank, the IOM report on the future of nursing, and current evidence. The resulting document serves as a framework to support the direction of nursing in the years to come, as nurses face the uncertainty of an ever-changing work environment.

The authors gratefully acknowledge Kate Shaughnessy Hankle, MBA, CVA, for her contribution to the development of the ONS Leadership Competencies.

References


Classifieds

Chief, Outcomes Research Branch, Applied Research Program

The National Cancer Institute (NCI), a major research component of the National Institutes of Health (NIH) and Department of Health and Human Services (DHHS), is conducting a national search for the Chief of the Outcomes Research Branch within the Applied Research Program. The person serving in this position will have a unique opportunity to serve the NCI’s scientific leader in the development of outcomes research.

The Outcomes Research Branch (ORB) leads, coordinates, and sponsors research and development of resources to evaluate, monitor, and improve health outcomes and quality of care for all patient populations across the cancer control continuum. ORB stimulates development of an integrated program of cancer outcomes research, with special attention to the development and testing of patient-centered measures such as quality of life, self-assessed health, symptoms, functional status, and patients’ experiences of care. The Branch supports a portfolio of investigator-initiated grants and also initiates and coordinates funding opportunities and measures of patient-centered outcomes in research and for use in clinical practice. To obtain more information about the Outcomes Research Branch and the Applied Research Program, visit http://outcomes.cancer.gov.

Candidates for the position should be an experienced scientist (M.D., Ph.D.-level training required) with leadership experience and advanced training in health services and outcomes research, evaluation of the quality of care delivery, and experience in applying these research methods to fields or research such as health services, outcomes, economics, and/or quality of care. Expertise and experience is required in the conceptual basis, methodology and application of health outcome measures in the context of clinical trials, observational studies, and in population level surveillance and/or cancer care evaluation.

This is a career position with the U.S. government and requires that the applicant is a citizen of the U.S. The salary range for this position is $124,995 to $157,100. Letters of interest and vitae may be submitted immediately to Samantha Williams (williamss3@mail.nih.gov).