
INTRODUCTORY LECTURES

Using Leadership and Advocacy to Improve Cancer Pain Management - Based on a Presentation at the Cancer Pain, Suffering and Spirituality Course

Brenda Nevidjon

Abstract

Being a leader is not dependent on a title and, in fact, every oncology nurse is a clinical leader. Building on skills in caring for patients, oncology clinicians and nurses use their knowledge and skills to: advocate for patients; initiate performance improvement projects; develop new services for patients and families; ensure quality and safety of care; influence health policy. Because of oncology clinicians and nurses' closeness to patients and families in all settings, they know where the barriers to excellence are in organizations. This session will provide an overview of leadership skills and how nurses in particular can use their expertise as clinicians to improve the care delivery in their organizations and communities.

Keywords: Leadership - cancer pain and suffering - spirituality - care delivery

Asian Pacific J Cancer Prev, **11**, MECC Supplement, 13-16

Introduction

The management of cancer pain is not only a clinical challenge, but often is affected by cultural and governmental influences that cancer care providers must navigate. All cancer care providers have the opportunity not only to assess and treat the patient's pain, but can become leaders and advocates in the broader discussions of pain, suffering, and spirituality. Having the clinical knowledge of pain and its treatment is certainly necessary but so are the skills of leadership and advocacy. Some might argue that one is born a leader or that only people with administrative titles are leaders. (Sanborn, 2006) To the contrary, people can develop leadership skills and effectively advocate for programs and policies that support quality cancer pain management. They do not necessarily need to hold an administrative title but do need to know how to promote their ideas and proposals to administrators or policy makers. This paper will provide an overview of steps the clinician can take to enhance his or her leadership abilities and advocacy techniques.

Starting from Strength - Preparing to Lead Change

Leadership simply defined is positive influence. Leaders are not content with the status quo but continuously seek performance improvement and are willing take risks to achieve their goals (Maxwell, 1995). People will lead for different reasons usually because of their passion for the work or issue. Thus, leadership

development begins with defining what one's goals are and whether he or she has the skills to meet those goals. In working with cancer patients, the clinician may identify barriers to providing the best pain management and decide to remedy the situation. The clinician has defined the goal – improved pain management for cancer patients. Further definition of the barriers and solutions for removing those barriers is the next step. The cancer care provider starts from clinical strength in this situation and will use leadership skills to accomplish the goal. Developing or enhancing leadership skills is not only possible but is necessary. The ability to lead and influence others will determine one's success. (Maxwell, 1993).

Kouzes and Posner (2007) have developed and used a framework for leadership development that furthers an individual's ability to guide others in getting extraordinary results. Through their research, they have identified five practices of exemplary leaders as seen in Table 1. Leadership is relational and cannot be developed without consideration of what others want and expect in a leader. Integrity is the foundation of leadership. Integrity builds trust and trust is the cornerstone to having followers.

Data from over two decades of surveys about the characteristics of admired leaders show that honesty, forward-looking, inspiring, and competent are consistently the highest rated characteristics. These are also the highest rated characteristics in several other countries. People expect consistency in what their leader says and does; seeing that words and actions are aligned. Thus, a lesson in leadership development is to do what you say you will do. Colleagues will follow the authentic

Table 1. Five Practices of Exemplary Leaders – adapted from Kouzes and Posner, *The Leadership Challenge*, 2007

Practice Description
Model the Way Leaders must clarify their values and model the behavior they expect of others. People follow the person and then the plan.
Inspire a Shared Vision Leaders see a future of possibility and are confident in their ability to make things happen. They engage others in sharing the vision through understanding their needs, interests, hopes, and goals.
Challenge the Process Leaders are willing to take a risk, to innovate, to experiment. They expect to change the status quo.
Enable Others to Act Leaders know that group collaboration and personal accountability lead to success. They build trust, share power, and strengthen others' abilities.
Encourage the Heart Leaders show genuine caring, recognize everyone's contributions, and celebrate accomplishments.

leader. If the leader says that assessing the patient's goal for pain management is essential and incorporates the patient's goals in the plan of care, others will follow and results will be consistent. On the other hand, if the leader says that a policy change is needed and takes no action to promote change, some may or may not act and results will be inconsistent.

Gandhi said, "You must be the change you want to see in the world." (<http://www.quotationspage.com/search.php3?homesearch=gandhi&page=3>). Admired leaders have the ability and commitment to look inward and know their strengths and to identify areas that must be developed to bring success. Self-reflection is critical to developing as a leader. Table 2 is a list that can be used to assess one's leadership skills. Reviewing this list personally and asking others to indicate those skills that need enhancing. Another approach is in Table 3 which highlights some of the activities to create a personal leadership plan. Sometimes, circumstances will create a leader as has been seen during disasters. Many times, the individual sees a situation that is unacceptable and wants to change it. As Gandhi said, the person must start with self but then also must focus outward and define goals for change.

Planning and Managing Change

Once a gap is identified between a current practice or policy and the envisioned one, leaders want to make a change, to improve the situation. The process begins with describing the future, what the vision is for change. With a clear vision of change, not only is the direction set but others will be able to decide whether they want to join in the process. The role of the leader is to champion the project and to facilitate others success in accomplishing their assignments. An effective leader does not "do it all," but ensures that team members have the skills and resources they need.

There are many project frameworks but in general, to be successful in leading change, one must:

- Σ Define the objectives and scope of the project.

Table 2. Skills of Leadership: Review the List and Indicate whether you Possess this Skill or Need to Develop it

Skills to Possess for Needs Development
Defining and creating your goals and mission
Creating a vision and future-oriented thinking
Creating indicators for success
Finding financial resources for a project
Understanding the aspects of volunteerism
Building an effective team
Building relationships with stakeholders
Coaching/counseling/mentoring/mobilizing others
Creating, maintaining, and changing organizational culture
Critical thinking and decision-making
Dealing with difficult people
Dealing with the unknown
Delegating/communicating expectations/accountability
Developing a business plan
Developing a professional image
Developing power and influence
Giving constructive feedback/bad news
Influencing health policy in your country
Initiating and managing change
Making ethical choices
Managing a meeting/group
Managing a program/project
Managing conflict
Managing financial resources

From the Oncology Nursing Society's Starting from Strength: Leadership and Organizational Training for Building effective Nursing Groups 2010, supported by a grant from the ONS Foundation

Explain the significance of the project.

Σ Conduct an analysis of the environment – organizational, regulatory, political (See Figure 1).

Σ Identify the stakeholders, who will have an interest in the outcome of the project, who needs to be engaged in the project, who might have to approve the change.

Table 3 Developing a Personal Leadership Plan: Select One of the Options to Begin your Planning

1. Think of a leader you admire. List the qualities of that person and identify which are ones you possess. Identify ones you wish to develop.
2. Ask a trusted colleague, "Are there areas that I should focus in my leadership development?" or "What is it about me that may get in the way of being a successful leader?"
3. Ask yourself, "If I had it to over again, I would spend more time developing my XXX ability(ies)." Find resources such as books or classes that will assist you improve. Ask a person who has the skill you want to develop to support you.
4. List 3-5 areas in your life that lack discipline and prioritize them. Find resources such as books or classes that will assist you improve. Ask a person who has the skill you want to develop to support you.
5. Think about the messages you received encouraging or discouraging you from using leadership skills. Identify when you have felt comfortable and when you have felt uncomfortable as a leader. Determine if there are skills that you have not developed that will increase your comfort in being a leader. Find resources such as books or classes that will assist you improve. Ask a person who has the skill you want to develop to support you.

Strengths	Weaknesses
Threats	Opportunities

Figure 1. Assessing the Environment – List as many possibilities in each quadrant. This will give a comprehensive overview of the environment and help develop project objectives for improving or changing the situation.

Σ Identify and recruit team members to participate in the project.

Σ Outline the design of the project including resources, a timeline that shows the steps in the project, and a communication plan.

Σ Determine indicators to measure progress and evaluate impact.

Five essential factors for bringing about change are: vision, skills, incentives, resources, and an action plan. When all exist, change will occur, but if one factor is missing then change is not certain. If a clear vision is missing, then confusion will result because there is no direction. When people do not have the skills for the initiative, then anxiety can permeate the group. For example, if public speaking is not a skill that the leader has, speaking to an authority figure or a group may be avoided. When there are no incentives for change, there may be gradual change but it will not occur as desired as people will not feel an urgency or need to move deliberately. Without resources, frustration will result as it will not be possible to implement change. Last, without an action plan, false starts are likely as there is nothing to guide activity.

Measuring Success

In every performance improvement, practice change, or policy revision initiative, indicators for success or measures of progress provide the feedback to the team. These indicators must be specific to the project and set at the time the objectives and project plan are developed. They will guide the leader and the team to make adjustments in their work if needed or compromise on their position to achieve their goal. Developing measures takes time and effort and should not be rushed. Measures include actual counting of a specific action to focus groups to achievement of the established goals. Broad communication about the measures and results engages others in providing feedback that enriches or focuses the initiative with new ideas. A comprehensive evaluation plan will also include how often the indicators are measured and to whom the results are communicated.

The Art of Advocacy

In leading change, there will be barriers to progress and people who resist the change. Thus, developing skills in advocacy, communication, persuasion, and negotiation are key in leadership development. Simply stated,

Leadership and Advocacy to Improve Cancer Pain Management

advocacy is speaking out on an issue or cause that one cares about. This may be speaking up for one's self or for others and is leadership in action. In cancer care, this can include many issues from access to care or clinical trials to management of symptoms such as pain and from advocating for an individual to advocating for a national policy change. Although there may be a difference in the scope of the advocacy, the skills needed are similar. French, Gilkey, & Earp (2009 p. 114) state, "The role of a patient advocate calls on the skills of the diplomat, the inquisitiveness of the educator and the problem-solver, and the courage of the activist to speak up in difficult situations."

Oncology nurses demonstrate a type of advocacy as the liaison between the patient and others of the interprofessional team. Inpatient nurses have longer contact with patients and families than the other members of the team. They not only evaluate the patient's needs but also learn what the patient's wishes are and can educate their team members. Baldwin (2003) describes three essential attributes of patient advocacy: 1) Valuing: ensures the patients' freedom and self-determination in planning care, 2) Apprising: combines informing, advising, and educating the patient, 3) Interceding: helps patients to overcome barriers to meet their needs. Others, such as social workers and patient navigators (Fischer, Sawaia, Kutner, 2007), also take on the patient advocate role. Oncology nurses in some cultures may not recognize that they are advocates, or even clinical leaders, and may be intimidated to speak up for patients. However, once they do understand their role as a clinical leader and develop their leadership skills, advocating for a patient becomes customary. Additionally, the skills they use on behalf of patients are ones they will use when the cause is organizational, professional or legislative.

There are basic considerations when leading and advocating for a change. First and foremost is to be confident and not intimidated. If the issue or cause is one that inspires strong emotions, remaining calm when presenting information is critical. People can hear information best when the presenter is relaxed and assured. Combining statistics and patient anecdotes provides both quantitative rationale, "X% of our patients experience uncontrolled pain" and context for the change, "Mr. X suffered from pain because there were insufficient pain medication options due to government regulations." Particularly when advocating for policy change, such as access to opioids, anecdotes personalize the issue to policymakers and show how legislation directly affects their constituents. In all communication, written and verbal, conciseness and accuracy of information are expected and appreciated.

Advocacy is an ongoing process. Rarely does a policy or practice change with one encounter. Depending on the circumstances, change can take months or years and the leader's commitment to the process is essential.

Summary

Cancer pain is one of the many symptoms that patients in any country experience. With skills in leadership and

advocacy, cancer care providers can impact the quality of life of individual patients and the broader society. Every cancer care provider is a clinical leader and can build on professional expertise by developing a leadership development plan. Integral to being a leader is managing change and using the tools of change management and advocacy to improve the care of patients.

References

- Database Syst Rev(4), CD003971.
- Baldwin, MA (2003). Patient advocacy: a concept analysis. *Nurs Stand*, **17**, 33-9.
- Fischer SM, Sauaia A, Kutner JS (2007). Patient navigation: A culturally competent strategy to address disparities in palliative care. *J Palliative Medicine*, **10**, 1023-8.
- French EA, Gilkey MB, Earp JL (2009). Patient advocacy: Putting the vocabulary of patient-centered care into action. *NC Med J*, **70**, 114-9.
- Kouzes J, Posner B (2007). *The Leadership Challenge*. San Francisco, CA: John Wiley & Sons, Inc.
- Maxwell J (1993). *Developing the Leader Within You*. Nashville, TN: Thomas Nelson.
- Maxwell J (1995). *Developing the Leaders Around You*. Nashville, TN: Thomas Nelson.
- Sanborn M (2006). *You Don't Need a Title to be a Leader*. New York, NY: Currency Doubleday.