



# On Leadership From the Bedside to the Boardroom

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*You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I have lived through this horror. I can take the next thing that comes along." You must do the thing you think you cannot do.*

—Eleanor Roosevelt

Eleanor Roosevelt is someone we both greatly admire; many of her quotes, including the one above (Roosevelt, 1960, p. 29) are truly inspiring. She was a respected public figure. Her claim to fame included being the longest-serving First Lady of the United States (1933–1945) and her continued political activism afterward by serving as an American delegate to the newly formed United Nations (UN). She was one of the drafters of the UN Universal Declaration of Human Rights and she chaired the Human Rights Commission. Although she led a privileged life, she was a champion for social justice. Her accomplishments are remarkable and serve as a study in leadership.

The Institute of Medicine (2011) has called on all of us “to produce [and be] leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions” (p. 221) to lead change to advance health. How many of you have been doing that? We all could probably say yes in some instances of our daily work or volunteer activities.

The Oncology Nursing Society ([ONS], 2012) has developed leadership competencies that include five domains (see Figure 1). According to the authors, “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” (ONS, 2012, p. 4). That is what will be required of all nurses as healthcare reforms continue. The request is no small task, but is achievable given nurses’ commitment to be leaders and take ownership of the work required of us now. Are we not advocates for patients’ wishes when they are unable to state them on their own? Are we not change agents every time we collaborate with other healthcare team members to better manage a patient’s symptoms? Are we not stewards of resources when we mindfully choose what supplies we need for a patient intervention? Do we not want to do our best for patients and their families?

Take a moment to read and reflect on the ONS leadership domains and competencies (more specific competencies are identified for each domain in the document). They are relevant to each individual, group, and governance level; you may transition among them depending on your job situation and practice. What do you think of them? How many do you feel you already do? What about those you feel competent doing, could be better with, or have seen others demonstrate? We must take the time to reflect on our own or others’ leadership behaviors and learn from them by asking ourselves what worked and what could have been done differently.

We all have people we admire for their leadership abilities, such as Eleanor Roosevelt. They may not be in the public eye or elected officials; perhaps it’s your manager or a colleague at your local chapter. What makes them stand out? Likely, they are people who reflect certain competencies identified in the ONS publication: authentic, introspective, adaptable, articulate, able to think strategically, a lifelong learner who is able to apply new knowledge to

**Personal mastery:** 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 (p. 9)

**Vision:** Ability to strategically look into the future, discern the possibilities, and act as a catalyst for change (p. 10)

**Knowledge:** Continual and systematic pursuit, translation, and application of evidence-based information (p. 10)

**Interpersonal effectiveness:** Ability to create and maintain productive interactions and positive relationships (p. 11)

**Systems thinking:** Understanding, interpreting, and acting upon the relationships and processes internal and external to the healthcare environment to drive positive outcomes (p. 12)

## FIGURE 1. Oncology Nursing Society Leadership Competency Domains

Note. Based on information from Oncology Nursing Society, 2012.

practice, ethical, effective, and/or inspiring. However, no one person embodies all of these traits at all times. They may have learned some of these competencies in school, but more likely learned them the way most of us learn—by doing the things we think we cannot do. Leadership is about taking calculated risks—the risk to face one’s fears, to try a different approach to conflict, to evaluate what assumptions we are making when we respond negatively to someone. The calculation is that we take the risk with the goal of making something better—ourselves, the patient’s situation, the healthcare system.

We have come a long way in improving cancer care. However, so much more needs to be done. It will take all of us to lead the changes that are needed. And we can do it if we believe every nurse is a leader. Consider another Eleanor Roosevelt

quote: "What could we accomplish if we knew we could not fail?"(Goodreads, n.d.). Let's take that to heart and see what we can do!

## References

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