

Legacy of a Leader: An Interview With Pearl Moore

Sharon Padezanin, BA

In 1975, a small corps of dedicated nurses turned a vision into reality: establishing a national organization for cancer nurses. The new organization, the Oncology Nursing Society (ONS), would allow them to formally learn from one another, to support each other, and to create dialogue to improve clinical cancer care, education, and research. At the time, Pearl Moore was a graduate student in a new oncology clinical nurse specialist master's degree program at the University of Pittsburgh in Pennsylvania. Several oncologists and faculty members told her about the group of dedicated oncology nurses, and Moore became interested and involved immediately. She became a charter member of ONS—chairing the Bylaws Committee in the Society's critical formative years and serving as treasurer of the Board of Directors. Over time, as the organization grew to more than 5,500 members and 37 chapters by 1983, a need arose for more formal organizational leadership. Moore was hired as the Society's first executive director in 1983 and transitioned to the role of chief executive officer in 1999.

Throughout her career, Moore has worked tirelessly to support oncology nurses and volunteer leaders, igniting in them a passion for providing high-quality cancer care and advocating for patients and families. She also has nurtured the development of ONS and its affiliated corporations—the ONS Foundation, Oncology Nursing Certification Corporation, and ONSEdge—as well as her own professional development.

On January 31, 2007, after more than two decades of exemplary service, Pearl Moore, RN, MN, FAAN, will retire from her position as ONS chief executive officer. In this edition of "Leadership and Professional Development," she reflects on the challenges that she experienced when transitioning to a formal leadership role, describes what she believes are traits of an effective leader, and shares her belief that all nurses are true leaders.



What made you choose a career in oncology nursing?

I began my nursing career in 1957 as a staff nurse in the emergency room at Montefiore Hospital in Pittsburgh, PA. After serving as an instructor in Montefiore's Liliame S. Kaufmann School of Nursing from 1960–1969, I was named the assistant director of the school in 1969. After the retirement of the former director in 1970, I was promoted to the director position. At the time, my family and I were experiencing firsthand the devastating effects of a cancer diagnosis as my mother battled stomach cancer. She eventually died from the disease. The experience was both frightening and seemingly hopeless; however, it fueled within me a flame to work toward changing the way that cancer care was delivered to patients and their families.

As one of the first steps in my journey to change the delivery of cancer care, I resigned as director of the nursing school in 1972 to enter a new master's degree program at the University of Pittsburgh. There, I became one of the first clinical nurse specialists with an

oncology focus. The education allowed me to apply a higher level of supportive care for patients with cancer and their families and gave me the skills to assess patient needs and to plan and evaluate care. I wanted to share that knowledge with my nursing colleagues.

How did you make the transition from being a care provider to an association leader?

It was really a matter of timing. After working as a clinical nurse specialist for about 10 years and serving as coordinator of a brain tumor study group, I was getting burned out. Within ONS, I found myself at the right place at the right time. I had served ONS previously as the Bylaws Committee chair and Board treasurer, so I knew the Society and how it operated, as well as which initiatives were important to the membership. When the ONS Board of Directors asked if I would apply to serve as the Society's first executive director in 1983 (after a search committee interviewed candidates), I initially said no; I could not imagine leaving patient care. But then I thought about the new opportunities—and, yes, the challenges—that the position would bring and decided to try it. I focused on the newness and excitement of the job—the new experiences, new things to learn, and new colleagues to meet.

How did you deal with missing patient care and the relationships that accompany it?

In the beginning, there were many tears. Even though I was ready to change jobs, I was still very sad because I missed the hospital setting, my colleagues, and, most of all, my patients and their families. I had jumped right

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