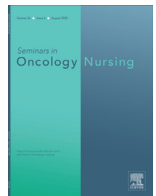




ELSEVIER

Contents lists available at ScienceDirect

## Seminars in Oncology Nursing

journal homepage: <https://www.journals.elsevier.com/seminars-in-oncology-nursing>

## Nursing Leaders as Visionaries and Enablers of Action

Virpi Sulosaari<sup>a,b,\*</sup>, Ritva Kosklin<sup>c</sup>, Johan De Munter<sup>d</sup><sup>a</sup> Principal Lecturer, Turku University of Applied Sciences, Turku, Finland<sup>b</sup> Postdoctoral Researcher, University of Turku, Turku, Finland<sup>c</sup> Nursing Director, University Hospital of Turku, Turku, Finland<sup>d</sup> Cancer Nurse Manager, Cancer Centre University Hospital Ghent, Ghent, Belgium

## ARTICLE INFO

## Key Words:

Nursing leadership  
Nurse leader  
Nursing leader  
Oncology nursing  
Cancer nursing  
Oncology nurse

## ABSTRACT

**Objectives:** The engagement of nursing leaders is critical for the future of the cancer nursing profession, quality cancer care, and the overall health care system. The field of cancer care is facing enormous challenges, requiring strong nursing leadership. Cancer nursing leadership is needed to overcome the challenges caused by workforce shortages, restricted resources, historic and ongoing under-recognition of nursing, unsafe working conditions, and unequal access to education. The aim of this article is to contribute to the discussion about how cancer nursing leaders can act as visionaries and support transformation of cancer nursing for the future.

**Data Sources:** Author experience, journal articles and organizational position papers were used.

**Conclusion:** To improve the state of cancer nursing and the working conditions of the cancer nursing workforce, nursing leadership practices need to be embraced on all governance levels in clinical practice and academia. When effective and high-quality nursing leadership is enacted, positive outcomes for people affected by cancer, nursing, and health care systems can be achieved. Cancer nursing leadership needs to be supported through nursing scholarship, influencing national and global policies and strategies and by active involvement in national and international health care management.

**Implications for Nursing Practice:** Nursing leadership and governance is critical to strengthening the cancer nursing workforce. Strong nursing leadership is required to realize the vision for transforming the health care systems and cancer care. Therefore, collaboration among multidisciplinary leadership, health care organizations, academic institutions, professional organizations, and policy-making structures is warranted.

© 2022 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>)

## Background

Leadership and management are the key building blocks of a health system. The field of cancer care is facing enormous challenges and changes, including an aging population, a severe workforce shortage, and an influx of new and expensive therapies.<sup>1</sup> The engines that drive the performance of health care systems are the cancer professionals. Multidisciplinary collaboration and multiprofessionalism are the foundations on which successful combat against cancer can be built.<sup>2</sup> Leadership and administrative support that facilitates multidisciplinary collaboration optimizes practices to produce quality in cancer care. A range of factors pertaining to multidisciplinary team (MDT), availability of patient information, leadership, team and meeting management, and workload can all affect how well MDTs are implemented within patient care.<sup>3</sup> MDTs do not need to be led by

medical professionals because there are other core members such as nurses with adequate skills who could take on this role.<sup>1,3</sup> Nurses also see themselves as integrating diverse disciplinary inputs in the interests of patient care.<sup>4</sup> Wihl et al<sup>5</sup> have proposed that skills-driven leadership, leadership training, and possibilities to assign MDT meeting leadership to other professions or disciplines should be considered to develop team competence and stimulate team development for comprehensive and effective case management in cancer care.

Nursing leaders are often recognized as practice experts and as leaders in their particular field of nursing. Recognition and influence in and beyond the context of care depends greatly on their ability to articulate the distinct nursing contribution to patient care. At the MDTs in departmental, organizational, and system levels, nurses can feel that they have less influence on the factors indirectly influencing the quality of patient care and that their contributions are unrecognized and marginalized in decision and policymaking.<sup>4</sup> Initiatives that focus on building MDT culture, shared decision-making, and transforming the traditional hierarchical leadership models are therefore needed to create more productive workplace that fosters

\* Address correspondence to: Virpi Sulosaari, PhD, RN, Turku University of Applied Sciences, Joukahaisenkatu 3, 20520 Turku, Finland

E-mail addresses: [virpi.sulosaari@turkuamk.fi](mailto:virpi.sulosaari@turkuamk.fi) (V. Sulosaari), [johan.demunter@uzgent.be](mailto:johan.demunter@uzgent.be) (J. De Munter).

communication, respect, and teamwork with increased interactions with professionals from all relevant disciplines. The engagement of nursing leaders on multidisciplinary leadership is critical in the cancer care setting for the future of the nursing profession, quality of care, and the overall health care system.

To provide high-quality care and research, cancer centers need competent, healthy, highly motivated and committed staff. The attractiveness of the cancer center as an employer is becoming increasingly important.<sup>6</sup> Identifying sustainable solutions for managing well-being at work and investing in healthy work environments is a necessity for the future health care.<sup>7</sup> When high-quality nursing leadership is enacted, positive patient, care provider, and system outcomes are demonstrated.<sup>8</sup> Furthermore, improvements in population health and well-being have been, and will continue to be, realized through the innovation and inspiration of the nursing profession.<sup>9</sup>

All of these factors highlight the need to enhance cancer nursing leadership and support current and future leaders through nursing scholarship and active involvement in national and international health care management.<sup>9,10</sup> However, although nurses are the largest group of health care professionals across the world, they are the least represented in leadership positions and decision-making.<sup>9</sup> Nurses should be full partners, with physicians and other health professionals, in redesigning the care of people affected by cancer. Thus, in today's ever-changing and demanding health care environment, developing nursing leadership and future leaders is one of the greatest challenges faced by the nursing profession.<sup>11</sup> The need for everyone to embrace nursing leadership practices has become increasingly important at all governance levels and in clinical practice.

### Nursing Leadership

The concept of leadership is a complex and multidimensional phenomenon.<sup>11</sup> Rather than being situated only within a traditional leadership role or title, nursing leadership is much more about critical thinking, action, and advocacy across all roles, practice settings, and domains of cancer nursing practice.<sup>8</sup> Leadership is also about being able to see the present for what it really is, seeing the future for what it could be, and then taking action to close the gap between today's reality and the preferred future.<sup>12</sup> Leadership involves vision, communicating that vision to others, planning to make it a reality but also serving as a symbol and source of energy.<sup>13</sup> Leadership must aim to improve performance, allow for succession planning, facilitate organizational change,<sup>14</sup> and grow an accountable culture that is aligned with organization goals,<sup>15</sup> which in turn improves patient outcomes.<sup>16</sup>

Leadership and management should be recognized both as a major indicator for developing quality organizational culture and as indispensable in work environments that retain an empowered and motivated workforce. A body of research has shown significant associations between relational leadership styles such as transformational and authentic leadership and a wide variety of encouraging transparent relationships that build trust and optimism and promote inclusive and healthy work environments.<sup>11,17</sup> Therefore, relational leadership practices should be encouraged and supported by individuals and organizations to enhance nursing job satisfaction, retention, work environment factors, and individual productivity within health care settings.<sup>18</sup> Supportive leadership and management styles can improve, for example, nurses' job satisfaction, organizational commitment, and intent to stay in their position, while simultaneously reducing stress and emotional exhaustion.<sup>18-21</sup>

Leadership is demonstrated by registered nurses working in cancer care every day, and every nurse is a leader in the management of clinical care. Regardless of role or position, all nurses working in cancer care are expected to provide leadership.<sup>22</sup> Some nurses work in more formal nursing leadership roles, whereas others demonstrate informal leadership skills as part of their daily work in the

multidisciplinary clinical team.<sup>23</sup> Cancer nursing leaders and clinical nurses are challenged to anticipate future trends in cancer care and create a culture, infrastructure, and practice environment that supports innovation, advancement of cancer nursing practice, and excellence in person-centered care.<sup>24</sup> Evidence and the use of data are important tools for nursing leaders. Nursing leaders who support evidence-based nursing practice can create a culture of inquiry and, therefore, lay the foundation for the use of evidence to inform leadership and management decisions.<sup>25</sup>

### Knowledge Management and Nursing Leadership

Health care organizations are called knowledge intensive organizations because knowledge is their most vital asset.<sup>26</sup> Nursing leaders need and use knowledge in their daily work.<sup>27</sup> Knowledge management can be defined as a process used to organize knowledge and support leadership.<sup>28</sup> It is a process in which the management of a work task is enhanced by acquiring, sharing, and creating new knowledge.<sup>29</sup> To create new knowledge in organizations' communication between different professional groups in health care is important. However, often the various health care professional groups prefer rather to share information among their own professional groups.<sup>30</sup> Positive impact of knowledge management has been seen in the sharing of knowledge and ensuring the availability of up-to-date knowledge needed by different professional groups in their work and collaboration.<sup>31</sup>

Knowledge management also seems to be one of the important elements that can improve patient safety and quality of care.<sup>32</sup> Knowledge management is working as an asset, a support, and a mediator, and it is an important part of all management and leadership activities.<sup>31</sup> However, there are many differing knowledge needs making practical knowledge management difficult to achieve in the health care setting. Currently, the knowledge management process carried out by individuals is easier to organize than disseminating the processes throughout an organization. In modern health care organizations where knowledge sharing is not only defined as transmitting knowledge but also as the use of knowledge in management, the knowledge management process should also be considered because it has a clear role in the whole range of management and nursing leadership activities.<sup>31</sup>

Nursing leaders' daily knowledge management activities include assurance of smooth work functions and decisions about sudden changes.<sup>33</sup> Their actions include acquiring, assessing, and using knowledge and assessing and enhancing competency.<sup>34</sup> Knowledge management in leadership is a complex task requiring a command of different kinds of cancer units and related leadership styles. The structures, processes, and tools supporting knowledge management need to be developed to ensure that activities are systematic.<sup>33</sup> Knowledge management can assist clinical work by supporting the maintenance and renewal of facets of knowledge related to patient care. Satisfaction with nursing care among people with cancer is essential and provides nursing leaders with a general guideline to evaluate nursing care management, education needs, performance, interaction, and responsiveness from the patient's perspective.<sup>35</sup> Effective monitoring and regular support of the clinical practice is considered a core function of nursing leaders in cancer care to improve patient satisfaction. This is supported by previous studies that have shown a significant association among nursing leadership practice, nursing care, and patient satisfaction.<sup>36,37</sup>

### Clinical Leadership

Registered nurses working in cancer care are members of the health care team at the frontline and essential in coordinating patient care throughout the cancer trajectory, from diagnosis to survivorship, and across treatment settings.<sup>38,39</sup> Clinical leadership needs to be

seen as an essential component of ensuring quality care and healthy workplaces.<sup>40</sup> All over the globe, clinical nurses work day by day to provide evidence-based care to people with cancer in highly demanding and complex health care environments. As the largest group of health care professionals, clinical nursing is still often described as a soft-hearted, caring, nourishing, and nurturing profession. This way of describing the cancer nursing profession is oversimplistic and does not recognize that strong leadership needs to be at the forefront of innovative patient care to meet the current challenges in cancer care. Clinical leadership is crucial to strengthening and improving the ongoing complex health care delivery.<sup>23</sup> The importance of clinical leadership cannot and should not be overstated or underestimated.<sup>40</sup>

Clinical nursing leadership can bring in experiences and expertise in evidence-based cancer care, and vice versa, to improve overall cancer care and individual patient outcomes. Although the primary focus of clinical nurses is their professional day-to-day practices, most nurses work within a cancer care unit or network. As part of this work, it is vitally important that clinical nurses have an influence on the wider organizational system of the unit or organization.<sup>23</sup> Clinical leadership in nursing and taglines like “every nurse is a leader” are not new, and optimizing leadership potential across cancer nursing<sup>41</sup> has critical importance to the current and future delivery of excellent cancer nursing as continuously has been echoed by several organizations nationally and internationally.

Clinical nurses have a major responsibility to the contribution of the effective running of the cancer care in which they work and in improving patient health literacy, self-management, safety, experience, and outcomes. Next to direct patient care, nurses are daily demonstrating leadership in their own personal development,<sup>42</sup> building and maintaining relationships in professional and patient networks, planning and managing resources, critically thinking and evaluating, applying knowledge and evidence to drive innovation in cancer care, involved in critical decision-making, ensuring occupational and patient safety, and improving the overall quality of cancer care delivery. Clinical nurses can, through their leadership, promote best practice and facilitate the incorporation of evidence-based guidelines and standards into policies and procedures,<sup>38</sup> facilitate process improvement initiatives to improve economic outcomes, and affect quality metrics and the patient experience.<sup>43</sup> In the current and future decade of increasingly complex cancer care, we need to move forward to connect clinical leadership with all leadership and management disciplines. Connection and cocreation within all leadership roles in cancer care will be a critical factor to tackle the current and future challenges in cancer care.

### Cancer Nursing Leadership in Education and Research

Strong cancer nursing leadership is needed to overcome the difficulties caused by workforce shortages, improve working conditions, and enhance education and development opportunities. The role of cancer nursing will continue to evolve as research expands and cancer treatment options change.<sup>44</sup> Nurses' responsibilities and roles as clinicians, advanced practitioners, leaders, policy makers, researchers and educators are central to education and practice. Professional development has been identified as an important factor in nurses' advancement from clinical experts to leadership roles.<sup>45</sup> Health care decision makers need to ensure that leadership positions are available to and filled by well-educated nursing leaders. On the other hand, health care organizations need to ensure the professional expertise<sup>19</sup> and evidence-based management competencies of nursing leaders.<sup>25</sup> build capacity and organizational culture, and balance leadership priorities and existing skills to improve quality in health care and move a step forward.<sup>19</sup> Nursing leaders must build on their knowledge of evidence-based practice to cultivate a broader use of evidence in the leadership and management decision-making.<sup>25</sup>

Better collaboration with nursing colleges is needed to train more nurse scientists and maintain high-quality education with the discovery of new knowledge and ongoing translation of findings into practice.<sup>46</sup> Nurse researchers are also needed to document the evidence required to improve cancer care and outcomes.<sup>10</sup> Evidence generated in practice can then be used to influence policy.<sup>8</sup>

Cancer nursing leaders need to be provided with opportunities for education and mentorship in collaboration with and between academia and clinical practice. Furthermore, closer collaboration between academics and researchers may further build bridges for developing the future cancer nursing workforce.<sup>8</sup> Mentorship can play a significant role in career development in academic and applied settings.<sup>47</sup> Mentorship programs between researchers or clinicians could offer a solid strategy to build capacity and passion for cancer nursing practice and research.<sup>8</sup> Mentoring provides opportunities for building professional networks across borders, allowing self-development in an international context and for leaders in all nursing settings from clinical practice to research and education.<sup>48</sup> For the future, leadership programs should be in place or organized to nurture leadership development in young nurses.<sup>9</sup>

### The Role of Cancer Nursing Leaders in Transforming Policy and Health Care Systems to Care for People Affected by Cancer

Against a backdrop of the increasing number of people with cancer and the complexity of their and their families' needs, cancer nursing is facing critical challenges.<sup>8</sup> Cancer nurses and nursing leaders are expected to provide exemplary care to people affected by cancer in an increasingly complex and resource-restricted system.<sup>23</sup> Effective and quality cancer care can only be provided with a robust cancer nurse workforce. This requires efforts to minimize and overcome nursing shortages and barriers to nurse recruitment, lack of acknowledgment of required specialization and training, hazardous working environments, cancer nursing burnout, restrictions on leadership and advancement, as well as scarce opportunities and support for advocacy and policy development at all levels.<sup>10</sup> The COVID-19 pandemic has highlighted also the need for organizational resilience as nursing leaders are continuously tasked with ensuring high-quality and safe cancer care in rapidly changing environments.<sup>49</sup> Next to education and training, it is important that organizations continuously support their cancer nursing leaders to maintain and build up such resilience to improve sustainable and efficient cancer care delivery.

Improving cancer outcomes can be challenging and complex, but it is unlikely to be achieved without effective leadership.<sup>1</sup> Communication, advocacy, research, and education in cancer nursing are intertwined. Cancer nursing leaders can lead, develop, and evaluate policy options within organizations and foster political dialogue at national and global levels to improve cancer care. Nursing leaders have the opportunity to translate new research findings into clinical practice and nursing education and from nursing education back into practice and policy. Thus, the best advocates for quality cancer care can be the people affected by cancer and cancer patient organizations.<sup>10,50</sup> As frontline health care professionals, cancer nursing leaders are ideally placed to harness the patient voice effectively and raise awareness of the needs and concerns both of the people affected by cancer and of cancer nurses. This highlights the crucial role of collaboration between patient and cancer nursing organizations to influence policy makers at community, government, and global organizational levels and to strive to achieve value-based health care.<sup>10</sup> Engagement with policy makers is also a critical nursing leadership strategy to influence the health of people at risk of or affected by cancer.<sup>8</sup>

Leadership development is increasingly acknowledged as a key element in improving qualitative cancer nursing and participation in value-based policy making in cancer care. Cancer nursing policies have long been the province of leaders operating in non-nursing arenas. Although the need for increased participation of nursing leaders

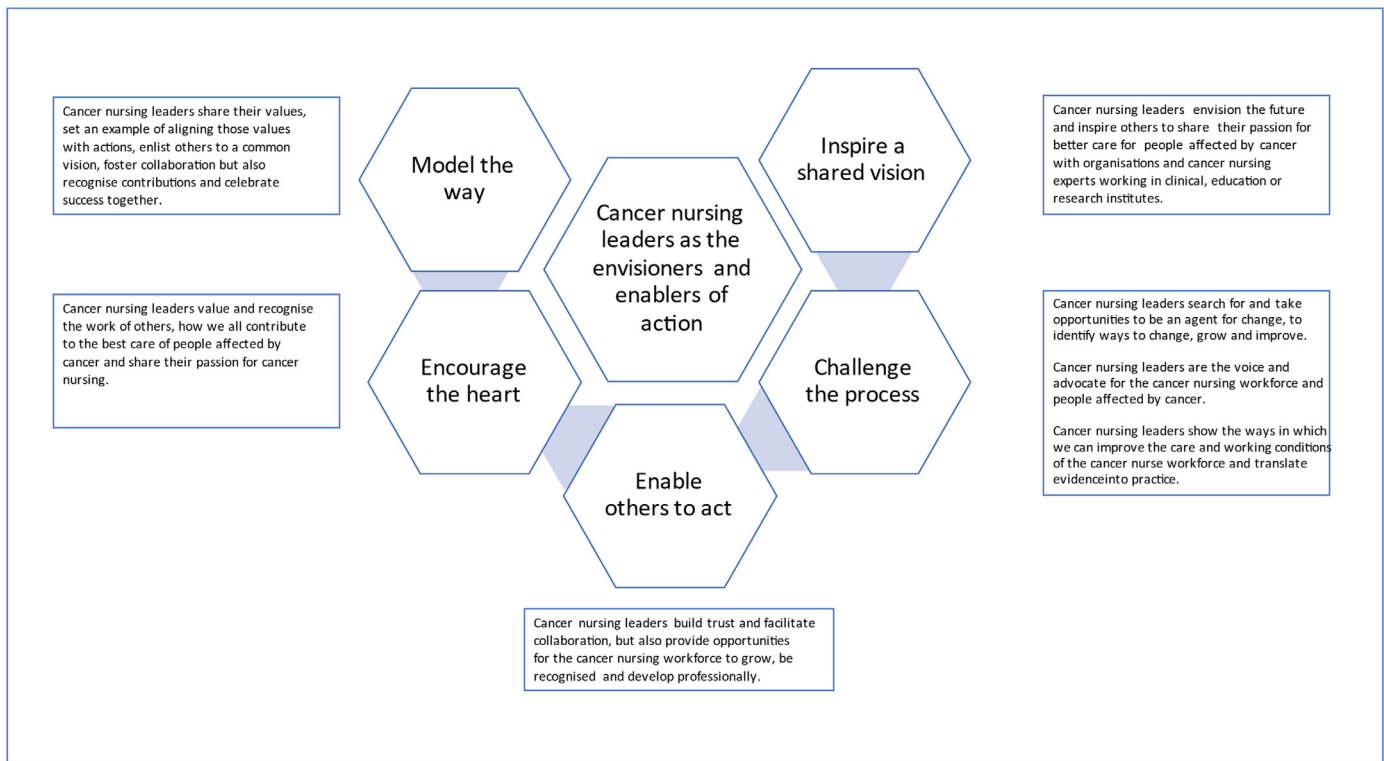


FIG. Five practices of exemplary leadership in cancer nursing.

in the policy making process is clear, the path to achieving it is not. Cancer nursing leaders who wish to take on broader, more mainstream leadership responsibilities face an array of barriers including lack of access to professional development, limited funding resources, cultural and organizational differences, and the lack of a mandate. Often missing, too, are strong, sustainable supportive structures to back these upcoming nursing leaders and their means of building value-based cancer care.

Professional oncology nursing organizations must aim to influence policy through advocacy strategies and positioning cancer nursing leaders on boards, in decision-making groups, and key leadership positions.<sup>8</sup> Political leadership is needed to initiate and maintain progress in the cancer care and intellectual leadership to support engagement in local implementation of national policies and drive change—a coherent vision from leaders at different levels of the system and clinical leadership for translating policy into action.<sup>1</sup> The professional oncology nursing organizations can play an important role in bringing together academics, researchers, clinicians, educators, and patient representatives to work more closely together to advance cancer nursing practice, promote cancer nurses' opportunities to practice to their full scope, create systems of care that optimally align nurses with the needs of people affected by cancer, and demonstrate the impact on care.<sup>8,18</sup> National nursing societies, together with international nursing societies such as the European Oncology Nursing Society and the Oncology Nursing Society, can provide support in leadership development, mentoring programs, and opportunities for professional development. The societies also need to be active in influencing policy, decision-making, and transforming health care for the future.

Cancer nursing leadership is the driver for better cancer care and enables transformation of the care and the working conditions of the cancer nurse workforce. In our attempt to capture cancer nursing leaders as those with the vision and ability to take action, we adapted the Kouzes and Posner's<sup>51</sup> model of Exemplary Leadership that includes five practices: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. The

five practices were set out to understand common patterns of action taken by all types of leaders. The first leadership practice requires leaders to model the way for others; the second requires leaders to inspire a shared vision. It involves searching and taking the opportunities to be an agent for change to identify ways to change, grow, and improve; the third is about envisioning the future and inspiring others to share the passion; the fourth requires challenging the process; and the fifth leadership practice requires leaders to encourage the heart. Our vision based on the five practices is summarized in the Fig.

## Conclusion

The ultimate goal of the cancer nursing profession and leadership (ie, excellence in person-centered cancer care) can be only achieved if nursing leaders are represented in all layers of the health care system across the globe. Cancer nursing leaders must be actively involved in influencing the policies and decision-making processes, giving the cancer nurse workforce a voice in health care. Providing equal education and mentorship opportunities for cancer nursing leaders and supporting leadership positions for nursing leaders in the cancer care setting is crucial for the future of the profession. Cancer nursing leaders are the drivers for quality cancer care and the enablers who can transform the care of patients and improve the working conditions of the cancer nurse workforce.

## Acknowledgments

We want to thank Helen Oswald for her help in proofreading the manuscript.

## References

1. Morris M, Seguin M, Landon S, et al. Exploring the role of leadership in facilitating change to improve cancer survival: an analysis of experiences in seven high income countries in the international cancer benchmarking partnership (ICBP). *Int*



- J Health Policy Manag.* doi: 10.34172/jhpm.2021.84, accessed month day year. Accessed July 30 2022.
2. Charalambous A, Crul M, Beets G, et al. Working against cancer: giving professionals the right tools for the job. Available at: <https://www.europeancancer.org/resources/194:working-against-cancer.html>. Accessed July 30, 2022.
  3. Soukup T, Lamb BW, Arora S, et al. Successful strategies in implementing a multidisciplinary team working in the care of patients with cancer: an overview and synthesis of the available literature. *Multidiscip Healthc.* 2018;11:49–61. <https://doi.org/10.2147/JMDH.S117945>.
  4. McNamara MS, Fealy GM, Casey M, et al. Boundary matters: clinical leadership and the distinctive disciplinary contribution of nursing to multidisciplinary care. *J Clin Nurs.* 2011;20(23–24):3502–3512.
  5. Wihl J, Rosell L, Bendahl PO, et al. Leadership perspectives in multidisciplinary team meetings; observational assessment based on the ATLAS instrument in cancer care. *Cancer Treat Res Commun.* 2020;25: 100231. <https://doi.org/10.1016/j.ctarc.2020.100231>.
  6. Petit Dit Dariel O, Regnaud JP. Do Magnet®-accredited hospitals show improvements in nurse and patient outcomes compared to non-Magnet hospitals: a systematic review. *JBI Database System Rev Implement Rep.* 2015;13(6):168–219. <https://doi.org/10.1111/jbisir-2015-2262>.
  7. Nowrouzi B, Lightfoot N, Larivière M, et al. Occupational stress management and burnout interventions in nursing and their implications for healthy work environments: a literature review. *Workplace Health Saf.* 2015;63(7):308–315. <https://doi.org/10.1177/2165079915576931>.
  8. Truant T, Chan RJ. Future ready: strengthening oncology nursing leadership in the context of professional oncology nursing organizations. *Can Oncol Nurs J.* 2017;27(1):2–4. Available at: <http://www.canadianoncologynursingjournal.com/index.php/conj/article/view/750>. Accessed July 30, 2022.
  9. World Health Organization (WHO). State of the world's nursing 2020: investing in education, jobs and leadership. Available at: <https://www.who.int/publications/item/9789240003279>. Accessed July 30, 2022.
  10. Challinor JM, Alqudimat MR, Teixeira TOA, et al. Oncology nursing workforce: challenges, solutions, and future strategies. *Lancet Oncol.* 2020;21(12):e564–e574. [https://doi.org/10.1016/S1470-2045\(20\)30605-7](https://doi.org/10.1016/S1470-2045(20)30605-7).
  11. Scully NJ. Leadership in nursing: the importance of recognising inherent values and attributes to secure a positive future for the profession. *Collegian.* 2015;22(4):439–444. <https://doi.org/10.1016/j.colegn.2014.09.004>.
  12. Cummings G. Editorial: your leadership style—how are you working to achieve a preferred future? *J Clin Nurs.* 2012;21(23–24):3325–3327. <https://doi.org/10.1111/j.1365-2702.2012.04290.x>.
  13. Grossman S, Valiga T. *The New Leadership Challenge — Creating the Future of Nursing*. 4th ed Philadelphia, PA: FA Davis Company; 2012.
  14. Turner P. Assessing health professionals for succession and leadership roles. eds. In: Turner P., ed. *Leadership in Healthcare: Delivering Organisational Transformation and Operational Excellence*. Cham, Switzerland: Palgrave Macmillan; 2019:263–293.
  15. Peters L. Leading culture change: moving from here to there. eds. In: Peters L, ed. *The Simple Truths about Leadership*. Cham, Switzerland: Palgrave Macmillan; 2019:73–96.
  16. Suhonen R, Stolt M, Charalambous A. Supporting individualised nursing care by leadership. In: Suhonen R, Stolt M, Papastavrou E, eds. *Individualized Care: Theory, Measurement and Practice*. Cham, Switzerland: Springer International Publishing; 2019:195–205.
  17. Alilyyani B, Wong CA, Cummings G. Antecedents, mediators, and outcomes of authentic leadership in healthcare: a systematic review. *Int J Nurs Stud.* 2018;83:34–64. <https://doi.org/10.1016/j.ijnurstu.2018.04.001>.
  18. Cummings GG, Tate K, Lee S, et al. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *Int J Nurs Stud.* 2018;85:19–60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>.
  19. Sfantou DF, Laliotis A, Patelarou AE, et al. Importance of leadership style towards quality of care measures in healthcare settings: a systematic review. *Healthcare (Basel).* 2017;5(4):73. <https://doi.org/10.3390/healthcare5040073>.
  20. Hughes V. Nurse leader impact: a review. *Nurs Manage.* 2019;50(4):42–49.
  21. Specchia ML, Cozzolino MR, Carini E, et al. Leadership styles and nurses' job satisfaction. results of a systematic review. *Int J Environ Res Public Health.* 2021;18(4):1552. <https://doi.org/10.3390/ijerph18041552>.
  22. European Oncology Nursing Society (EONS). Cancer nursing education framework. Available at: <https://cancernurse.eu/education/cancer-nursing-education-framework/2022>. Accessed September 14, 2022.
  23. Wiernikowski J. Leading wherever and whenever: Ensuring oncology nurses are future ready. *Can Oncol Nurs J.* 2018;28(1):58–62. Available at: <http://www.canadianoncologynursingjournal.com/index.php/conj/article/view/874/792>. Accessed July 30, 2022.
  24. Reid Ponte P, Berry D, Buswell L, et al. Transforming Oncology Care: Developing a Strategy and Measuring Success. *Semin Oncol Nurs.* 2016;32(2):110–121. <https://doi.org/10.1016/j.soncn.2016.02.005>.
  25. Sevy Majers J, Warshawsky N. Evidence-based decision-making for nurse leaders. *Nurse Lead.* 2020;18(5):471–475. <https://doi.org/10.1016/j.nml.2020.06.006>.
  26. Sandhu MS, Jain KK, Ahmad IUKB. Knowledge sharing among public sector employees: evidence from Malaysia. *Int J Public Sect Manag.* 2011;24:206–226. <https://doi.org/10.1108/0951355111121347>.
  27. Karamitri I, Talias MA, Bellali T. Knowledge management practices in healthcare settings: a systematic review. *Int J Health Plann Manage.* 2017;32:4–18. <https://doi.org/10.1002/hpm.2303>.
  28. Sibbald SL, Kothari A. Creating, synthesizing, and sharing: the management of knowledge in public health. *Public Health Nurs.* 2015;32:339–348. <https://doi.org/10.1111/phn.12184>.
  29. Orzano AJ, McInerney CR, Tallia AF, et al. Family medicine practice performance and knowledge management. *Health Care Manag Rev.* 2008;33:21–28. <https://doi.org/10.1097/01.HMR.0000304489.65028.75>.
  30. Radević I, Dimovski, V, Lojpur A, Colnar S. Quality of healthcare services in focus: the role of knowledge transfer, hierarchical organizational structure and trust [e-pub ahead of print]. *Knowl Manag Res Pract.* doi: 10.1080/14778238.2021.1932623, accessed month day year. Accessed July 30 2022.
  31. Koskinen R, Lamintakanen J, Kivinen T. Knowledge management effects and performance in health care: a systematic literature review [e-pub ahead of print]. *Knowl Manag Res Pract.* doi: 10.1080/14778238.2022.2032434, accessed month day year. Accessed July 30 2022.
  32. Cantra S, Putrama IK. Applied healthcare knowledge management for hospital in clinical aspect. *Telekomnika.* 2018;16:1760–1770. Available at: <http://telkomnika.uad.ac.id/index.php/TELKOMNIKA/article/view/5673>. Accessed July 30, 2022.
  33. Lunden A, Teräs M, Kvist T, Häggman-Laitila A. Transformative agency and tensions in knowledge management—A qualitative interview study for nurse leaders. *J Clin Nurs.* 2019;28(5–6):969–979. <https://doi.org/10.1111/jocn.14694>.
  34. Lunden A, Teräs M, Kvist T, Häggman-Laitila A. A systematic review of factors influencing knowledge management and the nurse leaders' role. *J Nurs Manag.* 2017;25(6):407–420. <https://doi.org/10.1111/jonm.12478>.
  35. Azzani M, Roslani AC, Su TT. The perceived cancer-related financial hardship among patients and their families: a systematic review. *Support Care Cancer.* 2015;23(3):889–898. <https://doi.org/10.1007/s00520-014-2474-y>.
  36. Lake ET, Germack HD, Viscardi MK. Missed nursing care is linked to patient satisfaction: a cross-sectional study of US hospitals. *BMJ Qual Saf.* 2016;25(7):535–543. <https://doi.org/10.1136/bmjqs-2015-003961>.
  37. Wong CA, Cummings GG, Ducharme L. The relationship between nursing leadership and patient outcomes: a systematic review update. *J Nurs Manag.* 2013;21(5):709–724. <https://doi.org/10.1111/jonm.12116>.
  38. Estrella J, Sullivan H, Febryani I, et al. Clinical nurse leader: evolution of the role in oncology care. *Clin J Oncol Nurs.* 2018;22(4):457–459. <https://doi.org/10.1188/18.CJON.457-459>.
  39. Young AM, Charalambous A, Owen RI, et al. Essential oncology nursing care along the cancer continuum. *Lancet Oncol.* 2020;21(12):e555–e563. [https://doi.org/10.1016/S1470-2045\(20\)30612-4](https://doi.org/10.1016/S1470-2045(20)30612-4).
  40. Mannix J, Wilkes L, Daly J. Attributes of clinical leadership in contemporary nursing: an integrative review. *Contemp Nurse.* 2013;45(1):10–21. <https://doi.org/10.5172/conu.2013.45.1.10>.
  41. Wagner JW. *Leadership and Influencing Change in Nursing [E-book]*. Regina, SK, Canada: University of Regina Press; 2018. Available at: <https://leadershipandinfluencingchangeinnursing.pressbooks.com/>. Accessed August 1, 2022.
  42. Orton ML, Nelson Follin N, Dannapfel P, Wengström Y. Roles and functions in clinical care for registered nurses with a PhD—A systematic literature review. *Scand J Caring Sci.* 2022;36(1):16–26. <https://doi.org/10.1111/scs.12979>.
  43. Chan RJ, Marx W, Bradford N, et al. Clinical and economic outcomes of nurse-led services in the ambulatory care setting: a systematic review. *Int J Nurs Stud.* 2018;81:61–80. <https://doi.org/10.1016/j.ijnurstu.2018.02.002>.
  44. Cummings GG, Lee SD, Tate KC. The evolution of oncology nursing: Leading the path to change. *Can Oncol Nurs J.* 2018;28:314–317.
  45. Korth J. Communication and coaching: keys to developing future nurse leaders. *Nurse Lead.* 2016;14(3):207–211. <https://doi.org/10.1016/j.nml.2015.04.004>.
  46. Moore IM, Badger TA. The future of oncology nursing research: research priorities and professional development. *Oncol Nurs Forum.* 2014;41(1):93–94. <https://doi.org/10.1188/14.ONF.93-94>.
  47. Bornstein S, McMahon M, Yiu V, et al. Exploring mentorship as a strategy to build capacity and optimize the embedded scientist workforce. *Healthc Policy.* 2019;15(Sp):73–84. <https://doi.org/10.12927/hcpol.2019.25978>.
  48. Hafsteinsdóttir TB, van der Zwaag AM, Schuurmans MJ. Leadership mentoring in nursing research, career development and scholarly productivity: a systematic review. *Int J Nurs Stud.* 2017;75:21–34. <https://doi.org/10.1016/j.ijnurstu.2017.07.004>.
  49. Sihvola S, Kvist T, Nurmekele A. Nurse leaders' resilience and their role in supporting nurses' resilience during the COVID-19 pandemic: a scoping review. *J Nurs Manag.* 2022;30:1869–1880. <https://doi.org/10.1111/jonm.13640>.
  50. Souliotis K, Peppou LE, Agapidaki E, et al. Health democracy in Europe: Cancer patient organization participation in health policy. *Health Expect.* 2018;21(2):474–484. <https://doi.org/10.1111/hex.12638>.
  51. Kouzes J, Posner B. *The Leadership Challenge*. 5th ed San Francisco, CA: Jossey-Bass; 2012.