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Legacy of a Leader: An Interview With Pearl Moore

Sharon Padezanin, BA

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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 Liliane 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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> "I greatly admire how Pearl leads with quietness 'behind the scenes' and strength. Each ONS president has brought her own unique leadership style to the office. In Pearl's role as chief executive officer, she was able to evaluate my personal strengths and encourage expression of my skills and talents in unique ways that would move the organization forward. Pearl's support encouraged my growth as well as my future involvement in many professional activities."
>
> —Mary Garlick Roll, RN, MS
> ONS President, 1995–1996

into the new job, with no transition period. I realized it was a challenge but also an exciting opportunity. I eventually became so busy and engaged in my new role that the tears stopped.

I focused on seeking mentors, such as executive directors of other nursing organizations, who could pass their knowledge on to me. I also learned a great deal by developing relationships with ONS's dedicated member volunteers who served the chapters, membership, and clinical practice committees; the Board of Directors; and many other groups in the organization. As I look back on those days, I believe I was honing my management skills more than my leadership skills at that point. I had to learn the many projects that were in progress or in development and implement a plan to keep them on track for successful completion. Learning how to manage people and projects is an important part of the journey to becoming a leader.

Even though you decide that you want to try something new and feel ready for it, the experience can still be quite emotionally difficult. You have to take each day as it comes and enjoy it, recognizing what you have to learn and

> "For approximately half of my 15-year tenure at ONS, I have reported directly to Pearl in my role as executive director of the ONS Foundation. Pearl has always made me feel that I have worked with her and not for her. Whether discussing a shared vision for where the Foundation should go in the future or challenging me to grow in a certain direction, Pearl has always invited me to be a part of the process. Her style is to give people the freedom to get the job done, but she is always available to listen, encourage, and provide direction when needed.
>
> "Pearl's leadership style has had a personal effect on me and, I hope, the way that I approach my work. One of the many leadership skills that Pearl has mastered is overseeing four different affiliated corporations. Pearl enabled each corporation to grow in its own direction but ensured that each maintained a common connective goal—to support oncology nursing."
>
> —Linda Worrall, RN, MSN
> Executive Director, ONS Foundation

why you are doing the work. In my case, I was doing it because I firmly believed that ONS members were making history in changing the delivery of and improving cancer care.

How did you find the courage to lead?

Everybody has fears and insecurities, which are even more heightened in new, unfamiliar roles. In any position, people come to the job with skills, knowledge, and background, but they also have to acknowledge that they lack skills and knowledge, especially when they are in a newly created position. As the first executive director of ONS, I could not rely on others telling me "this is the way we do it" because I was the first one in the role. The business world was very new and different for me, much different than the familiar world of clinical practice. To balance my skill set, I enrolled in master's-level business administration courses at a local university and took advantage of seminars and publications offered by the American Society of Association Executives and the American Management Association. I took a lot of continuing education classes and attended conferences that I thought would give me the knowledge I needed on topics such as financial management, leadership, and strategic thinking and planning.

The most valuable part of my education was being mentored by visionary leaders from other nursing organizations, such as Nell Watts, RN, MS, FAAN, who headed the Honor Society of Nursing, Sigma Theta Tau International; Bob Piemonto, RN, PhD, from the National Student Nurses Association; and John Garde, CRNA, MS, FAAN, from the American Association of Nurse Anesthetists. Those individuals shared so much knowledge with me. For example, I could look to them for guidance on hosting and managing meetings, offering continuing education for nurses, starting up a periodical publication, implementing a computerized membership database . . . the list goes on. I remember many conversations with my mentors about association law, ethical issues, compensation and benefits, and so on. In almost any situation, I could ask, "How did you do it?" and get sound advice on how to carve a similar path for ONS. In addition to being mentored by individuals in the nursing association world, I learned a great deal about the hospitality industry from the staff at Anthony J. Jannetti Inc., an association management, marketing, and publishing company for nursing specialty organizations. I was fortunate to have several people who were very willing to share their wisdom and offer me advice.

Jumping into any role that is new and different definitely takes courage. Recognizing your strengths and weaknesses and then filling in the gaps are critically important for success. To this day, I still ask people for assistance because I cannot know everything. Leaders must be able to acknowledge when they do not know the answer and feel comfortable asking for help. Help can come in the form of consulting with mentors and pursuing professional development to enhance skills through taking classes and attending conferences. As you become more self-confident and develop your skills and knowledge, you will find the courage to keep going. Your self-confidence will support you, and it will come across to others as confidence.

> "I have had the privilege of knowing Pearl for most of my career. Early on, her leadership was grounded in clinical expertise and her ability to articulate commitment to cancer nursing. These are facets of leadership that she taught me and that still guide her work—her enduring belief that oncology nurses play a vital role in the care of patients with cancer. As her role and responsibilities grew, Pearl came to be an expert in finance, fund-raising, and the operations of a large organization while never losing focus of what ONS is about: helping oncology nurses be the best they can be and leading the transformation of cancer care."
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> —Roberta Strohl, RN, MN, AOCN®
> ONS President, 1999–2000

What traits do leaders need to possess?

I believe that the most important leadership trait is self-knowledge—you need to understand yourself and your guiding principles to be able to stand up for what you believe in. Respect also is critical. You have to value other people and what they bring to the table—value them as people and value them as professionals. Leaders also need

> "Pearl is a very mentoring leader who not only leads but also encourages others to lead. She does not jealously guard her skills to protect her own power base but willingly shares them with others to grow and empower new leaders. As a leader, she never goes passively where the path may lead but goes instead where there is no path and leaves a trail for others to follow."
>
> —Bridget Culhane, RN, MN, MS, CAE
> Executive Director, ONS

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"I was the second ONS staff member hired, and Pearl was one of the many people who interviewed me. At the time, she was still an ONS volunteer. I still remember Pearl assuring me—quite seriously—that I would only need to work six hours a week. Over the next 26 years, during long weekend business trips and late budget nights, I would remind Pearl of those fateful words. But I know that so much of ONS's growth came as a result of her work and dedication.

"Pearl has always recognized the ONS staff's talents and motivated us to use them to the fullest. Her approach to management is generous and forward thinking. To many of us, she is not only a boss but also a superb leader, a generous mentor, and a humble friend."

—Layla G. Ballon
Chief Operating Officer, ONS

total integrity, ethics, and personal accountability.

Harry Truman was right: "The buck stops here." Leaders often must make tough decisions and accept accountability for those decisions. For example, in 1996, the ONS Board of Directors received a task force recommendation from ONS's Work Analysis Working Group (a work group charged with developing a new decision-making model and organizational structure) to discontinue most of the Society's committees. I supported the recommendation and often would refer to the data and evidence that the Board used to make the decision. I usually was the one people complained to and even blamed, but I had to stand by the decision. Another example is when I had to recommend a temporary hiring freeze at the National Office because of an impending tough budget year. In making any difficult decision, you have to consider and promote the long-term gains that will result in a stronger organization.

"When it comes down to it, Pearl is really about the people. She is caring and supportive and always willing to lend a helping hand or just listen. Pearl's never-ending passion for oncology nursing is evident in all that she does. She is an inspiration to all of us."

—Kristine L. Burns, BS, MA, MBA
Chief Information Officer, ONS

What traits do you believe make nurses particularly well suited for leadership roles?

Oncology nurses are excellent listeners. Whenever oncology nurses bring that skill—or art—to the job, they are serving as leaders because they are, in essence, advocating for their patients and their families. Nurses also have an ability to multitask; it is a way of life for them, simply what they must do. Women, in particular, multitask when they have families because so many things are going on at one time. When I started at ONS, I was used to a beginning and an end to a situation. When I worked as an emergency room nurse, I was used to a beginning, when a patient was admitted, and then an end, when he or she was discharged. I knew when my job was finished. In this job, though, so many projects and programs are in varying stages of development at any given time. Depending on the project, weeks, months, or sometimes years of work might be involved before you can finally "close the file." I found that to be very disconcerting in the beginning. You have to have the mind-set to be able to remember all of those things and to keep your hands on everything but also understand that not every job has to be completed every day.

How have you maintained the stamina required to be a successful leader?

Because I travel so often for business, I am always working on a plane or in a hotel. But when I am vacationing, I truly do vacation. I try to focus on maintaining a positive outlook rather than on disappointments. Thinking about the great aspects of your life will keep you going. I also believe that being more organized can help a great deal in being able to continue. If you are organized, when all of the millions of things come along to disrupt you, you can handle them because you still have a general outline of what you need to be doing and when each step of the work must be accomplished. You are able to prioritize. I could not imagine doing this job without having an organized mind.

"I have learned many things from Pearl's example. Two things stand out the most, and they both come from what I suspect is the same basic skill. Pearl often is credited with outstanding organizational skills—those skills that enable a person to take a loosely defined concept and turn it into an action plan with clear steps to follow. My observation has been that both of these types of achievements come from being able to balance the big picture and the details. Seeing the forest AND the trees is the skill that I have observed in Pearl and have tried to apply to my own work."

—Leonard Mafrica, MBA, CAE
Executive Director, ONSEdge
Publisher, ONS

What advice would you give to other nurses who might not view themselves as leaders?

Nurses may not always see themselves as leaders, but they almost always are. They may be unit team leaders or charge nurses, or perhaps they are community leaders, serving churches, schools, or volunteer organizations. To help prepare themselves for more formal leadership roles, nurses can take leadership courses, participate in ONS's Leadership Development Institute, and pursue continuing nursing education opportunities. Formal and informal mentorship programs also are helpful. The preparation can help nurses grow their confidence and comfort level in taking on leadership roles. Then they will start to think of themselves as leaders. Oncology nurses must be aware of the work that they are doing, be proud of their knowledge and expertise, and realize that they are leaders every day.

"As a colleague and friend of almost 30 years, I stand witness to the ethical, competent, and compassionate service that Pearl Moore has rendered throughout her career. ONS has grown under Pearl's stewardship from a small organization to the largest professional cancer organization in the world.

"During the past 20 years, Pearl has supported and mentored individuals and groups of cancer nurses worldwide. Her work with the International Union Against Cancer is one example. She has organized numerous cancer nursing workshops in developing countries around the world, helping nurses learn how to provide better cancer care.

"What a listing of Pearl's accomplishments does not reflect is her unwavering sense of purpose and the wisdom with which she exercises her personal power. It has been an honor and privilege to be her friend and colleague and to observe and work with her during the past 30 years."

—Deborah K. Mayer, PhD, RN, AOCN®, FAAN
ONS President, 1987–1989

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