



## Distinguished GNLI Alumni raise nursing voice at World Cancer Congress

**Geneva, Switzerland; 27 October 2022** – Three distinguished alumni of the Global Nursing Leadership Institute (GNLI™) took part in the Union for International Cancer Control's (UICC) World Cancer Congress, 18-20 October, in Geneva, Switzerland, bringing the much-needed nursing voice to the table.

**Professor Patsy Yates**, Immediate Past President of the International Society of Nurses in Cancer Care (ISNCC) and the new Co-Director of GNLI; **Dr Myrna Doumit**, Former President of the Order of Nurses of Lebanon; and **Professor Julia Downing**, Chief Executive, International Children's Palliative Care Network, were interviewed by ICN on 20 October just before the nursing symposium on *Building Cancer Nursing Leadership Capacity to Achieve World Cancer Declaration Targets* which Professor Yates chaired.

### **ICN: Can you tell us about when and how you joined GNLI?**

**Patsy:** I completed GNLI in 2018. I chose to do it because, at the time, I was just taking on the role of President of the ISNCC and I really wanted to learn more about how I could contribute to policy leadership in that role. So, it was a great opportunity, and I knew that the programme would introduce me to a better understanding of health policy broadly. It would introduce me to other networks and develop my leadership skills. I found it an amazing experience on all those accounts and that really helped me step into the role as President of ISNCC and to help contribute to one of the most significant NCDs where nurses make a difference.

**Julia:** I am a graduate of GNLI 2021. I work with the International Children Palliative Care Network, and I do a lot of work at the policy and advocacy level. I am also on the Board of the ISNCC, and I chair the Policy and Advocacy Committee, so I wanted to consolidate that work. Also, because my work is global, I wanted to meet nurses from around the world, to connect with new people and to link in and hopefully develop relationships which we can then build on in the future. I am still Chair of the Policy and Advocacy Committee with ISNCC, and I am also on the Board of the Worldwide Hospice Palliative Care Alliance and other global networks and I attend the World Health Assembly and the WHO Executive Board, for example. So, it was really key that I linked in with other nurses from around the world and learned more about policy and advocacy because I hadn't been trained in it. It's not something we're trained in as nurses, and so it was really important to consolidate that.

**Myrna:** I am also a graduate of GNLI 2021. I took GNLI just after I finished my term as President of the Order of Nurses of Lebanon. During my presidency, Lebanon went through several crises, and I was applying a leadership that was new to nurses. I worked on policy, I emphasised communication, and so the Order moved to a higher level at the decision-making table. But I was always asking myself, "Am I doing it the right way?". Then when I attended GNLI, I realised that intuitively, I was doing it right. GNLI

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consolidated my ideas so now I am sure that what I did was the right way. We cannot put nursing at the decision-making table without policy courses. We need to be good communicators, and we need to stand up and raise our voice if we want to be at the decision-making table. Because if we're not there, no one will discuss our concerns, or our needs and our voice would not be there. Thanks to GNLI, I also met colleagues from all over the world, so now I have a repertoire of names and addresses that I can refer to when I need.

***ICN: What role do nurses have at the World Cancer Congress, and how has GNLI helped you influence discussions?***

**Patsy:** The UICC really plays an important role in cancer control across the world in bringing together all of the organisations across the world with an interest in cancer control. That includes a lot of non-governmental organisations (NGOs), patient groups and cancer councils from across the world. Nurses often don't have leadership roles or significant representation in these organisations. So, we decided to submit a symposium abstract with a focus on nursing leadership. The whole purpose of the symposium is to demonstrate through case studies that nurses are actually providing leadership to achieve better cancer outcomes at the policy level, at the programme level and on a day-to-day basis in the workplace. That's one way we're trying to do that. But in addition, Julia is also part of a couple of other key symposiums, where she's bringing the nursing voice to other critical issues like palliative care for children.

**Julia:** We had two sessions yesterday [19 October]. One was on integrating palliative care into cancer care, so there was a panel, and I was able to represent, not only paediatric palliative care, but also nurses and I was able to bring out the importance of the role of nurses. Then we had a session in the afternoon on paediatric palliative care and there were five of us involved in that session and three of us were nurses. Again, it was an opportunity to get nurses at the table. Also being at other sessions, we've had that opportunity to raise the voice of nurses. We have been at various meetings with WHO and other policy people and we've been able to put the voice of the nurse there which I think is really key. We're also there to challenge! I was in a session where all of the panel members were men, and they were all medical doctors; there was no nurse there! So, I challenged them and asked, "Where is the nursing voice and where is the female voice?", which is another issue. They were all doctors, and they needn't have been, there quite easily could have been some nurses there.

**Patsy:** I think that's where GNLI has given us some frameworks and tools that we can use to really present and advocate for building nursing leadership, for supporting nurses at all levels and I think that's where a programme like GNLI really helps to build our skills to be public speakers, to be presenting evidence and to put the important case that needs to be made in front of all the decision makers in cancer control who are here. So, it's important that we not only have our own symposium but, as Julia said, that we are in other sessions raising questions, talking to people in the breaks around other opportunities.

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- Patsy Yates

**Myrna:** If I can add, it's an amazing meeting. I really enjoyed the sessions, but I am disappointed not to see one nurse at the plenary, as a keynote speaker. I think - when we have such an international conference - that all the nursing bodies should unite and push for one or two keynote speakers to put nursing at that level. The first day, right after the opening ceremony, there was a plenary session where they were presenting

an international study whereby they took the position of the physician, the opinion of the patient, but there were no nurses. So, I raised my hand and said, "Where are the nurses?". There are some patients who do not know how to read and write, and the nurses are the best to report about such patients. We need nurses, not just because they are nurses, but because we are 24/7 with our patients. They agreed that is very true and they apologised. So, at every session we need to go in and raise the voice, apply pressure and say we need the voice of nurses at the table. This is extremely important. We need all nursing bodies across the world to work together to have our voice heard!

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**Julia:** Of the three of us here, none of us are backward in coming forward! We are ok at speaking out, but I think, for me, doing the GNLI has just confirmed that what I was doing is the right way and that has given me a little more confidence that perhaps now I do know what I am doing in terms of policy and advocacy after all.

**Patsy:** I think it is important to build alliances and at a meeting like this, where all the key decision makers are, is where we have that opportunity to build alliances and really achieve better outcomes.

**ICN: Do you feel there is more attention being paid to nurses at this Congress now than in the past?**

**Patsy:** I do. I've been to a few now. It's always been really difficult to get a strong nursing presence in the sessions, but I do get the sense that there are more nurses now in different positions in various NGOs, and there are more nurses present. I also get the sense that when we're raising issues, they are being heard in a different way. That could be because we are better at articulating. I get the sense that when we raise issues, people acknowledge them. But we still have a lot of work to do.

**Julia:** I would like to see nursing integrated more throughout, so on all the panels there should be a nurse, so that we are no longer commenting, "Where are the nurses?" We're just there!

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**Myrna:** Today we have the symposium and that really emphasises what we are saying: that our collaboration will help us to be present. We collaborated so we could have this symposium together. We need to collaborate in order to have our voice heard.

**Julia:** Myrna and I have been on various committees together, but in the GNLI we were both in the same regional group and that helped to strengthen collaboration.

**Myrna:** GNLI helped us to create relationships with nurses all over the world, so we know now that whenever we want something, we have our colleagues. GNLI is the common denominator for all of us; the link that will bring us all together.

**ICN: Will you now go back and report to other GNLI alumni about what you have achieved here?**

**Myrna:** Yes, I am part of the Eastern Mediterranean GNLI alumni group, and I will go and report and say the importance of being present!

**Patsy:** We keep that connection with our groups over the years so in the longer term we still have the regional alumni groups and it's a great opportunity to connect GNLI alumni from various years. I can see that really starting to be an important forum for the cohort of alumni over many years to influence at the regional level, in particular.

**Myrna:** It reminds me of something the GNLI Director Diana Mason said, "Numbers are important, but stories will make reality exist for us". So, it is very important for us to write our success stories so people can live with us what we went through.

**ICN: Can you tell us about the symposium you will hold this afternoon?**

**Patsy:** The symposium is about building nursing leadership to address the SDGs and in particular we have four main themes we are drawing out. We are going to give an introduction to really highlight that nurses make a difference across prevention, screening through to palliative care and we have this really critical role in all areas of cancer control. Myrna can talk about the theme of her presentation.

**Myrna:** I will be talking about leadership and the importance of emphasizing and building the kind of leadership for oncology nurses that will help us meet the nine [World Cancer Declaration] targets. Based on my expertise and having passed through all these crises in my country, I am going to emphasize the key elements that we need to build in our nurses and when and where, because if we want to see those elements in our nurses, we cannot expect things that they don't know. If we want our nurses to be leaders, we need to prepare them. Leadership is something that can be learned and built across years.

**Patsy:** After Myrna's presentation, we have another presentation from Stella Bialous, who is also a past present of ISNCC. She is going to talk about policy leadership. Stella has done an enormous amount of work across the world in tobacco control and nurses' role in tobacco control and she's going to talk about some of the programmes she has developed and how she has supported nurses to influence tobacco control.

After Stella, we have a colleague, Agnes Anarado, from Nigeria, who is going to speak about novel nursing practices in cervical cancer control and successful interventions for cancer care throughout Africa. Agnes has led some significant programmes in cervical cancer screening. Our fourth speaker is Mavis Bobbie Ansah from Ghana who is going to give some very practical examples, as a nurse manager in a cancer centre, of how she has helped nurses to build their skills in clinical leadership and contribute to the multidisciplinary team.

**Julia:** And at the end, Patsy is going to share cancer nursing leadership position statement we have just developed for the ISNCC.

**ICN: Is there anything important you want to add?**

**Myrna:** I would like to thank ICN for all the support to nursing bodies all over the world. We have to remember that we're not as strong as we want to be at the policy level, so this is why we all need to be united to reach where we want nursing to be.

**Patsy:** It is important to say that we wouldn't be here if it were not for some of the programmes that ICN has. I want to thank ICN too, because ISNCC is an official affiliate of ICN, and we have always really enjoyed that collaboration. We appreciate that ICN has a lot of networks that we don't necessarily have as a specialty group. Working with Howard [Catton, ICN CEO] and a number of other people at ICN has

enabled us to achieve more than we could on our own. The specialist affiliate programme has been very beneficial for ISNCC and I wanted to acknowledge that.

The ISNCC statement is available [here](#).

The innovative and acclaimed [Global Nursing Leadership Institute \(GNLI\)™](#) is a strategic policy leadership programme focused on strengthening nurses' political and policy understanding and influence. It is framed by nursing opportunities in a global movement committed to sustainable development and explores key themes that underpin the United Nations' Sustainable Development Goals.

Now in its 13th year, GNLI has evolved as a programme, becoming more dynamic and responding directly to emerging global health challenges. Graduates from the programme join a powerful and elite group of alumni, many of whom have gone on to become presidents of national nursing associations, ICN Board members, presidents and CEOs of health organisations, and government chief nurses.

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