## Leadership Special Interest Group: What is leadership?

Two questions I hear frequently at the CANO conferences are, "What exactly is the phenomenon of leadership?" and, "Who can participate in a special interest group with a focus on leadership?" The focus of this Special Interest Group (SIG) report is to assist in contextualizing the concept of leadership, and explore the definitions and theory behind leadership. Additionally, this SIG report will include criteria for oncology nurses to participate in the Leadership Special Interest Group.

Leadership is a complex process with a multitude of different dimensions. Vroom and Jago (2007) describe leadership as a process that involves the ability to influence and motivate individuals or groups towards common goals. Leadership is influential in the success or the failure of an organization (Burstein, Sohal, Zyngier, & Sohal, 2010). Although there are many definitions describing the complex nature of leadership, the following four concepts are pivotal to leadership: leadership is a process, involves some form of influence over people, takes place in groups, and involves shared goals (Northhouse,

Health care organizations, as well as businesses, need leaders who can stimulate innovation and knowledge development, manage change, and provide strategic direction for the organization (Maccoby & Scudder, 2011). Leadership roles are key to motivating and influencing teams toward a shared vision (Dess & Picken, 2000).

According to Maccoby and Scudder (2011), leadership is a complex process that involves specific skills and expertise. A key skill is flexibility or the ability to make adjustments according to the changing demands of situations. Effective leaders also require the ability to carry out specific tasks and behaviours that are appropriate to their local context, as well as the situation in which they find themselves (Northouse, 2013).

Rost (1991) found more than 200 definitions of leadership in the literature with descriptions ranging from traits and characteristics to behaviours and processes. Despite the abundance of definitions, it is important to understand that both leaders and followers are integral aspects of leadership. Furthermore, leadership is not just a process, but also can refer to a team and a role. For example, there are formal leadership roles such as senior leadership teams, nurse managers, directors, and practice leaders, as well as informal leadership roles such as the bedside oncology nurse. The most common leadership theories discussed in the literature include trait, situational, team, transactional, transformational, servant and the authentic.

*Trait leadership* focuses on the innate qualities, personality traits, and characteristics of an effective leader. This theory, established in 1946, focused on behaviours and the traditional model of a leader (Northouse, 2013). Leadership behaviours, established early in life, are used in all situations and are seen as not changing over time or adapting to different situations. Although there is a significant amount of research supporting the trait leadership theory, there has been no evidence to link this approach with organizational outcomes. However, there is growing recognition that individuals in leadership roles need to be able to adapt their style to the circumstances, which leads to the next leadership theory situational leadership.

Situational leadership is a widely recognized approach to leadership. Different circumstances require different leadership approaches. The essential aspect of situational leadership theory is that the leader can modify his or her style to the situation at hand. The strengths of this style include flexibility, ease of use for training leaders, and being practical (Northouse 2013). Although popular, there is not a lot of research on this style and no information on how to apply this style

in a group setting (Northouse, 2013). Another new theory under development in leadership is the team approach.

Team leadership theory focuses on teams. This style is popular with multinational organizations and virtual settings (Tung & Chang, 2011). Team leadership involves sharing of power through knowledge and a coordinated effort with the team members towards a common purpose. The knowledge sharing has demonstrated improved trust and cohesion among team members (Xue, Bradley, & Liang, 2010). The next theory and most frequently used approach is transactional leadership.

Transactional leadership theory consists of leaders who exert power and control to obtain behaviours from followers (Lai, 2011). This style uses agreements, rewards, incentives, and punishment to achieve specific actions. A meta-analytic study by Lai (2011) showed that transactional leadership resulted in improved task performance as defined by the job description. This leadership approach does result in meeting targets through a reward system.

The characteristics of transformational leaders include being charismatic, considerate, and inspirational. The transformational leadership approach is communal, collaborative, and participative (Jogulu, 2010). This style is visionary, influential, and proactive. Transformational leaders inspire followers to go beyond individual interests for the collective good of the organization. According to Fulop and Day (2010), many health care leaders are beginning to move from transactional style to transformational. Transformational styles adapt to the environment, demonstrate flexibility for change and resolution of issues. Nixon, Harrington, and Parker (2012) found the staff under transformational leadership models tend to be more committed to the organizational goals and perform better.

Servant leadership has a number of similarities to transformational leadership. According to Reed Vidaver- Cohen and Colwell (2011) servant leadership is an approach in which the leader makes a commitment to serve his or her followers and put others first. This type of leadership role is highly motivated and committed to helping others. Freeman (2011) describes the essence of leadership as serving followers. Servant leadership is still under development. This approach has demonstrated a positive impact on organizational performance (Northouse, 2013).

One of the newest theories on leadership is *authentic leadership*. Authentic leadership brings together knowledge, self-concept, and self-regulation. Avolio and Gardner (2005) identified this style of leadership as developmental, trustworthy, with explicit moral dimensions often caused by a significant life event.

Recognizing the many and diverse dimensions of leadership, a number of oncology nurses from various leadership roles across the country, who were attending a CANO conference, identified the need for a forum or mechanism to come together to discuss and share leadership challenges and successes specific to oncology leadership.

In response to the identified need for such a forum on leadership issues in oncology, a group of oncology managers and leaders in CANO formed a special interest group with a focus on leadership. The principal objective of this SIG is to bring together Canadian oncology nurses with an interest in leadership and oncology. The Leadership SIG will provide a platform for knowledge translation, networking opportunities for oncology nurses in leadership roles, mentorship opportunities, and a formalized leadership team for consultation on oncology nursing leadership issues.

The criteria for becoming a member of this SIG include: be a member of CANO, hold an interest in or passion for leadership and desire to network with oncology nurses with similar interests. At present, this SIG has attracted senior leaders in oncology, educators, nurse managers, researchers, and oncology nurses who are interested in pursuing leadership positions.

In summary, leadership is a complex topic. There is a plethora of definitions

and research centred on leadership. Leadership is a process that involves roles, as well as followers. The key aspects of leadership are the ability to influence and motivate individuals or groups towards common goals. There are numerous theoretical foundations of leadership ranging from the trait theory to the authentic approach. The key criteria to become a member of the SIG leadership group are membership in CANO and an interest in leadership.

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## **REFERENCES**

Avolio, B.J., & Gardner, W.L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *Leadership Quarterly*, 16, 315–338.

Burstein, F., Sohal, S., Zyngier, S., & Sohal, A.S. (2010). Understanding of knowledge management roles and responsibilities: A study in the Australian context. *Knowledge Management Research & Practice*, 8(1), 76–88. doi:10.1057/kmrp.2009.18

Dess, G.G., & Picken, J.C. (2000). Leadership in the 21st century. *Organizational Dynamics*, 28(3), 18–34. doi:10.1016/S0090-2616(00)88447-8

Fulop, L., & Day, G.E. (2010). From leader to leadership: Clinician managers and where to next? *Australian Health Review*, 34, 344–351. doi:10.1071/AH09763

Freeman, G.T. (2011). Spirituality and servant leadership: A conceptual model and research proposal. *Emerging Leadership Journeys*, 4(1), 120–140. Retrieved from http://www.regent.edu/acad/global/publications/elj/vol4iss1/

Freeman\_V4I1\_pp120-140.pdf

Jogulu, U.D. (2010). Culturally linked leadership styles. Leadership & Organizational Development Journal, 31, 705–719. doi:10.1108/01437731011094766

Lai, A. (2011). Transformational transactional leadership theory. AHS Capstone Projects. Paper 17. Retrieved from http://digitalcommons.olin.edu/ ahs\_capstone\_2011/17

Maccoby, M., & Scudder, T. (2011). Strategic intelligence: A conceptual system of leadership for change. *Performance Improvement*, 50(3), 1–12. doi: 10.1002/pfi.20205

Nixon, P., Harrington, M., & Parker, D. (2012). Leadership performance is significant to project success or failure: A critical analysis. International Journal of Productivity and Performance Management, 61, 204–216. doi:10.1108/17410401211194699

Northhouse, P.G. (2013). *Leadership. Theory and practice*. (Sixth ed.). Thousand Oaks, California: Sage Publishing.

Reed, L.L., Vidaver-Cohen, D., & Colwell, S.R.

(2011). A new scale to measure executive servant leadership: Development, analysis, and implications for research. *Journal of Business Ethics*, 101, 415–434. doi:10.1007/S10551-010-0729-1

Rost, J.C. (1991). Leadership for the twenty-first century. New York: Praeger.

Tung, H.L., & Chang Y.H. (2011). Effects of empowering leadership on performance in management team: Mediating effects of knowledge sharing and team cohesion. *Journal of Chinese Human Resource Management*, 2(1), 43–60. doi:10.1108/20408001111148720

Vroom, V.H., & Jago, A.G. (2007). The role of the situation in leadership. *American Psychologist*, 62(1), 17–24.

Xue, Y., Bradley, J., & Liang, H. (2010). Team climate, empowering leadership, and knowledge sharing. *Journal of Knowledge Management*, 15, 299–312. doi:10.1108/13673271111119709