Leadership: A Practical Approach

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LEARNING OBJECTIVES

1. Define leadership per Northouse.
2. Compare and contrast leadership and management.
3. Describe five leadership approaches: trait, servant, transactional, transformational, and team.
4. Discuss how an individual can develop leadership abilities.

ABSTRACT

The purpose of this article was to provide a practical approach to leadership for medical laboratory professionals. From the leadership approaches and theories found in the literature, five were reviewed and presented, including 1) trait approach, 2) servant-leadership, 3) transactional approach, 4) transformational approach, and 5) team leadership, to provide a better understanding of leadership studies. Personal leadership development strategies for medical laboratory professionals, including professional leadership programs/workshops, academic courses, personal growth and research, and assessment of leadership abilities, are discussed.

ABBREVIATIONS: LMX - leader-member exchange, LPI - Leadership Practices Inventory.

INDEX TERMS: leadership, leader, management, follower, trait, servant-leadership, transactional, transformational, team.

INTRODUCTION

"Leadership can happen anywhere, at any time. It can happen in a huge business or a small one. It can happen in the public, private, or social sector. It can happen in any function. It can happen at home, at school, or in the community. The call to lead can come at four o'clock in the morning, or it can come late at night."

- James M. Kouzes and Barry Z. Posner, PhD, coauthors of *The Leadership Challenge*[1]

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A universal definition of leadership does not exist; as Northouse (2016) described, there have been countless definitions of leadership published, yet no universal consensus has been reached. Instead, Northouse identified central themes in multiple definitions and provided his definition of leadership as "a process whereby an individual influences a group of individuals to achieve a common goal." Dr. Peter Northouse is author of *Leadership Theory and Practice* (now in its 7th edition), a book that is often used as a textbook in leadership classes because it provides a comprehensive review of the leadership approaches, principles, research, and theories.[2]

Who can be a leader? Quite simply, anyone. In his classic work, *Developing the Leader Within You*, John C. Maxwell (1993) indicated that leadership can be taught: "Leadership is not an exclusive club for those who were 'born with it.' The traits that are the raw materials of leadership can be acquired. Link them with desire and nothing can keep you from becoming a leader."[3] Thus, anyone reading this journal has the potential be a leader in the clinical laboratory or hospital administration, in academia, or within your community or professional society.

Leadership Versus Management

Is there a difference between leadership and management? The literature has numerous publications on this inquiry with a general consensus of key similarities and differences.[4-6]

Zaleznik, an early researcher, to differentiate management from leadership, described managers as those who have passive and impersonal attitudes toward goals, strive to resolve problems quickly, and often lack empathy, whereas leaders have active attitudes toward goals (thereby influencing the way people think), desire to better understand the problem to develop new solutions, and are more empathetic.[7]

Management involves organizational processes, such as budgeting, goal setting, staffing jobs, organizational structure, and problem solving. Management is often a function, such as the day-to-day operations of an organization/enterprise to ensure consistency and production,[4,6] whereas leadership involves developing a guiding vision for the future, empowering and influencing (motivating and inspiring) employees, and producing useful change. Leadership is often about the relationship between the leader and motivating followers. Leadership and management are discernably interrelated yet both require different skills.[4,6] Regardless of the differences, organizations need both strong leaders and strong managers.

LEADERSHIP APPROACHES

The study of leadership dates back centuries, as early philosophers often wrote about their leaders, and thus there are numerous theories that attempt to explain what makes a great leader, yet it remains a complex process.[2] The following is an overview of a selection of leadership approaches (see Table 1) and is not meant to provide a comprehensive review of all leadership theories. Readers interested in learning about leadership theories should acquire Northouse (2016), as it provides a comprehensive review of decades of leadership research.

Trait Approach

One of the oldest leadership theories is the trait (characteristic) approach, which is a leader-centered perspective of leadership. Early researchers studied innate or heritable qualities of leaders, thus inferring these future leaders were born with these traits. The focus shifted in the first half of the 20th century, in which researchers investigated the characteristics of leaders versus nonleaders regardless of whether the traits were inherited or acquired.[8]

By the mid-twentieth century the trait approach was called into question by Ralph Stogdill (1948). He concluded that "A person does not become a leader by virtue of the possession of some combination of traits."[9] Leadership researchers began looking at other explanations for effective leadership after Stogdill's publication. Recently, there has been renewed interest in the trait approach, as researchers are investigating whether emotional intelligence is an important trait in leadership effectiveness.[2]

The trait approach focuses exclusively on the characteristics of the leader. From an application standpoint, this approach can be used for personal leadership development, as there are numerous trait assessment instruments/surveys. The results can then be used to determine which personal characteristics would be beneficial for leadership roles and in which areas one might need more development.

Servant-leadership

Greenleaf identified servant-leadership in the 1970s, in which servants and leaders, opposite positions, should be brought together and which asserted that leadership emerged from those who had a deep desire to help others (eg, employees, customers, and community).[10] According to Spears (2002), "servant-leadership emphasizes increased service to others, a holistic approach to work, building a sense of community, and the sharing of power in decision making."[11] In general, this is a long-term, team, and transformational approach to leadership.

Spears has continued developing Greenleaf's servant-leadership approach and has identified ten characteristics central to the development of servant leaders: 1) listening, 2) empathy, 3) healing, 4) awareness, 5) persuasion, 6) conceptualization, 7) foresight, 8) stewardship, 9) commitment to the growth of people, and 10) building community.[11] The applicability of this approach is that it can be applied within a variety of organizations and at all leadership levels. This approach has been adopted in a variety of organizations worldwide; its principles have influenced for-profit businesses, not-for-profit corporations, healthcare systems, religious entities, community organizations, and higher learning institutions.[11]

This leadership approach is unique, as ". . . servant-leadership focuses on the behaviors leaders should exhibit to put followers first and to support followers' personal development. It is concerned with how leaders treat followers and the outcomes that are likely to emerge."[2] The body of literature regarding servant-leadership is growing, as its impact and influence are so diverse that it is continually researched. A significant contribution to the body of literature on this leadership approach is through the Greenleaf Center for Servant-Leadership, an international nonprofit organization that strives to educate and promote its potential to make positive changes in the world.[12]

Transactional Approach

James MacGregor Burns (1978) introduced transactional leadership in his book, *Leadership*, in which he described two types of leadership: transactional and transforming.[13] Transactional leadership focuses on how leaders use the process of rewards to motivate followers. Burns focused on bargains or exchanges of resources that took place between leaders and followers. Simply, the leader and follower agree on an award (eg, bonuses and merit increases) for achieving a work product or meeting a performance level, and rewards were then given as long as the goal was reached.[14]

This contingent award dimension of transactional leadership is often a positive exchange resulting in follower satisfaction and performance. However, there is also the management by exception dimension of transactional leadership that focuses on follower mistakes and how the leader addresses them. This reprimand often has a negative impact on follower satisfaction and performance.[15]

The literature distinctly separates transactional leadership from leader-member exchange (LMX) theory; however, researchers recognize it is a related concept. LMX is an approach that ". . . conceptualizes leadership as a process that is centered on the *interactions* between leaders and followers."[2] Similar to the transactional approach, the LMX approach focuses on the relationship between leaders and followers and, in some instances, the motivations of the follower are based on exchange of rewards.[16]

Transformational Approach

Transformational leadership, also introduced by Burns in 1978, is a process that transforms people and has been

one of the most widely studied leadership approaches worldwide.[13,14] As in the transactional approach, it focuses on leaders and followers transforming leadership since it, "... occurs when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality."[13] Transformational leaders have four common characteristics, and they include idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.[15] Idealized influence, or charisma, describes leaders that serve as strong role models for followers through their actions and behaviors. Inspirational motivation is a characteristic of leaders that set high expectation and inspire or motivate followers through shared vision. Intellectual stimulation promotes followers to increase their creative and innovative efforts by having supportive leaders. Individualized considerations describe leaders that act as mentors in order to allow their followers to reach their full potential.[17] A transformational leader exhibits each of these characteristics to varying degrees in order to promote follower outcomes. However, unlike transactional leadership, in which followers meet performance expectations, in transformational leadership, the follower often exceeds defined performance expectations.

Another prevalent perspective of transformational leadership proposed by Kouzes and Posner (2017)[1] described in the popular leadership book, *The Leadership Challenge*, now in its 6th edition, describes The Five Practices of Exemplary Leadership. The five practices that leaders should follow include:

1) Model the Way – Leaders should lead by example and model the behavior they expect out of their followers.
2) Inspire a Shared Vision – Leaders should envision the possible and then enlist followers in that common vision.
3) Challenge the Process – Leaders should search for opportunities to take risks that lead to change and innovation.
4) Enable Others to Act – Leaders should foster collaboration and build trusting relationships within their team so that there is ownership and empowerment.
5) Encourage the Heart – Leaders should recognize contributions made by their followers and celebrate successes.

An outcome of Kouzes and Posner research was the development of a leadership assessment known as the Leadership Practices Inventory (LPI). The LPI measures the five practices using a 30-question survey with six statements measuring each practice.[18] According to The Leadership Challenge website, over three million people have taken the leadership survey to measure their leadership skills.[19]

Team Leadership

As the use of teams in organizations has flourished, so has research dedicated to team leadership. Northouse (2016) defines a team as "A type of organizational group that is composed of members who are interdependent, who share common goals, and who must coordinate their activities to accomplish these goals."[2] Examples of organizational teams within the medical laboratory profession include laboratory departments, administrative units, academic units, boards, committees, and taskforces. Team leadership takes a different approach to leadership than the previously discussed theories, as it shifts the focus from leader and followers to shared leadership of teams. Within team dynamics, members work collectively to achieve identified goals and different members step forward as the leader depending upon the goal, situation, and skill set needed.

One component of team leadership examined by researchers is team effectiveness, particularly as it correlates to performance and goal achievement.[20] According to Hackman (2012), six conditions set the stage in fostering group effectiveness:

1) The unit is a real work team, rather than a team in name only, working together to achieve a common goal.
2) The team has a compelling purpose energizing them to achieve the common goal.
3) The team is composed of the right number and mix of members who have the skills to achieve the common goal.
4) The team has established clear guidelines for member behavior to promote achievement of common goal.
5) The team has the organizational resources and support to achieve the common goal.
6) The team has access to competent and well-timed team coaching to increase chances of achieving the common goal.[21]

Team leaders often serve in oversight roles ensuring the team achieves effectiveness.

When teams are not as effective, leaders can use strategic decision models and questionnaires to diagnose the issue and assist with what intervention is required to improve team functioning.

This is a practical leadership approach to real-life organizational teams found in almost all work environments.[21]

PERSONAL LEADER DEVELOPMENT

The approaches described above provide a snapshot of various leadership approaches and theories prevalent in the leadership literature. There are other approaches and theories that were not discussed, as the purpose of this article is not to provide a comprehensive review of the leadership research conducted within the last century. Hopefully this snapshot has provided a better understanding of the diversity and vastness in the leadership approaches, research, and theories. Individuals, corporations, and academic institutions continually seek to learn more about what makes strong

leaders and how to develop them. The following sections discuss personal leader development strategies.

McCauley, Van Veslor, and Ruderman (2010) defined leader development as "...the expansion of a person's capacity to be effective in leadership roles and processes."[22] These authors propose that most people will participate in leadership throughout the course of their lives either in "...the organizations in which they work, the social or volunteer groups of which they are a part, the neighborhoods in which they live, and the professional groups with which they identify."[23] Leadership is quite diverse, as roles may be formal or informal positions, and leaders may have significant authority or minimal authority and may actively create change or subtly shape culture. Regardless, all individuals can grow and improve their leadership effectiveness through personal development. The path to personal leader development is a lengthy process and includes development strategies and assessment.

Development Strategies

For those interested in developing their leadership abilities, there are many formal and informal options. Often, formal leader development options are internal and offered by employers (hospital and/or academic institution); if not, there are many external resources, including a professional society's continuing education leadership development programs and workshops. The American Society for Clinical Laboratory Science offers the Leadership Academy, and the American Society for Clinical Pathology offers the Leadership Institute. In academia, the Association of Schools of Allied Health Professions has a leadership development program, and the American Council on Education offers several leadership programs. Also, within local communities, there are leadership development programs offered through community organizations and local governments.

In addition to workshops and programs, one can take classes and obtain certificates and degrees in leadership at higher education institutions. These institutions may also offer one- to multiple-day seminars targeting leadership training. Perform an internet search for leadership and you might be surprised as to the organizations that offer leader development and training, such as the Disney Institute. A less formal and structured approach can be completed by reading books on leadership. A search on Amazon.com for leadership in the books department will produce more than 100 000 results. I recommend starting with a popular broad leadership book and using that book as a springboard into more focused leadership areas of interest.

Assessment

In order to grow as a leader, you will need to obtain assessment data on your leadership abilities and effectiveness.

Data can come from your administrators, peers, followers, customers, organizational consultants, and, most importantly, yourself. Formal assessments include performance evaluations, customer surveys, 360-degree feedback, employee satisfaction evaluations, etc[22] (a 360-degree assessment is often used in organizations to collect perceptions of a leader from different viewpoints, such as direct reports, peers, and administrators). Assessment data can assist leaders in identifying current strengths and gaps they need to change or improve. Clarifying areas of improvements should motivate individuals to continue their personal development to close those gaps.

A valuable, albeit more informal, form of assessment is introspection and reflection. A leader will learn more from their experiences if they take the time to analyze them.[23] Reflection can be an individual activity, such as journal writing, or can occur in small groups, such as discussions with mentors and peers. These activities allow for one to gain a better understanding of self-awareness, which allows one to better understand their personal strengths and weaknesses.

End Result

Concerted effort in personal leader development and assessment will result in growth of the following leader abilities:

1) Self-management and self-awareness
2) Ability to balance (prioritize) demands
3) Ability to develop cooperative relationships
4) Ability to build effective work groups
5) Ability to develop and mentor others
6) Ability to think critically and act strategically
7) Ability to envision and implement changes[22]

In order to become an effective leader, one must have a variety of development experiences in leadership; thus, I implore you to take on a new leadership role. Whether it is to lead a work unit or chair an academic or professional committee, there is no time like the present to begin your own personal leader development.

SUMMARY

Leadership is not easily defined, as it is a complex process with numerous approaches and theories that has been researched for decades. Nevertheless, there is not a universal definition of leadership nor one overarching theory explaining what makes a great leader. Fortunately, leadership abilities can be learned, and each of us have the potential to be effective leaders within the medical laboratory profession. In order to develop leadership abilities, a variety of strategies (formal and informal), including leadership assessments, are needed.

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