1.5: Leadership in the Twenty-First Century

Advances in technology have brought the world from the industrial age into the information age. Porter-O’Grady and Malloch (2011) describe four factors, arising from technology, that are contributing to increased demands within health care and are associated with a depletion of resources: (1) endless change; (2) availability of information; (3) knowledge as a utility rather than a possession with knowledge users accessing the right knowledge at the right place and the right time; and 4) rapid advances that are changing the service relationship (i.e., technology-assisted procedures, which have reduced numbers and lengths of hospital stays). Dr. Keith A. Bezanson, the Canadian former director of the International Development Research Centre, concluded at a 1994 United Nations conference that society is experiencing a transformation so profound that it is impossible to forecast the future (Hibberd & Davies, 2006). Innovative areas of study, such as complexity science, are arising from this rapid convergence of empirical evidence around the world.

Complexity may be described as the “complex phenomena demonstrated in systems characterized by nonlinear interactive components, emergent phenomena, continuous and discontinuous change, and unpredictable outcomes” (Zimmerman, Lindberg, & Plsek, 1998, p. 263). At an international summit held at the University of Minnesota in 2003, one speaker described how Newton reductionism, which has guided scientific thinking for 300 years, has been replaced by complexity science in the twenty-first century (Hibberd & Davies, 2006). This same speaker stressed that complexity science can guide our understanding of the health care system, a multi-layered system largely driven by rapidly changing technology and information. In health care … practitioners … make up a continuously evolving system because of their innovative, diverse and progressive adaptations (Holland, as cited in Hibberd & Davies, 2006, p. 500).
Essential Learning Activity 1.4.1

For a more in-depth understanding of complexity science and complex adaptive systems in nursing, watch Pat Ebright’s short video “Complex Adaptive System Theory” (4:30). Then answer the following questions:

1. Why is it important for the nurse manager to walk through the nursing unit? What does the “walk” tell her?
2. What is Pat Ebright referring to when she comments on a nurse’s partner’s “eyes glass[ing] over”?

MacPhee (2015) describes complexity-informed health intervention as a system. In this system, decision making is distributed among the members of the organization (i.e., at the practice level) and health care providers encourage patients and families to take more personal responsibility and ownership of their care.

Each individual has the capacity to lead, manage, or follow as needed. The flow among these roles fosters an empowering environment that diminishes fear and organizational silence on matters that are critical to patients, staff, and organizational outcomes (MacPhee, 2015, p. 13).

What kind of nursing leadership is called for in the age of complexity science? Experts stress that nurse leaders must understand the principles of a complex adaptive system, supporting change by ensuring that trust, risk taking, and flexibility flourish, thus permitting new ideas to emerge (Pangman & Pangman, 2010). Translated into action, this requires that leaders look at the organization through the lens of complexity, with unit leaders allowing issues on the unit to emerge. Leaders use goodenough vision to solve difficulties by allowing individuals to develop and use innovative approaches within their work environment, rather than providing specific directions. Pangman and Pangman stress the need for the nurse leader to balance data (clockware) and intuition (swarmware) by circulating around the workplace, observing and providing support or suggesting a different way of doing things when a problem is identified. The real differences that occur between organizational goals and the day-to-day performance of the unit (paradox and tension) are identified through the leader’s openness to challenging “sacred cows”—those ideas or systems that are generally considered beyond questioning or above criticism. The leader is aware of the different formal and informal networks (shadow systems) that influence the behaviour of staff. This awareness guides the leader in the exploration and endorsement of differing views. Overall, the leader values both cooperation and competition among staff, realizing that both behaviours, when encouraged and guided, can lead to increased productivity (Pangman & Pangman, 2010).

Relationally Focused Leadership Styles

Situational and contingency–based leadership theories, most popular from 1950 to 1980, suggest that no one leadership style is ideal for every situation. Leadership must be adapted according to the needs of the leader, the employees, and the environment (Marquis & Huston, 2015). Some examples of responses to the increasing complexity of our system include relationally focused leadership styles such as strengths-based leadership, in which leaders strive to empower workers’ strengths rather than identify problems (Wong, 2012) and authentic or congruent leadership, wherein followers are inspired to act (Avolio, Walumbwa, & Weber, 2009). Robert Greenleaf espoused servant leadership, in which leaders’ primary responsibilities are service to others and recognition that the role of organizations is to create people who can build a better tomorrow (Parris & Peachey, 2013). By contrast, principal agent theory emphasizes that the leader must provide incentives for followers to act in the organization’s best interest, since not all followers are inspired to act in the leader or employer’s best interest.
Another relationally focused nursing leadership style espoused widely across North America is the **transformational leadership style**. These leaders demonstrate four prevailing characteristics that include idealized influence, inspirational motivation, intellectual stimulation, and idealized consideration. They are sensitive to the requirements of others and endeavour to realign the existing organizational culture with a new vision (Bass & Avolio, 1993). **Feminist leadership**, founded on the principles of transformational leadership, further emphasizes an ethic of care expressed through the use of collaborative, relational skills and the development of gender equitable and empowering organizational goals (Christensen, 2011).

**Quantum leadership**, a direct response to the constant change present in the complex environment, “builds upon transformational leadership and suggests that leaders must work together with subordinates to identify common goals, exploit opportunities and empower staff to make decisions” (Marquis & Huston, 2015, p. 63). Another leadership style, developed in response to the increasing complexity of strategic issues that are cross-functional in nature, is **dyad leadership**, which involves the development of mini teams consisting of two or more individuals. Sanford and Moore (2015) described dyad leadership as “a model of formal leadership in which two individuals with different skill sets, education, and background are paired to better fulfill the mission of the organization” (p. 7).

### Task-Focused Leadership Styles

The literature abounds with examples of task-focused leadership styles that place an emphasis on the accomplishment of assigned tasks, rather than on the development of productive relationships within the workplace. Task-oriented styles, such as **transactional leadership**—wherein the leaders tend to explain expectations and reward good performance, correct departures from expectations, and finally attempt to prevent future problems (Xirasagar, 2008)—can prove useful in fast-paced and high-stress environments, such as the emergency department. However other task-oriented leadership styles such as **laissez-faire**, which describes leaders who refuse to take responsibility and who are not concerned about organizational outcomes or follower behaviours (Avolio, Bass, & Jung, 1999), may have detrimental effects upon an organization.

The effectiveness of different task-oriented leadership styles depends on the needs of the organization. Additional commonly found types of task-oriented leaders include those who **manage by exception**, who focus on providing correction when tasks are not completed appropriately; **instrumental leaders**, who focus on strategy and expedition of work outcomes rather than on making values-based decisions (Antonakis & Atwater, 2002); **passive avoidant leaders**, who avoid taking action until problems become serious and corrective action is required (Avolio, Bass & Jung, 1999); and finally, **dissonant leaders**, who lack emotional intelligence and tend to be negative, without empathy for followers (Goleman, 1998).

### Essential Learning Activity 1.4.2

Watch Joseph Trimble’s TEDx Talk on "**Culture and Leadership**" (17:57), then answer the following questions:

1. Why does Joseph Trimble say that we are bidding farewell to the alpha male leadership style?
2. Trimble tells a story about Diane, an Indigenous woman from a small Alaskan village who was invited to take on a leadership role in her organization. She said no. When she was asked a second time, she went home to her village and spoke with her family, Elders, and spiritual leaders, before eventually accepting the offer. Her leadership
brought about changes to the organization. How did she change the organization?

3. What do you think Diane’s leadership style was?

4. What happened to the organization as a result of her culturally unique leadership style?