views

Developing Effective Cancer Program Leadership

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Effective leadership comes in many shapes and sizes, especially within the ever changing and fast-paced environment of oncology. Unfortunately, according to a 2015 national survey completed by Harris Poll and Interact, 91 percent of U.S. employees (out of 1,000 respondents) say their leader lacks the ability to communicate.[1] The same survey found that:[2]

- 63 percent of employees are not recognized for their achievements.
- 52 percent feel their leader does not have the time for them.
- 51 percent of leaders refused to talk to their subordinates.

As the senior director of cancer services at Spectrum Health Lakeland in St. Joseph, Mich., I led a breakout session at the 37th [Virtual] ACCC National Oncology Conference in September 2020, where I shared tips for effective and positive leadership in oncology. The first step to becoming an effective leader is to understand the type of leader you are—even if you hold an informal leadership position.

Styles of Leadership

There are many different leadership styles that have been studied, but the four that I predominately study and see in practice are 1) transformational, 2) transactional, 3) servant, and 4) dysfunctional.

The two most effective and positive leadership styles are transformational and servant leaders. A transformational leader is someone who wants to engage, be innovative, and motivate their team members in an inspirational way. This leadership style allows your team members to be the best they can be. A servant leader is someone who serves their team first. These leaders place their team members' needs above their own. Transformational and servant leaders usually have a high moral and ethical character and support each one of their team members, and both promote a positive work environment.

On the other hand, transactional leaders are not engaged with their team, and they usually adhere to a reward-punishment system. These leaders may not directly say to their staff, "If you do as I say, then you will be rewarded. Or if you don't do what I say, you may be punished" but usually run their teams in such a way where this system is implicitly understood. Lastly, a dysfunctional leader is more aggressive. These leaders create uncomfortable work environments for their team members and do not foster positive engagement and communication with their team.

As leaders in oncology, we should want to foster a positive work environment of growth and development for our team members, especially because our teams are working directly with patients. Whichever leadership style you are will ultimately impact your employee satisfaction and your patients' experiences. Therefore, leaders should also develop a space for communication and mentorship between them and their team members.

Mentorship is a mechanism of "providing guidance, motivation, emotional support, or role modeling to another to help explore personal growth, goals, and identify resources for success."[3] Each aspect of this definition should speak to leaders because this is what we need to do to relate and help our team members grow. By developing a mentor-mentee relationship with each team member, leaders will exhibit the transformational and servant leadership styles, while providing space for employees to connect with their leaders and share in open dialogue. Read more about mentoring in "Mentoring Those New to Oncology," *Oncology Issues,* Volume 36, Number 2.[4]

The Field of Oncology

Working in oncology comes with numerous complexities that leaders in cancer programs and practices, whether you are managerial, service line, or an executive, must juggle daily. I would also argue that oncology is one of the most complicated areas of care delivery in our healthcare system. So, being a leader in this space requires a lot from us. Because we have many different positions and sub-specialized positions within our staff (e.g., medical oncology, radiation oncology, various supportive care teams, etc.), we lead a wide range of specialties. This may also require us to foster a positive work environment across several locations, depending on how your cancer program or practice is set up. In my case, Spectrum Health Lakeland provides oncology services at six locations in southwestern Michigan, and as the senior director of cancer services, I must oversee teams at each location.

In addition to multiple specialties and disciplines, oncology leaders oversee many areas of service like:

- Quality
- Performance reviews
- Coordination of care
- Morbidity and mortality
- Patient experience
- Accreditations
- Financial performance
- COVID-19.

All of these factors contribute to oncology leaders' daily workdays, which can quickly become overwhelming. Being a positive, effective leader allows us to manage the complexities of oncology more easily and more enjoyably as we build employee satisfaction, patient satisfaction, quality, and outcomes. So, how do we manage positive and innovative leadership, as well as effective strategy and approach within our service line?

Tips for Effective Leadership in Oncology

In our current COVID-19 environment, it is incredibly difficult to connect with our teams virtually. Much of our communication is done through body language and non-verbal cues, so change management behind computer screens is difficult. Because all of my team members are on-site, I make sure that we all engage in dialogue safely by social distancing and using masks. One interesting topic that is starting to emerge is the vast amount of literature coming out about post-traumatic stress disorder and employee morale in healthcare, as well as burnout associated with the COVID-19 challenges we are experiencing. As we navigate through our next how-to strategies, I think it is important to lead with grace and to truly be understanding of every team member's individual feelings and perspectives, what they are going through in their personal lives, and how we as leadership can be supportive.

To improve communication, I conduct **one-on-one meetings with my direct leadership reports**. These meetings are focused on the quantitative metrics of our cancer program, as well as my relationship with those who are managing the frontline staff. These meetings allow my team leaders and I to solve or work through barriers or roadblocks together.

I also host **bi-monthly meetings with my direct non-leadership reports** (i.e., tumor registrars, nurse navigators, etc.). I do this because it is important for these team members to feel connected to me and know that their leader has the time in their schedule to address their barriers and/or concerns.

Lastly and most recently, I implemented a **twice-per-year meeting with every member of my team** (about 70 staff members total). I commit to having this one-on-one communication twice a year with every single member of my team to ensure that everyone has face time with me. Many times these interactions are brief, about 5 to 10 minutes; however, I find these meetings to be incredibly enjoyable because they allow time for us to connect and chat about what they have going on in their lives and what ideas they have for improving patient care and the overall patient and team member experience.

I have also found **rounding** to be a very effective leadership practice. There are times where I will get up very early in the morning and address all of my office work, so at 7:00 AM I can hit the ground running. In rounding, I make every attempt to greet and speak to every member of my staff on-site that day. This practice is important because it gives me the time to connect with my teams and provide mentorship in the moment if needed. One important tidbit for rounding is to not do so with the intent to pick on errors. (Rounding with the goal of