

Leadership Primer
Berend Mets MB, PhD, FRCA
Eric A Walker Professor and Chair of Anesthesiology
Pennsylvania State College of Medicine
Hershey, Pennsylvania.

Leadership Primer

Creating the Appropriate Environment

The role of Leadership is to create the appropriate Environment which will allow practitioners to be successful in their individual and collective endeavors.

Ensuring Optimal Team Functioning

As perioperative care becomes ever more complex a leadership challenge is to develop interdisciplinary teamwork recognizing teams as “a small group of people with complementary skills who are committed to a common purpose, performance goals and approach, for which they hold themselves mutually accountable” (2).

Dealing with Change

The only constant in today's periop environment is change. To continue to be successful, individuals and anesthesiology groups need to be able to change as individuals, and collectively as a perioperative care group. This is because the external landscape is continually changing (3).

In the following text we will outline the concepts of Leadership and Management from contemporary business literature, and then describe a “framework” within which leadership can occur (5).

We will conclude with how Leadership and Management principles can be applied to the Perioperative Setting.

Definitions of Leadership

- “Leadership is the accomplishment of a goal through the direction of human assistants.” (6)
- “The first responsibility of a leader is to define reality. The last is to say thank-you. In between the two, the leader must become a servant and debtor.” (7)
- Leadership has also be defined as the electricity that runs through an organization.
- “Leadership defines what the future should look like, aligns people with that vision, and inspires them to make it happen despite the obstacles.” (8)

Relationship of Leadership and Management

Leadership and management are interdependent and both essential to effective functioning. They are complimentary but not the same. “Managers do things right and leaders do the right thing”(9) is oft quoted. In fact managers create order, predictability and stability through planning and budgeting, organizing, staffing, controlling and problem solving. Instead leadership is about coping with and producing constructive change (11), in this process, Leaders are “chief disorganizers” through probing, challenging and finding better ways of doing things (12).

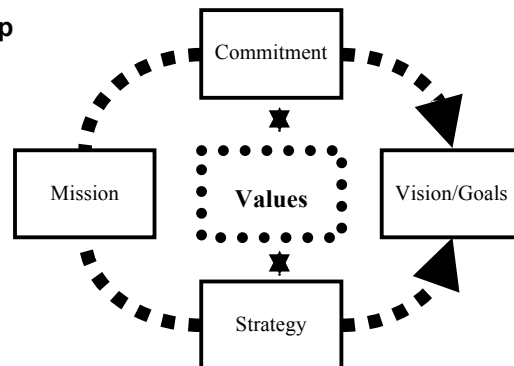
Attributes of Successful Leaders

Kouzes and Posner have identified the key characteristics that followers seek in their leader (13). In the course of their work, these investigators surveyed more than 75,000 people in 6 continents over a period of more than eleven years and asked; “what do you expect from a leader that you would willingly follow?” The four characteristics most consistently identified by the highest percentage of respondents, were, that they wanted their leaders to be: Honest (88%), forward looking (71%), competent (66%), and inspiring (65%) (13).

Emotional Intelligence (role modeling)

Some would say that the key leadership competency is that of emotional intelligence. This is because, the Leader's "emotional style" or mood is quite literally contagious (16). This sets the tone for the work environment and culture. Thus the leadership challenge is for leaders to regularly be optimistic, and energized so that through their chosen actions colleagues feel and act in the same way (16). More specifically, Goleman has defined leadership with respect to 6 leadership styles, namely, *visionary*, *coaching*, *affiliative*, *democratic*, *pacesetter* and *commanding*. Leaders use these styles to varying degrees at different times. In a recent survey of Anesthesiology Chairs in the USA, Chairpersons ranked Visionary and Coaching styles as most commonly used, while a Commanding style received the lowest rank order (34).

Framework for Leadership



A simple way to view the framework within which leadership occurs (17), is according to the adapted schema depicted in above.

Our **Mission** in anesthesia may include clinical care, education, research and possibly community outreach.

Shared Values (Figure 1) such as *respect*, *integrity*, *collegiality*, *compassion*, as well as *excellence* are the enduring beliefs that drive decisions and strategy in a department (8).

A key goal is developing a **Vision** for the endeavor based on established values (8). A vision is not something "mystical" but a practical embodiment of a goal, which is both inspiring and sets direction.

Strategy are the actions that will be taken to achieve the established vision and goals (21). An example of strategy in an academic department, defines not only what will be done, but more importantly determines what will not be done. So a department that has the Vision of being number one in National Institutes of Health (NIH) funding would not invest in research endeavors unlikely to result in NIH grant applications.

Commitment by an individual is the energy and creativity that people bring to the department to ensure success (20). Leaders cannot command commitment only inspire it. It is built through identifying an individual's passion and through the sharing of accountability and responsibility (13).

Teaming

(This subject is included for the reader's interest, but will not be addressed in the Leadership Primer Lecture, due to lack of time).

The hallmark of a team effort is both individual and mutual accountability and a common commitment to a goal (2). A study of 16 cardiac surgery teams adopting a novel approach to cardiac surgery, the Heartport system, and comprising teams of surgeons, anesthesiologists, nurses and perfusionists has highlighted commonalities in successful teaming (24). This procedure which is complex and involves, TEE monitored endovascular clamping, and minimal surgical incision size, required more interdependence and

communication between practitioners than conventional cardiac surgery. An important lesson was that the most successful teams, (measured as the average improvement in procedure duration times) had team leaders who actively managed their teams learning efforts.

While the procedure initially took 3-4 times longer than usual; the pace of improvement differed dramatically from team to team. The authors (24) identified factors that improved team success. Important factors were found to be the selection of a consistent team of members based on competence, willingness to work with others and the willingness to accept ambiguous situations and converse with members of higher status. In addition, framing the challenge as organizational (rather than technical, vide infra) was also important. Finally, creating an environment of psychological safety and allowing “learning in action” sped team performance.

Change management

Change is difficult. This is so because often what we did in the past works, is comfortable and the need to alter is not clearly apparent. This leads to the quote so often heard as a counter to the wrenching process of change: “If it ain't broke don't fix it”. The Center for Creative Leadership has conducted an inventory of the 10 flaws that can result in managerial derailment. The most commonly cited reason for derailment was the inability to adapt (change) and the most common cited success factor in North America was the ability to develop or adapt (26).

Understanding Technical vs. Adaptive Change

At its essence, it is important to define the Challenge of the required change as a *technical* or an *adaptive* challenge.

To understand this concept better, think of an individual who has just been diagnosed with coronary artery disease (CAD).

A technical solution to this problem would be to schedule him/her for a CABG operation. However an adaptive challenge would be asking the individual to change their behavior to improve the potential outcome from CAD, through a change in eating and smoking habits and through starting an exercise program to compensate for a previous sedentary life style.

Anatomy of a Change Initiative

The fear of change (Metathesiophobia) is often a result of the fact that the benefits of the change are not clearly established or realized while the loss that change evokes is immediately felt. In addition there will be many who cling to the “old” way of doing things, while there may few supporting the new initiative because the outcome may not be certain. The leadership challenge lies in defining a compelling vision, setting and creating an urgency (not anxiety) around the change imperative, building a guiding coalition, communicating, addressing obstacles, and celebrating and noting short term wins (8). An adaptation of this universal approach has been recently described in a Curricular Change initiative at UCSF (29) and in moving to Universal Start Times in the Perioperative environment in our own institution (30). The Table below is adapted from the latter work.

Table: Ingredients for a Successful Change Initiative

Development of trust

Information Sharing

Shared Values

Role Modeling Change

Development of compelling vision

Creating an urgency.

Guiding coalition.

Communication

Short-term wins: monitor progress.

Don't declare victory too soon.

Parallels in Industry with respect to the Perioperative Setting

As there is little to no literature on how leadership principles might be applied to the perioperative setting, the aviation industry may serve as an example. This is an industry, (similar to the perioperative arena) that functions in a time pressured, stressful and highly regulated environment where a premium is placed on safety and quality. South West Airlines is a well known example of this industry. While many have

filed for bankruptcy (USAir, United, Delta), Southwest Airlines, was considered the best of all airlines in average return on investment capital from 1985-2002 by Michael Porter, and, in a recent US Transport Report Card received the second highest ranking for 2006 (second to Jet Blue) for all categories (31). Among all industries in 2006, *FORTUNE* has listed Southwest Airlines as number five among America's Top Ten most admired corporations and the airline was named to *Business Week's* first ever list of "Customer Service Champs" while being ranked as one of the top 50 Best Places to Launch a Career (32).

The leadership and management practices of this airline have been dissected to evaluate the leadership style of its founding CEO, Herb Kelleher. Herb has created a "culture of *commitment*" practicing as a servant leader with a very distinct customer orientation, both outward (passengers) and inward, to each employee (33). The airline has a clear *vision/mission*, "to the highest quality of customer service delivered with a sense of warmth, friendliness, individual pride and Company spirit" (32). Strong core *values*; "maintain principles, while changing practices" (33) and competitive *strategies*; by focusing on a point to point service, using a single plane type (737's) for efficiency.

Application of principles to Perioperative Medicine

It must be clear a cook book recipe for Leadership in Perioperative Medicine cannot be provided as each institution is different. Nevertheless a focus on Key Areas of Concern and Principles of Leadership may be of advantage.

Creating the Environment

Creating an environment for work that is collegial, respectful, equitable, safe (for patient and practitioner), adaptable and goal oriented, is a paramount concern for leadership. In order to create and sustain this environment, leadership does well to consider all participants volunteers. Leaders can and should:

- (1) Be visible and role model the established values.
- (2) Build trust and trustworthiness through transparency and their own actions
- (3) Be ever mindful that their emotional style sets the tone for the environment
- (4) Be goal oriented
- (5) Be prepared to deal with problems, timeously and decisively
- (6) Communicate, communicate, communicate, using all media at their disposal.

Leadership shared at all levels

The view that there is a single leader at the top from whom all initiatives flow is insufficient to deal with today's complex perioperative environment. Leadership is about relationships (13). Thus, Leadership is created together. To be effective, leadership needs to occur at multiple levels (8). Leadership is an interchangeable phenomenon, "now you lead, now I lead" depending on the circumstance and the particular skill set required.

Leaders can and should:

- (1) Foster leadership at appropriate levels
- (2) Cede responsibility (and accountability) to allow leadership development

Building interdisciplinary teams

The case studies of 16 cardiac surgical teams illustrates the strength of interdisciplinary team development vs. the "command and control approach".

Leaders can and should:

- (1) Decide where processes can benefit from the development of Teams
- (2) Create an environment of psychological safety, allowing "learning in action" for such team development

Change management,

Leadership is about managing constructive change. As Mahatma Gandhi said, the Leader should "Be the change you want to see." Leaders can and should:

- (1) Identify and articulate clearly the need for change and the advantages of the future state
- (2) Establish what Adaptive Change is required and what values may need to be addressed to effect this
- (3) Recognize that change is "loss"

- (4) Set Priorities, re-iterate values, protect and support
- (5) Maintain an urgency while regulating the pressure
- (6) Recognize short term wins
- (7) Don't declare victory, too soon

Conclusion

The concepts of leadership are universal and can be applied with advantage to the perioperative setting.

References

1. Schwartz R, Souba W. Equipping Physicians to Lead: Principles for Innovation. *Am J Surg* 2000;180:185-6.
2. Katzenbach J, Smith D. *Team Basics The Wisdom of Teams* New York: Harper Collins, 2003:43-64.
3. Moses H, Thier S, Matheson D. Why Have Academic Medical Centers Survived? *JAMA* 2005;293:1495-500.
4. Mets B. Leadership Challenges in Academic Anesthesiology. *Journal of Education in Perioperative Medicine* 2005;7:1-14.
5. Souba W. The Job of leadership. *J Surg Research* 1998;80:1-8.
6. Prentice W. Understanding Leadership. *Harvard Business Review* 2004:102-9.
7. DePree M. *Leadership is an art* New York: Dell Publishing, 1989.
8. Kotter J. *Leading Change* Boston: Harvard Business School Press, 1996.
9. Bennis W. *On becoming a leader* Cambridge, Massachusetts: Perseus Books, 1989.
10. Buckingham M, Coffman C. *First Break All the Rules* New York: Simon and Schuster Inc, 1999.
11. Kotter J. What leaders really do. *Harvard Business Review* 2001;December:85-97.
12. Harari O. *The Leadership Secrets of Colin Powell: The Powell Way* New York: McGraw-Hill, 2002.
13. Kouzes J, Posner B. *The Leadership Challenge*. 3rd ed. San Francisco: Jossey Bass, 2003.
14. Editor. *A Survey of Corporate Leadership* Economist, 2003:7-11.
15. Mets B, Galford J, Purichia H. Leadership of United States Academic Anesthesiology Programs 2006: Chairperson Characteristics and Accomplishments. *Anesthesia & Analgesia*. 2007;105(5): 1335-1345.
16. Goleman D, Boyatzis R, Mckee A. Primal Leadership. The hidden driver of great performance. *Harvard Business Review* 2001;December:42-51.
17. Souba W. Leadership and Strategic Alignment-Getting people on board and engaged. *J Surg Research* 2001;96:144-51.
18. Lencioni. Make your values mean something. *Harvard Business Review* 2002;July:113-7.
19. Souba W. The new leader: New demands in a changing, environment. *Journal of the American College of Surgeons* 2003;197:1-9.
20. Bennis W, Nanus B. *Leaders*. New York: Harper Collins, 2003.
21. Porter M. What is Strategy. *Harvard Business Review* 1996;November-December:61-78.
22. Pitman B. Leading for value. *Harvard Business Review* 2003:41-6.
23. Galford R, Drapeau A. The Enemies of trust. *Harvard Business Review* 2003:89-95.
24. Edmondson A, Bohmer R, Pisano G. Speeding up team learning. *Harvard Business Review* 2001;79:125-32.
25. Metha N, Goswami S, Argenziano M et al. Anesthesia for Robotic Repair of the Mitral Valve: A Report of two cases. *Anesthesia and Analgesia* 2003;96:7-10.
26. Bader P, Calaraco A. *The CCL guide to Leadership in Action*. San Francisco: : Jossey-Bass, 2004.
27. Heifetz R, Laurie D. The work of leadership. *Harvard Business Review* 2001;December:131-40.
28. Heifetz R, Linsky M. A survival Guide for Leaders. *Harvard Business Review* 2002;June:65-74.
29. Loeser H, O'Sullivan P, Irby D. Leadership lessons from curricular change at the university of California, San Francisco, School of Medicine. *Acad Med* 2007;82:324-30.
30. Donahue K, Mets B. A move to universal start-times: A case study of leading change in an Academic Anesthesia Department. *The Physician Executive* January, 2008.
31. McCartney S. A report card on the airlines *Wall Street Journal*, 2007:D1, D6.
32. South West Airlines Fact Sheet. http://www.southwest.com/about_swa/press/factsheet.html 2007.
33. Kelleher H. A culture of commitment. *Leader to Leader* 1997;No 4, Spring 1997:20-4.
34. Mets B, Galford J. Leadership and Management of United States Anesthesiology Departments. *Journal of Clinical Anesthesia*. 2009 Mar; 21(2):81-93.