Leadership, like beauty, is difficult to describe, but you know it when you see it. This intangible aspect of leadership has often led to the unfortunate perception that it is like perfect pitch—you either have it or you do not and, consequently, it cannot be learned. While the study of leadership is not an exact science (as evidenced by the many different styles of effective leaders) and there is no clear-cut algorithm for everyone to follow, the critical ingredients of leadership can be learned. Leadership means responsibility, not privilege. It is not restricted to individuals in positions of high authority. It is not a position; it is a collection of practices and behaviors, a set of skills. Leaders do not possess special powers and many of them are not charismatic. Anyone willing to put forth the effort and who cares enough to make a difference can develop leadership qualities and become an effective leader.

University surgeons, including those in training, are exposed to an environment that is rich in leadership-learning opportunities. The surgical residency confers increasing responsibility with time and the occasion for senior house officers to mentor junior residents, develop expertise, build credibility, and foster an esprit de corps. The structure of the department of surgery provides the younger faculty an opportunity to learn about fiscal issues and develop management skills. The rapidly evolving health care climate requires that we revisit our values and our purpose, question the status quo, build for the future, and enroll our constituents and inspire them. These challenges are the substance of leadership. They are opportunities that should be leveraged. When experience is combined with formal educational programs and excellent role models, a superb environment for learning to lead is created.

Unfortunately, superlative leadership is conspicuously absent in many departments. It is not that the senior leaders lack expertise or credibility. It is not that they do not understand where the department needs to go. It is not even that they sometimes fail to appreciate the contributions of their people. It is that they do not devote enough of their time ensuring that leaders are built from their core of young people. This is partly because other more important issues consume their time. It is also because leadership development is not a high priority. The priorities are developing clinicians and investigators. Excellent clinical surgeons and superb surgical scientists are not necessarily great leaders.

Many people assume that leadership skills will be automatically learned on the job through trial and error as the individual takes on new duties and responsibilities. Their theory of professional development assumes that learning to lead is like learning to walk—eventually it will happen and intervention is meddlesome. However, this learning process should not occur without guidance. A poor performance might be interpreted as a lack of leadership talent rather than the need for tutelage. As young leaders acquire experience, they need to be coached and mentored. They need to be managed like a long-term investment. What, in the long run, is more important than building for the future? What is more important than our young people—our most valuable asset? They are the future leaders of American surgery.

WHAT LEADERS DO

Leadership fundamentally involves the study of relationships between people. In forging these relationships, leaders develop a complementary set of behaviors and skills (Fig. 1). People in positions of authority can get others to do what they want them to do because of the power they hold. Leaders, on the other hand, use the credibility they possess to inspire people to put their best foot forward because they want to be part of something larger than themselves. Leadership can be defined as the art of mobilizing others to want to struggle for shared aspirations [1].

Listen to the Environment and to Their People

Leadership begins with defining reality [2]. Effective leaders listen to and interpret the internal and external environment. If the leader is the hospital CEO, she keeps her finger on the pulse of the institution. How is it performing financially? What programs need development? Have the strategic objectives and the measures used to judge their success been shared with the doctors, nurses, and administrators? The CEO also surveys the external environment, analyzing the competitive forces in the health care industry and framing
the key issues. What threats and opportunities do they present to the institution? How is the competitive climate changing? How will this impact strategic initiatives?

If the leader is the director of the surgical training program, he keeps his finger on the pulse of the residency. Are the residents getting the proper education and training? Is morale good or bad? Are we attracting top-notch trainees? And, with regard to the external environment, are the requirements of the residency review committee changing? What jobs are available for our graduates? How will the changing health care climate impact the structure of the training program over the next 5 years?

Effective leaders also listen carefully to their people. In so doing they give them 100% of their attention—they do not simultaneously read their mail or work on the computer. They avoid taking incoming phone calls whenever possible. Listening demonstrates respect for the viewpoints of others. When the process is genuine, people realize that their leader is truly interested in what they think and what their problems are. It builds credibility and trust by appreciating their perspectives. In turn, people will listen more attentively to their leaders, and they will be more likely to follow them because they will be less likely to feel that someone else’s will is being imposed on them.

In response to what they hear, leaders bring about change by challenging the status quo, recognizing that the ability to adapt to change and transform is essential [3]. Peter Senge [4] points out that many individuals who are otherwise qualified to lead fail to do so because they substitute analysis for vision. They believe that if only people understood the current reality, they would surely feel the need to change. What they never grasp, Senge says, is that the motivation and natural energy for change come from creating and sharing a vision (picture) of what might be that is more important to people than what currently is. Inspiring people requires that the leaders know what they believe in and where they want to go.

Organizational culture can substantially influence any leader’s behavior. If the culture is one of resistance to change, there will be a tendency for employees not to challenge the status quo or take risks in spite of unequivocal environmental signals. Likewise, if power is not shared, the message will be to micromanage and avoid fostering collaboration. If there is no shared value system, it will be difficult to create a commitment to a common cause. A primary responsibility of leaders, in these organizations, is to become pioneers and break the mold. They must filter out institutional noise, overcome institutional biases, and lead.

Exemplify and Embody the Core Ideology of the Organization

Core ideology defines what the institution stands for, the things it considers to be important [5]. It consists of core values (the organization’s enduring guiding principles) and core purpose (the academic health center’s fundamental reason for existing). Superior leaders have a passion for these cores and they are unwilling to compromise them for financial gain. They bring about productive change by incorporating market values without destroying the institution’s core ideology (Fig. 2). They lead by setting an example and modeling the way. They anchor the organization’s goal of becoming a visionary organization in its value system. Core ideology provides the unifying bond that holds a department together as it grows, differentiates, evolves, and matures in the pursuit of its envisioned future. Core ideology is preserved when everyone is reading off of the same sheet of music. Progress is made by allowing each individual to play his own instrument. These steps bring life to the vision, transforming it from a dream into reality.

Departments of surgery have not always found it easy to live and maintain their core ideologies. Sweeping changes in health care reform over the past decade have challenged this more than ever, generating tensions between a market-driven practice of medicine and an ethically driven practice of medicine (Fig. 3). Thus, it is important to periodically revisit our core values. What cores do we really consider to be vital? Should we put “building surgical leaders” on our list of core values? Would we keep it on the list regardless of how the health care environment changed? If the answer is yes, it should stay on the list, implying that leadership development is an indispensable priority, symbolic of who we are and what we believe.
Applaud Others

Superior leaders recognize, appreciate, and acknowledge the contributions of others. Leaders recognize individual contributions to the success of every project in the following ways: (a) they are creative about rewards and recognition and give them personally; (b) they celebrate team accomplishments regularly; (c) they make recognition public; (d) they design the reward and recognition system participatively; (e) they provide feedback en route; (f) they coach their people; and (g) they say “thank you” frequently [1]. Rewards must be aligned with incentives and need not be monetary. They can take the form of an academic promotion, a change in title, or a new role or responsibility. Leaders understand that when people feel appreciated their self-confidence and self-esteem increase.

Deal with Problems and Tensions

Dealing with problems, particularly at higher levels of leadership such as the position of departmental chief, constitutes a considerable portion of most leaders’ time. As the health care marketplace has become more competitive and as institutions have become more bureaucratic, the headaches have become larger and more complex. “If you are contemplating becoming a chief,” one senior colleague recently remarked, “don’t do it if you don’t enjoy solving other people’s problems.”

A leader’s constituents want their problems addressed promptly—procrastination on the part of the leader because the issue is difficult or a nuisance will damage credibility. In dealing with problems, leaders must always adhere to fairness, never act out of vengeance, and avoid badmouthing others. Delicate issues must be handled tactfully and confidentially. Leaders must learn to handle unjust criticism.

Empower, Enable, and Inspire People

In the leader’s role as a manager who has a supervisory role, she must learn the role of empowering and mentoring in human development. Empowerment is difficult for some individuals because it precludes micromanaging and requires handing over the reigns. One leader said [2], “The measure of individuals—and so of corporations—is the extent to which we struggle to complete ourselves, the energy we devote to living up to our potential. An elegant company frees its members to be their best. Elegant leaders free the people they lead to do the same.” The result is a human community held together by the work bond for a common purpose [6]. Indeed, when people are asked to describe exemplary leaders, they constantly talk about people who have been able to bring out the best in them, a process that builds self-confidence. As pointed out by Kouzes and Posner [1]:

“This is one of the defining characteristics of a leader, one of the things that make constituents willing to be led: that person has our best interests at heart and wants us to be as successful as possible. Leading others often requires that leaders have high expectations about what people can accomplish. Consequently, leaders treat people in ways that bolster their self-confidence, thereby making it possible for those people to achieve more than they may have initially believed possible.”

Results Oriented

Leaders are results-oriented and they establish goals and objectives. Generally, they let their constituents decide how to achieve the goals. The leaders’ role, in part, is to educate and guide where the organization needs to go and why, but not necessarily how to get there. They discuss openly with their people what they expect. They recognize that profitability is essential for survival. Simultaneously, they adjust performance and values, a balancing act that often causes great consternation, as articulated by Jack Welch [7], CEO of General Electric:

“Numbers and values. We don’t have the answer here—at least I don’t. People who make the numbers and share our values go onward and upward. People who miss the numbers and share our values get a second chance. People with no values and no numbers—easy call. The problem is with those who make the numbers, but don’t share the values . . . We try to persuade them; we wrestle with them; we agonize over these people.”

Serve Their People

“The first responsibility of a leader,” wrote Max De Pree [2], “is to define reality. The last is to say thank-you. In between, the leader is a servant.” The servant leader recognizes that in addition to serving its customers, the organization should play an equally important role in serving the people that work within its walls [8]. The philosophy is that the business exists as much to provide meaningful work to the employees as it does to meet customer needs [9]. The two go hand-in-hand—employees who feel their work has meaning are more committed to carrying out the institutional mission.

People with a high sense of well-being find fulfill-
Leadership encompasses a set of skills that can be developed and enhanced (Fig. 4). To build these skills requires experience, observation, and education [1]. Improving these skills requires motivation, others to emulate, practice, and coaching. Effective leaders are constantly learning how to become better leaders. They recognize that leadership perfection is never fully attained. They are always looking for ways to improve themselves and their department/organization.

Experience

Experience is the single best way of learning to lead. Through experimentation, trial and error, and learning from mistakes, people develop their leadership abilities. Whether it is chairing an institutional task force, presiding over a research symposium, or leading an initiative to reduce turnover time in the operating room, the more opportunities the individual has to serve in these capacities, the more likely it is that her leadership skills will be developed and refined. Reflecting from mistakes, people develop their leadership abilities. Whether it is chairing an institutional task force, presiding over a research symposium, or leading an initiative to reduce turnover time in the operating room, the more opportunities the individual has to serve in these capacities, the more likely it is that her leadership skills will be developed and refined.

Servant leadership pulls people together to create responsibility and institutional commitment. With servant leadership, the rationale for change then becomes much more than just a defensive strategy to maintain market share or revenues, more than a survival plan. Servant leadership legitimizes competition in a market-driven economy without surrendering moral integrity. Greenleaf [8] wrote:

“I believe that you need to assume that work, all work, exists as much for the enrichment of the life of the workers as it does for the service of the one who pays for it. This does not mean that work will not be hard, demanding, and sometimes frustrating. It is just that the workers’ life goals (quite apart from the money they earn) will be served by doing the work, and that is at least half of the reason the work is there to be done.”

LEARNING TO LEAD

A chief surgical resident believed that she and her fellow trainees would benefit from a journal club that would meet to discuss the literature in recent surgical journals. For years, the major method of formal education in the department had been a Saturday morning session devoted to reviewing a chapter from a surgery textbook. The residents found this exercise to be boring and it was poorly attended.

Recognizing a need for a more current literature review, the chief resident shared her idea with her colleagues, enlisted their support, collected supportive data, and reported her results to the departmental chief and the residency director. With their support, a 2-h evening (5–7 PM) time was set aside twice a month for the journal club to take place. The chief residents on each of the surgical services were assigned, on a rotating basis, the responsibility for choosing two pertinent articles in advance and distributing them to the other residents. The chief resident was responsible for leading the discussion of the article and its relevance to a case on the service. The department chair encouraged faculty representation (based on expertise) on a rotating basis. Food was provided.

The chief resident who had initiated the endeavor led the journal club at its first two meetings. She was extremely well prepared, demonstrating an in-depth knowledge of the literature in each case. She involved several of the junior residents on her service. Together, they were able to lead a lively discussion. Subsequent journal clubs were equally successful. Feedback for improving the new educational effort was encouraged, leading to the use of pro/con spirited debates when appropriate. With time, the ability of the residents to critique study design and methodology improved considerably.

Why Was the Leadership Effort Successful?

As with many leadership efforts, this one began with a champion who searched for an opportunity to change the status quo. The chief resident envisioned a better future, one that would improve the residents’ command and understanding of the surgical literature. The chief resident took some risk by challenging the status quo. However, she was able to enlist several key stakeholders, including her fellow residents, the chief of the department, and the program director.

In getting the journal club off the ground, she was able to use her position as a chief resident to model the way, build additional credibility, and foster commitment, thereby building a team. She set an example right at the onset in the way she led the first meeting, leveraging a victory. In addition, she demonstrated her willingness to share power by encouraging her peers to provide input regarding content, presentation, and structure of the journal club. Although some might view her accomplishment as a small feat, in many ways she exemplified transformational leadership by inspiring others to excel and encouraging people to think outside the box.
These individuals serve as important sources of feedback and power. As the toddler learning to walk views a fall as an opportunity to learn rather than a failure, good mentors help their young people understand that blun- ders and mistakes should be viewed not as defeats, but as opportunities for improvement and learning.

A critical component of this experience is being challenged by the task at hand. Challenge is key to developing self-confidence, improving leadership capabilities, and maintaining job satisfaction. You must bend—the key is not to break. Top-notch leaders recognize this; in the process of giving their junior people increasing responsibility within the department, they have a keen sense of where the individual is on the leadership growth totem pole. They expect the best of the people around them because they expect the best of themselves. At the same time, leaders are realistic about expectations. Their motto is stretch, but do not strain or break [1].

As the budding leader builds an experience base, others are more likely to follow him if he displays confidence and expertise about the task at hand as well as an understanding of human relationships and needs. As the leader becomes trustworthy, his influence will grow and he will become more successful in his ability to persuade. Persuasion is an extremely powerful tool that leaders use to accomplish their goals. Effective persuasion involves four distinct and essential steps [10]. First, effective persuaders establish credibility. Second, they frame their goals in ways that identify mutual benefits with those they intend to persuade. Next, they reinforce their position with vivid language and compelling evidence. Finally, they connect emotionally with those they are attempting to persuade.

Observation

Observing how others lead is critical to learning how to become an effective leader. Virtually all surgeons can name individuals who stand out in their minds as excellent role models. They are generally those from whom we learn directly the art of the craft, whether it be patient care, surgical technique, research methodology, or superior people skills. These people are also excellent sources of inspiration. They make us want to become better people. We can learn from poor leaders as well. Much as role models conduct themselves in ways we want to emulate, bad examples can effectively illustrate the way we do not want to behave. Ineffective leaders often do not enroll their constituents in their plans, lack credibility, fail to acknowledge the contributions of others, and refuse to share power.

The most important relationships at work are those with mentors, immediate supervisors, and peers [11]. These individuals serve as important sources of feed-
back and advice. It is often uncomfortable to provide honest feedback to one's peers for fear of jeopardizing the friendship. However, failure to provide honest feedback is disrespectful since it presumes the individual lacks the ability to correct the undesirable behavior.

Education

Formal education and training, through seminars, workshops, and classes, affords another forum for learning to lead. Such programs can help integrate work experiences and synthesize essential leadership characteristics and qualities. They enhance our knowledge of how to lead, thus increasing our effectiveness as leaders. Few surgeons participate in such programs, although the number is growing. Much as surgical residents require structured education and training to become board certified, surgical leaders need formal education to enhance their leadership abilities.

Those health-science centers that have leaders who can continuously acquire new knowledge of how to lead more effectively will have a competitive edge. Effective leaders augment the performance of their organizations. That is what they are paid to do. Drucker [6] notes:

"The performance of an individual, an organization, an industry, a country in acquiring and applying new knowledge will increasingly become the key competitive factor—for career and earnings opportunities of the individuals; for the performance, perhaps even the survival of the individual organization; for an industry; and for a country. The knowledge society will inevitably become far more competitive than any society we have ever known—for the simple reason that with knowledge being universally accessible, there are no excuses for nonperformance."

Knowledge of how to lead people is the most important ingredient in determining the success of an organization. When leaders fail, it is usually because their assumptions about the relationship between themselves and their followers are not valid. Those who do not respect and trust their followers cannot lead them. Conversely, those who effectively lead believe in the integrity of those they lead and their capacity for judgment and insights.

**LEVELS OF LEADERSHIP**

Leadership is often viewed as a formal function that is delegated only to people in senior positions. This perception is false because leadership occurs within multiple spheres including the personal level (Fig. 5). At each level, the relationships are distinct and a different set of qualities is integral to becoming an effective leader. In addition, the objectives and goals are different. While it is virtually impossible for one person to lead effectively at multiple levels in large institutions, personal leadership is ultimately every individual's responsibility.

At the organizational level, one of the leader's primary responsibilities is to communicate the institutional mission objectives. The goal is achieving buy-in of a shared vision. This challenge is sometimes complicated by the fact that different leaders have divergent agendas and visions. The biggest challenge for every leader of an academic health center is building the elements for tomorrow's successes while continuing to compete successfully today. Stakeholder buy-in is best accomplished though alignment and enrollment, processes which require that the various constituents
have considerable input and the opportunity to provide feedback.

In academic health centers, the next level of leadership can be categorized as collegial. The relationship here is between departments and is collaborative in nature. The objective is team building such that synergies are achieved that could not be attained without cooperation. Examples include interdisciplinary research programs, multidisciplinary centers of excellence, and joint efforts to reduce hospital expenditures. Mutual respect is a crucial quality at this level.

The managerial level of leadership is where the maturation and growth of young academic surgeons can be most impacted by their supervisors. The actions of the young person’s chief will reflect the extent to which the relationship is important. Declining are the command-and-control days when the chief managed by decree. Today, effective departments of surgery function like teams where there is more shared authority. Power, like money, works best when it circulates. Through empowerment and mentoring, the individual’s supervisor can foster professional and leadership development. When young people see that their chief is eager to hear their views and help them solve their problems, they respond positively. One CEO recently remarked [10]:

“The day when you could yell and scream and beat people into good performance is over. Today you have to appeal to them by helping them see how they can get from here to there, by establishing some credibility, and by giving them some reason and help to get there. Do all those things, and they’ll knock down doors.”

Leadership Development as Personal Development

In the final analysis, leadership is not about style, but about ideas [12]. While most people see things as they are and ask why, leaders see things as they might be and ask why not? Having seen these possibilities, they encourage us to follow—they beckon us to come with them. Their ideas are visions of a better tomorrow anchored in basic moral principles and universal values. It is therefore axiomatic that leadership development be a continuous process of self-development. Ultimately, both our understanding of and personal approach to the way we conduct business depend on our perception of what it means to be human, of the purpose and meaning of human life. O’Toole [12] notes:

“In essence, the leadership challenge is to provide the glue to cohere independent units in a world characterized by forces of entropy and fragmentation. Only one element has been identified as powerful enough to overcome those centrifugal forces, and that is trust. And recent experience shows that such trust emanates from leadership based on shared purpose, shared vision, and, especially, shared values.”

Thus, the challenges associated with leadership can only be surmounted when the leader has established an ethical set of standards on which to base his actions. The paradoxes and frictions that come with leadership can only be resolved when you ground your internal compass in a core of values that will guide decision making. This is critically important in leading the process of change. Leaders embrace change, but rather than asking, “Where should we go and how should we change,” they begin by asking, “What do we stand for and why are we in this business?” When you refine and crystallize the principles and values that will govern your life and the actions you take, you give purpose to the decisions you make. Leaders that cannot personally adhere to a resolute and strong set of values cannot convince others that those values are worthwhile. Leadership credibility is earned when your behavior is consonant with and reflective of your beliefs.

Since leadership, at its core, is essentially about relationships, building this personal value system will determine the kind of relationship the leader will have with his followers (Fig. 6). It will also impact his perception of and approach to the doctor–patient relationship [13]. In addition to being honest, forward-looking, inspiring, and competent, people want their leaders to be human, to be willing to acknowledge and display vulnerability. Effective leadership always comes down to one’s basic attitude about people.

REFERENCES