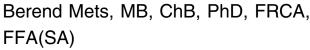
Leadership in Academic Anesthesiology: Theories and Practice



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Leadership is the accomplishment of a goal through human assistants. This simple statement of leadership belies its complexity. Much like beauty, we recognize leadership when we see it, but it is most difficult to define and often different with different leaders.

Recognizing the need for leadership in anesthesiology, there have been many Rovenstine Lectures on the subject at the annual American Society of Anesthesiologists meeting.^{2–4} We now have a better, but still imperfect, understanding of the requirements for leadership development today.⁵ This article hopes to outline some of the relevant leadership literature to date and provide practical steps for faculty development in leadership.

Leadership begins with a relationship; without followers there can be no leaders. Thus leadership is created together. Leadership is shared; the idea of a single leader at the top, from whom all leadership flows, is inadequate in today's complex medical environment. Instead, leadership should occur at multiple levels and interchangeably: now you lead, now I lead. The conductor of an orchestra makes no sound; leadership and team work need to occur in the wind, brass, and percussion sections to create a symphony! The art of leadership is to establish the vision/purpose based on the mission, and then align and inspire people around a common goal so that they willingly bring their energies and ingenuity to the task at hand.

In the next sections we will first describe the key leadership ingredients, then describe what successful leadership looks like, and

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conclude with practical steps that anesthesiologists might take in developing their leadership potential.

Leadership Ingredients

Vision

"I have a dream" Martin Luther King

Martin Luther King did not say I have a business plan. Instead he stated, "I have a dream," and by so doing developing a vision for the future that was attractive and would galvanize followers into action.

The purpose of developing a vision or goal statement is to inspire individuals to recognize that they have an important part to play in a greater whole. The bricklayer story serves to illustrate this well.⁸

A journeyman is walking across a field and comes upon a mason who is laying bricks. The bricklayer sees the wayfarer, stops his work and remarks, "It is hot out here, I am sweating, I hate this job, it is dirty work, I do it because I need the money." The journeyman continues his walk and later comes upon a second bricklayer and stops to observe this very industrious man. After a while, when the bricklayer takes a break, the journeyman asks him. "Is it not hard, dirty work, out here in the hot sun, and aren't you tired of this job?" "No," says the second bricklayer, "I love this work, I am building a temple!"

In a department of anesthesiology, the practical application of developing a vision statement would be to do so iteratively with faculty. Thus, a department might settle on the wish of becoming "A Model Academic Department of Anesthesiology." This would suggest that the department wishes to lead the way in defining approaches to clinical care, residency training, and research that could serve as a model for other departments.

Mission

Recognized missions for an academic department of anesthesiology would be to provide quality clinical care and student education, as well as research and scholarship. It is leadership's responsibility to provide the necessary, inspiring, respectful, and compassionate environment to facilitate these missions.

Values

"Excellence begets excellence" Deborah Culley¹⁰

Values such as respect, integrity, collegiality, and compassion, as well as excellence are the enduring beliefs that serve to drive decisions and strategy in a department.¹¹ These values can serve as a moral compass for the department in guiding approaches that should be taken. Core values are those deeply ingrained principles that guide all of the department's actions even if executing on them might be against the perceived economic interest.¹² An example might be the purchase of an expensive safety device to minimize the potential for patient harm. The determination of key "values" for a department should be established iteratively with faculty rather than handed down by administration. One approach is to ask faculty to each provide 5 key values individually. In an ensuing faculty meeting, the top 9 values provided by faculty are discussed. From this the top 5 can be established for the department vision statement.¹³

Emotional Competence

"Smile and the whole world smiles with you"

Anonymous

A key leadership competency is emotional intelligence. This is because the leader's "emotional style" or mood is quite literally contagious¹⁵ and sets the tone for the work environment and culture. It is clear that, because humans have an open-loop limbic system, they can, and do, come to each other's emotional rescue. Thus, researchers have shown that when people are in meetings together they end up sharing the same moods. Thus, it is critically important that a leader control his mood, to be optimistic, supportive, and energetic in order to inspire his colleagues to be more able to achieve their goals and enhance their creativity and efficiency.

Inspiring/Motivating

"If you want to build a ship, don't drum up the men to go to the forest to gather wood, saw it, and nail the planks together. Instead teach them a desire for the sea"

Antoine de Saint-Exupery¹⁶

Probably the most important work of leadership is to inspire.¹⁷ The ability to inspire is a key characteristic that followers seek in their leaders.¹⁸ Leaders do so by role-modeling behavior and developing positive emotions in their colleagues.¹⁵ Inspiring followers is no easy task; setting an appropriate goal/vision, recognizing the importance of the work to be done, and allowing colleagues to feel empowered to act independently goes a long way to achieving this goal. Inspiring people helps satisfy the basic human needs of self-esteem, recognition, a sense

of belonging, and control of one's life, as well as the potential to live up to one's ideals and values.¹⁷

Role Modeling

"Example is not the main thing in influencing people it is the only thing" Albert Schweitzer

Mohandas Gandhi, in role-modeling the peaceful resistance movement in India, said it best: "Be the change you want to see." It is crucial that a leader do the things others are expected to do as a positive reinforcement of the values and mission of the organization. It is insufficient for a leader to only talk. This is because "People watch what you do no matter what you say" and "actions speak louder than words." Hence, leaders are always on show and need to be strategic about what they are seen to do. At all times leaders should be appropriate in behavior and positive in their attitude. In addition they need to send unambiguous clear signals. This is because a leader's behavior drives the culture of the organization. The culture of an organization can best be described as "the way we do things around here."

Energy of Leadership

"The only time I feel truly alive is when I walk the tight-rope" Karl Wallenda

Leadership requires energy as well as the Wallenda Factor: an orientation toward success without the fear of failure. The Wallenda Factor¹⁹ is named after the late Karl Wallenda who headed the Flying Wallendas, a famous tightrope walking family. He famously stated, "the only time I feel truly alive is when I walk the tightrope." However, he fell to his death while traversing a 75-foot-high tight-rope in San Juan, Puerto Rico, in 1976. After his death, his wife, also an aerialist, remarked, "all Karl thought about was falling It seemed to me he put all his energy into not falling, not in walking the tight-rope." According to Bennis, 19 when Wallenda put all his energies into not falling he was destined to fail. Successful leadership requires vision, persistence, consistency, and self-confidence. Leaders are responsible for momentum.²⁰

Alignment/Commitment/Strategy

"Let the bricklayer understand he is building a home not just laying bricks" Herb Kelleher

The job of leaders is to align colleagues around a new direction and assure their commitment to its achievement.¹⁷ Commitment by an individual is the energy and creativity that people bring to ensure success.²¹ Leaders cannot command commitment; they can only inspire it.¹⁸ Commitment is developed by identifying an individual's passion through the sharing of accountability and responsibility. 18 Commitment is the result of a learning process in which followers become persuaded that a vision is worthwhile and then apply their talents to realizing this vision.²² To ensure commitment, disagreement needs to take place with resulting engagement; otherwise people will just fall in line.²² În turn, to allow this to happen, a culture of trust and transparency needs to be developed so that it is safe for team members to dissent and offer solutions. This engages their creativity and energy.²¹ Strategy are the actions that will be taken to achieve the established vision and goals.²³ In business this defines what will be done differently (from others) to give the company a distinct economic advantage that it can preserve. Strategy in an academic department defines not only what will be done, but more importantly what will not be done. Thus, a department that has the vision of being number 1 in National Institutes of Health (NIH) funding would not invest in research endeavors unlikely to result in NIH grant applications.

Leadership Styles

"The signs of outstanding leadership appear primarily among the followers"

Max DePree²⁰

Leadership has been defined with respect to 6 leadership styles: visionary, coaching, affiliative, democratic, pace setting, and commanding.²⁴ Leaders use these styles to varying degrees at different times. In a recent survey of anesthesiology Chairs in the United States, Chairpersons ranked visionary and coaching styles as most commonly used, whereas a commanding style received the lowest rank order.¹³ It should be noted that there is not one correct style. Leaders should use these different styles as required by the specific situation they are called to lead.

Management

"Corporations are over-managed and under-led".

[P Kotter¹⁷]

Management is coping with complexity, whereas leadership is coping with change.¹⁷ Leadership and management are different, yet complementary. With the advent of complex organizations like medical centers, the science of organizational management was developed. Good management assures consistency of practice and processes, as well as

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predictability and accountability. Management describes activities such as planning and budgeting, organizing and staffing, controlling and problem solving. Good management thus results in a greater degree of order, predictability, and stability essential to the good function and growth of an organization. Leadership, while complementary, is quite different. Leadership involves setting direction (not planning), aligning people (not organizing), enabling and empowering (not controlling), as well as motivating and inspiring. 17 Bennis and Nanus 21 have described the difference between management and leadership as "managers are people who do things right and leaders are people who do the right thing." Leadership thus seeks to produce deep change, hopefully longlasting useful change, whereas management creates the necessary order for the change process to occur.

Communication

"Leadership is the management of meaning, the mastery of communication" Warren Bennis

President Ronald Reagan was known as the "Great Communicator" because he could make ideas tangible and real to others. In contrast, "President Carter was boring; while he had absolute command of the facts, he could never make the meaning come through the facts." 19 leader's job is not just explaining or clarifying but also the creation and management of meaning. President Reagan in his first budget message described a trillion dollars by comparing this to piling up dollar bills next to the Empire State Building. 19 He thus created a word picture that the average man could relate to. Communication by a leader today may take many forms: personal, in groups, through clear concise emails, Facebook or Twitter posts, through video links or Skype. In all instances these communications need to be well thought out to ensure that the central message/meaning is heard and understood. In a leadership change initiative the leader should overcommunicate using many different forms of communication, realizing that the average person's attention span is limited. "Communication works best when it is so direct and so simple that it has a sort of elegance."11 Good communication shows respect for individuals.²⁰

Successful Leadership

Characteristics of Successful Leaders

"People love leaders, not for who they are, but for how they make us feel" Warren Bennis (1925-2014)

Kouzes and Posner¹⁸ have identified the key characteristics that followers seek in their leader. These investigators have surveyed >75,000 people in 6 continents over a period of >11 years and asked, "what do you expect from a leader that you would *willingly follow*?" The 4 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%). ¹⁸ All are required to establish leadership credibility.

Honesty/Integrity: Followers want their leaders to be truthful, ethical, and principled as this reflects on their own honesty. They wish to be led, not misled. A leader's honesty is judged by her behavior. Followers wish to see consistency between word and deed.¹⁸

Forward Looking: Followers expect leaders to have a sense of direction and concern for the future of the department. This is then best articulated in a "vision" or statement of purpose for the future state that individuals can be rallied around to strive toward.

Competence: We need to believe that the leader is effective and capable of moving the department forward. It is this that will inspire the necessary confidence in her abilities to move in the direction the department needs to go.

Inspiring: Leaders cannot command commitment; they can only inspire it. We wish our leaders to be enthusiastic, energetic, and excited about our individual future potential as well as that of the department and institution. This gives followers additional meaning and purpose and a sense of belonging to a greater whole and a larger destiny. We look to our leaders to light that fire within us and to bring positive energy in encouraging our heart to do the great things that they believe we can. ¹⁸

Credibility: Credibility is the foundation of leadership. ²⁵ The qualities of honesty, competence, and dynamism confer source credibility when assessing the believability of information presented to us by an individual. Credibility is not a given in a leader; it needs to be earned. Credibility is demonstrated through consistency between words and actions. ²⁵ That is, leaders need to develop and manage trust, through constancy of actions and reliability in execution. ¹⁹ Because credibility and trust in a leader are developed over time, new leaders to an organization tread an initially precarious tight-rope until these have been earned, and followers will then willingly follow them.

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What do Leaders do?

Setting Direction: As the essential function of leadership is producing change, setting the direction that the department needs to take is the crux of leadership action¹⁷ (Table 1). This may be at the level of establishing a vision with department staff or defining the goals and purpose for the development of a new operating room complex.

Energize/Motivate/Inspire: Leaders actively work at developing positive emotions in their colleagues. 15 Leaders can motivate followers to willingly accept the direction set, not by controlling them but by making it feel good to do so. This they do through positive self-regard and through affirmation of the follower's daily work. The leader's positive self-regard thus becomes literally contagious.¹⁹

Results Oriented: Leaders are result-focused and actively develop goals and objectives with their colleagues. They do not have to provide the solutions to achieving these goals: they can place the problems and work where it belongs.²⁶

Verify/Monitor Environment: Leaders manage by walking around and observing their workers in action.⁶ This allows them to keep their finger on the pulse of the department. Workers like to be observed, especially if complimented on their activity, often called "catching someone doing something right."²⁷ The leader needs to be able to operate in the fray—that is, be on the dance floor—while being able to step outside of it to see the big picture—transferring to the balcony.²⁶

Align People: Aligning people is different from organizing people. Organizing is telling individuals what must be done to fulfill a management task. Aligning people is much more of a communication challenge. 17 This requires many more compelling persuasive conversa-

Table 1. What Servant Leaders Do

Set direction Energize/motivate/inspire **R**esults oriented Verify/monitor environment Align people Negotiate for resources Thank/celebrate/commiserate

Listen **E**valuate **D**elegate/place work where it belongs tions across the spectrum of the department and institution, invoking the vision and purpose of the initiative and each individual's distinctive role in the successful completion of the task at hand.

Negotiate for Resources: Leaders by virtue of their place in the institutional hierarchy are in the best position to negotiate for the necessary resources for their departments. Often, successful negotiations are based on previously established relationships and the reputation of the department for providing excellent clinical service. Resources do not usually aggregate to dysfunctional departments that are divided in purpose (a house divided against itself cannot stand). Hence, a leader's role is to align the department behind an initiative before resources are requested.

Thank/Celebrate/Commiserate: Leaders thank people frequently. ¹⁸ It costs nothing and goes a long way to building positive engagement in the work environment. Similarly, the public celebration of successes is the work of leadership. This should be done using the multiple media at the leader's disposal. Sad losses (faculty, kin, opportunities) occur regularly in a department; it is the leader's job to commiserate, and support where necessary: "weddings discretionary, funerals mandatory." ²⁸

Listen: Listening is one characteristic of exemplary leaders. ¹⁸ Credibility and trust are built through active listening as followers know that their leaders understand their perspective while making decisions going forward. ²⁹

Evaluate: Leaders continually evaluate their leadership environment. Can we do things better? Is there a different way of doing this? Is the administrative structure appropriate for the changes occurring in the department? For change to occur, differences in opinion—that is, conflict—need to surface to ensure that people are engaged. "Cook the conflict": is the conflict at a distressing level or is this an engine of progress? A huge challenge for leaders is keeping employees' stress at a productive level. The key ingredient for a change initiative is increasing the level of urgency. However, sometimes, the temperature becomes too high for productivity. Then the leader can turn down the heat, either by decreasing the pace of change or by tackling a technical rather than behavioral aspect of the problem. Leader can be considered aspect of the problem.

Delegate/Place Work Where it Belongs: A leader's work is to delegate responsibility and accountability to those with the necessary passion and developing skill set to lead the initiative. This requires a keen sense for identifying talented individuals and recruiting them to the

department. Once responsibility has been delegated, leaders should resist the reflex temptation to problem-solve and provide answers.²⁶ Place the work where it belongs, with the delegate and her team. Otherwise sustainable change will not occur, as problems are not being solved by the dancers on the dance floor, who have the best perspective on the situation.

Practical Steps in Leadership Development

Although some individuals have an inherent talent for leadership, most need to learn how to lead better. 14,17 This section strives to provide a practical approach for aspirant leaders (Table 2).

Develop self-awareness and social competence

Recent neuroscience research recognizes that humans have an open-loop limbic system.¹⁵ Leaders who are empathetic and become tuned to their followers' moods literally achieve fusion or brain interconnectedness, thus allowing the transmission of positive emotions and self-regard.³⁰ Hence, leaders need to develop self-awareness and the ability to control their own mood (social competence) to have a positive impact on followers. Better still, it has been shown that leaders who engender laughter lead better bonded, higher performing groups of individuals.³⁰ Goleman et al¹⁵ have described a stepped process based on leadership behavioral change that may enhance emotional competence. This is based on the following:

Self-awareness: the ability to read one's own emotions as well as the effect one has on others and the way one is perceived (which may be different from what one thinks).

Self-management: the ability to control one's own emotions (calm oneself, elevate one's mood) to resonate authentically with others.

Table 2. Practical Steps to Build Leadership Potential

- (1) Develop self-awareness and social competence
- (2) Learn to communicate
- (3) Grow situational awareness to set the right course
- (4) Consciously study how others lead
- (5) Role-model leadership behavior
- (6) Practice leadership roles
 - Chairing a meeting
 - Building a team
 - Leading a change initiative
- (7) Cultivate leadership survival skills

Social-awareness: which includes empathy and organizational intuition and the ability to sense others' emotions, the effect they have on oneself, and learn how the leader's own words and actions make others feel.

Relationship management: ability to disarm conflict and resolve with humor and kindness.

The essence of this self-learning process is establishing the ideal leadership self (who do I want to be?), what the reality is (who am I now?), and then developing an action plan based on required behavior changes. These behavioral changes must then be rehearsed until they become automatic.¹⁵

Learn to communicate

Personal communication with followers is the basis for the development of trusting, high-quality leadership relationships. ³¹ Communication is not just speaking, but also how a leader interacts through writing, listening, and presenting, and their physical presence and emotive interactions during the address. Aspirant leaders should avail themselves of every opportunity to speak (Leaders speak, and Speakers lead). As stated above, "leadership is the management of meaning, the mastery of communication." ¹⁹ Communication requires considerable skill and practice. Speakers will do well to follow basic rules of communication:

Pause before starting to "sense" the audience and gain their attention. Always frame the issue at hand first.

Be brief and accurate, using simple language, pronounced clearly and audibly.

Make ideas tangible if complex issues are presented; use understandable analogies.

Summarize or conclude with the key points.

Be disciplined, and spend time in making your presentation as brief and as clear as possible. Do not fall into the trap encountered by Oscar Wilde: "I would have made it shorter, but I did not have enough time." Practice your presentation until perfect;³² your audience deserves the respect that doing so confers.

Grow situational awareness to set the correct course

The first responsibility of a leader is to define reality.²⁰ This is often no easy task. As anesthesiology residents we learn to develop situational awareness in the operating room: incorporating often contradictory signs to make a diagnosis and set the right course for our patient's survival. So too leaders need to develop situational awareness (defining reality) of the environment within which they will manage and lead.

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This "reality" is gained from learning/reading of institutional, regional, and national trends. It includes setting up relationships at all these levels, which requires travel and personal commitment to the education needed to be able to define this reality for a division, department, or organization. A unique perspective on developing situational awareness in changing circumstances is presented in an extreme adventurer survival book by Gonzales.³³ The key insight was that individuals who came to untimely ends, despite considerable experience, did not have the correct "mental map" of the situation. This was because they either did not calmly assess the situation or hoped for a reality that was not present.

Consciously study how others lead

There are 3 basic learning styles: the analyzer, the doer, and the watcher.34

Hamilton Naki (1926 to 2005) was a gardener living in South Africa who had received little formal education. He was a quiet, unassuming, diligent man who went to work every day in a jacket and tie. He became an animal lab assistant to Professor Christian Barnard, who performed the first heart transplant. Through dint of personality and "watching," Hamilton learned to perform complex animal heart and liver transplant surgery. In turn, he taught this author liver perfusion surgery. He received a South African Presidential Award, the Order of the Mapungubwe, for his contributions to science in 2002 and an honorary degree in Medicine from the University of Cape Town in 2003. When asked how he was able to learn so much without formal education he said, "I steal with my eyes."35

Good leadership and management occur around us all day. Aspirant leaders would do well to watch and study leadership as it happens around them and make mental or written notes of what works well.

Role model leadership behavior

By watching how others lead and visualizing what ideal leadership looks like, aspirant leaders should rehearse leadership behavior until this becomes automatic. 15 Emanuel Papper, MD, summarized what good leadership behavior looks like.³⁶

The aspirant leader should role model behavior that inspires trust and confidence in her persistence, reliability, consistency and demonstrate self-discipline in action and word. If she wants meetings to start on time, she should be on time herself. If she wants clear communication and respectful interactions she should role model this behavior at all times. She will strive to visibly enhance the strengths of her colleagues and send clear signals of collegiality and need for team work. She will

actively promote individuals around her and lead with positive emotions.²³ She will thank where appropriate and give credit where this is due. When times are tough she will adjust her emotions and visible actions to support the environment, staying calm in a crisis and taking visible command should this be required. She should take the opportunity to speak, even when this may be difficult, so that followers will know her thoughts and the direction she is setting. She could be seen to follow a well-known Vietnamese Proverb, "Work hard, hope for luck, never give up."

Practice leadership roles

Leaders often need to fulfill many well-established roles: learning how to chair a meeting, building a team, or leading a change initiative. A great deal has been written about this; a few brief pointers are provided below.

Chairing a meeting

Chairing meetings effectively is an essential part of a leader's responsibility and skill set. Meetings are where information is shared, problems solved, decisions made, and trust built.³⁷

- Establish the purpose of the meeting.
- Determine who should attend and the best forum/place for the meeting. (If you want to solve a problem or make a decision have no more than 8 people attend. If you want a discussion have a round table; avoid auditorium-style seating.)
- Develop the agenda (with input from attendees) in advance and assure sufficient length of the meeting to address the subjects. Circulate the agenda in advance and have paper copies at the meeting, formatted by agenda item subject, speaker, and time allotted. Sequence the agenda items to ensure high-energy flow of the meeting.
- Share information at the beginning, then make decisions, and then solve problems. Warm up first; then, when people are most creative have the complex discussions in the middle of the meeting.
- Lay the ground rules for the meeting. How will decisions be made—by consensus, by vote or by the leader (after weighing the alternatives)? Are meeting minutes to be taken?
- Running the meeting: Begin on time. Frame each issue on the agenda. Reestablish ground rules: agree to listen, participate, and respect each individual's opinions. Allow the opportunity to disagree to come to a better collective decision. Once a decision has been made all should back the decision.
- Conducting the meeting. Open the meeting strongly, follow the agenda, allow all points to be heard (ask "have we forgotten anything"), line up who should speak next, summarize

decisions, move on to the next agenda item. Provide positive energy and pace while ensuring that you do not dominate or omit people who wish to contribute. Close the meeting with a summation of what was heard, decided, and who is responsible and on what time line. Thank all participants for their engagement and end on time.

Building a team

"A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable."38A study of 16 cardiac surgery teams adopting a novel approach to cardiac surgery and comprising teams of surgeons, anesthesiologists, nurses, and perfusionists has highlighted leadership attributes of successful teaming.³⁹ The then new procedure, involving transesophageal echocardiographic monitored endovascular clamping, and minimal surgical incision size, required more interdependence and communication between practitioners than did conventional "command and control" cardiac surgery. The most successful teams, measured as the average improvement in procedure duration times, had team leaders who actively managed their teams' learning efforts. The authors³⁹ identified key factors that improved team success. These were found to be the following:

- The selection of team members based on competence, the ability to accept ambiguity, work with others, and converse with individuals of higher status.
- Not allowing substitutions of team members.
- Framing the challenge of adopting the new approach as creating new ways of working together over simply acquiring new individual technical skills was crucial.
- The importance of creating an environment of psychological safety (where anyone could speak up or voice their ignorance) and allowing "learning in action" rather than "after action review," sped team performance.

The aspirant leader would be well advised to keep these factors in mind when establishing either leadership or clinical teams.

Leading a change initiative

Leadership and change are 2 sides of the same coin; leadership should produce useful change. Change management is a developed science and has key ingredients for success as defined by Kotter. 11 They are:

- To establish and sustain urgency.
- To set a goal/purpose for the change initiative.
- Form a guiding coalition that role-models the change.
- Create short-term wins that will support the change momentum.
- Do not declare victory until the change has been embedded and become enculturated.
- Overcommunicate the change initiative at each step of the way.

Change initiatives according to this methodology have been practiced in perioperative medicine. 40,41

Cultivate leadership survival skills

"To lead is to live dangerously"²⁶ and requires high energy. If the leader does not look after herself, no one else will. Thus, in order for a leader to sustain leadership potential, survival skills and a recreation plan need to be developed.

Leading a change that requires a behavioral change by followers may result in attempts by followers to undercut the leader to decrease their own distress. They may do this by overwhelming the leader with busy work or by attacking the leader directly in an attempt to deflect the debate to one of the leader's character rather than the change initiative at hand.²⁶ To counter these attacks the leader needs to "place the work where it belongs," with the followers. In addition, leaders need to distinguish their personal selves from the professional role they play and recognize the loss of former habits associated with the change initiative. They also need to be clear that their intentions are serious and that they are willing to let go of those who will not change. In stressful situations of leadership, personal desires and normal self-discipline may become overwhelmied. The most common dangers are the need for control and importance.²⁶ The problem with attempting to reestablish order (control) is that it does not allow the necessary "conflict to cook," which is essential for the change initiative to be successful. Hence, the leader's role is to get onto the balcony to observe rather than be on the dance floor in the middle of the fray attempting to control things. The need for self-importance may lead to self-deception about the leader's own (superior) competence and a dependency of followers rather than the development of the necessary interdependency. The resultant absence of doubt by the leader may lead to disastrous missteps as a leader starts to believe in their own infallibility. These missteps result in a loss of confidence in the leader's ability by now-dependent followers.

To get out of the fray of leadership and recreate energy the leader needs to create a number of safe havens. It is important to regularly get on the balcony—that is, away, or removed, from the immediate environment—to reflect and think about what is possible for the organization. A regular exercise routine is another way to recreate the energy for leadership. Leaders would do well to find a confidant (not in the work place) with whom ideas can be discussed. A professional coach sometime fulfills this role.

The current vogue for work-life balance can be self-destructive, and appropriate pacing is crucial.⁴² This is because leadership requires your whole persona and is never a part-time vocation.

Leadership Cycle

Despite the inevitable pain and difficulty in serving as a leader, it is a joyous pastime that can positively affect the lives of others while giving meaning to one's own.²⁶

"Leaders learn best by leading, and learn best in the face of obstacles" As weather shapes mountains, problems shape leaders" Warren Bennis

The author declares that there is nothing to disclose.

References

- 1. Prentice W. Understanding leadership. Harv Bus Rev. 2004;82:102–109.
- 2. James FM III. Rovenstine Lecture: who will lead us? Anesthesiology. 1999;90:1766–1772.
- 3. Pronovost PJ. We need leaders: the 48th Annual Rovenstine Lecture. Anesthesiology. 2010;112:779–785.
- 4. Kapur PA. Leading into the future: the 50th annual Rovenstine Lecture. Anesthesiology. 2012;116:758–767.
- 5. Mets B, Galford JA, Purichia HR. Leadership of United States academic anesthesiology programs 2006: chairperson characteristics and accomplishments. Anesth Analg. 2007;105:1338-1345.
- 6. Philips D. Lincoln on Leadership. New York: Warner Books Inc; 1992.
- 7. Souba W. The new leader: new demands in a changing, environment. J Am Coll Surg. 2003;197:1-9.
- 8. Souba W. Leadership and strategic alignment-getting poople on board and engaged. I Surg Res. 2001;96:144-151.
- 9. Mets B. Leadership challenges in academic anesthesiology. J Educ Perioper Med. 2005;7:1–14.
- 10. Culley D, Crosby G, Xie Z, et al. Career National Institutes of Health Funding and Scholarship of Chairpersons of Academic Departments of Anesthesiology and Surgery. Anesthesiology. 2007;106:836–842.
- 11. Kotter J. Leading Change. Boston: Harvard Business School Press; 1996.
- 12. Lencioni P. Make your values mean something. Harv Bus Rev. 2002;80:113-117.
- 13. Mets B, Galford JA. Leadership and management of academic anesthesiology departments in the United States. J Clin Anesth. 2009;21:83-93.
- 14. Goleman D. What makes a leader? Harv Bus Rev. 1998;76:93–102.
- 15. Goleman D, Boyatizis R, McKee A. Primal leadership. Harv Bus Rev. 2001;79:43–51.
- 16. Bruch H, Goshal S. Beware the busy manager. Harv Bus Rev. 2002;80:63-69.
- 17. Kotter J. What leaders really do. Harv Bus Rev. 2001;79:85–93.
- 18. Kouzes J, Posner B. The Leadership Challenge, . 3rd ed. San Francisco: Jossey Bass; 2003.
- 19. Bennis W. An Invented Life. New York: Basic Books; 1994.
- 20. DePree M. Leadership is an Art. New York: Doubleday Dell Publishing Group Inc; 1989.
- 21. Bennis W, Nanus B. Leaders. New York: Harper Collins; 2003.
- 22. Pitman B. Leading for value. Harv Bus Rev. 2003;81:41–46.
- 23. Porter M. What is strategy. Harv Bus Rev. 1996;74:61-78.

- 24. Goleman D, Boyatizis R, McKee A. Primal Leadership Realizing the Power of Emotional Intelligence. Boston: Harvard Business School Press; 2002.
- 25. Kouzes J, Posner B. Credibility. San Francisco: Jossey-Bass; 2004.
- 26. Heifetz R, Linsky M. A survival guide for leaders. Harv Bus Rev. 2002;80:65-74.
- 27. Blanchard K, Johnson S. *The One Minute Manager*. New York: William Morrow and Company Inc; 1981.
- 28. Guliani R. Leadership. New York: Hyperion; 2002.
- 29. Souba WW. The job of leadership. J Surg Res. 1998;80:1-8.
- 30. Goleman D, Boyatizis R. Social intelligence and the biology of leadership. *Harv Bus Rev.* 2008;86:74–81.
- 31. Scemama PH, Hull JW. Developing leaders in anesthesiology: a practical framework. *Anesthesiology*. 2012;117:651–656.
- 32. Walters L. Secrets of Successful Speakers How You Can Motivate, Captivate and Persuade. United States of America: RR Donnely & Sons; 1993.
- 33. Gonzales L. Deep Survival Who Lives, Who Dies and Why. New York: W.W. Norton & Company Inc; 2003.
- 34. Buckingham M. What great managers do. Harv Bus Rev. 2005;83:103-112.
- 35. Fox M. Hamilton Naki, 78, self taught surgeon, dies. *The New York Times*. New York, 2005.
- 36. Papper EM. Education for leadership in anaesthesiology. The sixteenth Husfeldt lecture, Copenhagen, 11 May, 1984. *Acta Anaesthesiol Scand.* 1985;29:11–15.
- Morgan N. On Running a Meeting. Boston, MA: Harvard Business School Publishing; 2002.
- Katzenbach J, Smith D. The Wisdom of Teams. New York: HarperCollins Publishers Inc; 2003.
- 39. Edmondson A, Bohmer R, Pisano G. Speeding up team learning. *Harv Bus Rev.* 2001;79:125–132.
- 40. Donahue K, Mets B. A move to universal OR start times. A case study of leading change in an academic anesthesia department. *Physician Exec*. 2008;34:24–27.
- 41. Braungardt T, Fought SG. Leading change during an inpatient critical care unit expansion. *J Nurs Adm.* 2008;38:461–467.
- 42. Wood M. Women in medicine: then and now. Anesth Analg. 2015;120:963-965.