

Being a Leader: The effective exercise of leadership

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If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.

—John Quincy Adams

Leadership has long been a core value of Alpha Omega Alpha Honor Medical Society (AΩA). One of the tenets of our mission, and criteria for membership is “to improve care for all by encouraging the development of leaders in academia and the community.” We support, and contribute to, leadership promotion and the development of physician leaders through several of our national programs and awards.

For many physicians, leading comes naturally through training and research opportunities in medical school, residency, and career development. Leadership can be manifested in coaching, teaching, medical rounds, chairing committees, running a clinic, etc. Learning to lead is experiential, developed, and enhanced through these and many other career opportunities.

Physician leaders

Medical education, medicine, and health care are more complex in the 21st century than ever before. Physicians, based on their unique knowledge and experience in the core professional values fundamental to medicine, are ideally prepared to serve as leaders. Their professional experiences in serving and caring for people, and working with colleagues in the health professions, provide a solid foundation for leading others.

Physicians embrace the vital importance of medical and scientific research, and garner great respect for their values, commitment, hard work, teaching, and myriad other societal contributions.

The integral parts of the professional life of a physician are in the Medical Professionalism Charter that emphasizes the primary principles of patient welfare, patient autonomy, and social justice.

Dr. Wiley Souba (AΩA, University of Texas McGovern Medical School, 1978) writes:

Five fundamental leadership principles are critical to building a better future:

- 1) Recognizing that the work of leadership involves an inward journey of self-discovery and self-development;
- 2) Establishing clarity around a set of core values that guides the organization as it pursues its goals;

3) Communicating a clear sense of purpose and vision that inspires widespread commitment to a shared sense of destiny;

4) Building a culture of excellence and accountability throughout the entire organization; and

5) Creating a culture that emphasizes leadership as an organizational capacity.

Leadership and learning are inextricably linked.¹

Great leadership can be developed through education, training, mentoring, practice, experience, and reflection. New models of leadership development need to meet contemporary and future needs.

In the ever-changing world in which we live, effective, sustainable, and accomplished leadership should be based on core professional and personal values, and a commitment to servant leadership.

Leadership and professional values

Medicine is based on a covenant of trust, a contract with patients and society. Medical professionalism stands on this foundation of trust to create an interlocking structure among physicians, patients, educational and medical institutions, and society that determines the values and responsibilities in the care of patients. Leadership in medicine and related organizations must be grounded in core professional beliefs and values.

These values start with an obligation and commitment to serve and care for people, especially those who are suffering. It includes positively contributing to health and well-being, prevention of disease, education, and to meeting social responsibilities. These professional values are based on high ethical and moral standards:

- Treat others as you would like others to treat you.
- Do no harm.
- Never lie, steal, or cheat, and have no tolerance for these behaviors.
- Demonstrate integrity, always do what is right, both morally and legally.
- Show respect for others.
- Be loyal to patients, team, colleagues, organization, and societal values.
- Be diligent in fulfilling obligations to patients, team, colleagues, and organization.
- Practice selfless service with passionate commitment to the vision and mission of the profession.

*“Leadership and learning are indispensable
to each other.”*

—John F. Kennedy

- Be honorable by living up to one’s professional values.
- Commit to professional competence and life-long learning.
- Treat everyone humanely, with benevolence, compassion, empathy, and consideration.
- Serve in an ethical, responsible, reliable, and respectful manner.
- Listen to others with understanding, respect, and communicate effectively.

Servant leadership

The first responsibility of a leader is to define reality. The last is to say thank you. In between, the leader is a servant.

—Max DePree

Servant leaders live, lead, and act their values by their inward sense and understanding of what is right. They inspire others to care and serve. They instill a set of values, including fairness, justice, honesty, respect, contribution, and trust. They follow truth and principles, and share values among team members and those they serve. This produces moral authority in the leader and the team.

Servant leaders and their teams dedicate themselves to a higher purpose, cause, or principle worthy of their commitment. Their focus is outward instead of on themselves. They find joy, self-respect, and integrity in the service of others, and in contributing to an important purpose.

Servant leaders engage their teams in creating a shared vision—a compelling picture of the future. They inspire others to dig deep and use their knowledge, experience, and talent, both independently and interdependently, to serve others through this shared vision.

Great servant leaders are fervent and committed to achieving their vision of caring. They have the will, and perseverance to succeed. They build greatness through a blend of humility and professional will, competency, dedication, and indefatigability.

Servant leaders rarely have, or need, executive power to make important decisions. In their realm, leadership sets a positive example, taps idealistic passions, and uses persuasion, inclusion, inspiration, common interest, a sense of community, balance, discipline, teamwork, and delegation of responsibility to get the right things done at the right time. They are role models and always work as hard or harder than everyone else. They are willing to do whatever

job needs to be done. They are caring, self-motivated, self-disciplined, principled, and always do the best they can in service to others. Servant leaders celebrate the work and success of those contributing and serving, and express appreciation regularly. Everyone matters and everyone can or does make a difference in serving.

They lead by example with humility, authenticity, interpersonal acceptance, stewardship, and by providing vision, direction, and inspiration.

Preparing for leadership

Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.

—Warren Bennis

Leadership is an ongoing process. Great leaders continually hone their skills, and are life-long learners.

Leaders who make the most difference are those who want to be great, and want their teams and organizations to be great. They deliver superior performance and make a positive, important, and distinctive difference over time. Servant leaders work with their teams to define what it means to be great in what they do and how they serve.

In *Good to Great* Jim Collins refers to “level 5 leadership.”² Level 5 leaders are passionate, and dedicated to the cause, movement, mission, or work—not themselves—and have the will and commitment to succeed. They build enduring greatness through a blend of personal humility and professional will.

In medicine, health care, and education executive power is usually impractical. These settings are where it is imperative that leaders set a positive example and tap ideas and passions.

Level 5 servant leaders develop and support the best teams of people who are motivated by their service and professional values. Their team must define how to produce the best long-term results. What the leader and the team can do best is determined by understanding how the team can uniquely and effectively contribute to the people it serves.

The next greatest need, and a difficult one to achieve, is finding the resources, especially the right people, to do great work, and saying no to things that may impede achieving the vision and service.

<h2 style="margin: 0;">Characteristics of Servant Leaders</h2>	
Listening	The Prayer of St. Francis reminds us, “...grant that I may not so much seek to be...understood as to understand...” Communication is very important, but it starts with first listening intently and receptively. You can better understand the will and point of view of a person or group by listening. Later reflection on what was said can lead to enhanced understanding and increased respect.
Empathy	Servant leaders work to understand and to empathize with their teams and others. Empathy is developing the awareness of the thoughts, feelings, and experiences of others without having those experiences yourself. We show empathy by respecting other’s views, while not necessarily agreeing with them.
Healing	Recognize that those who are being served and those involved in serving, share a goal of healing. The collaborative search for wholeness is part of the compact with the servant leader.
Awareness	Servant leaders are vigilant in observing events and interactions, recognize what is happening, and then draw inferences from what they observe. They are mindful and perceptive in using their knowledge and experience.
Persuasion	Servant leaders rarely use positional authority, relying more on value-based authority or persuasion. They work to persuade others to adopt a point of view through teaching, and using knowledge, facts, and opinion.
Conceptualization	The ability to conceive and think logically, and evaluate information, issues, events, plans, dreams, visions, and a future beyond day-to-day realities.
Foresight	The art of using knowledge of historical and current events, and related situations combined with an understanding of possible consequences to predict the likely future. Foresight allows one to develop intuition—the ability to know or understand something without proof or evidence.
Stewardship	A commitment to the careful and responsible management of an organization or people entrusted to one’s care. In servant leaders, it involves, first and foremost, a commitment to serving the needs of others, and relies on openness, caring, trust, and persuasion.
Humility	Includes being humble, valuing other people, and treating everyone with respect. Too many ineffective leaders are noted for hubris or self-aggrandizement, taking personal credit for what is the work of many. In doing so, they demonstrate an unflattering arrogance.
Community	Any organization that serves and cares for people works best with community involvement. Building communities to serve others is a part of servant leadership, exemplified by shared values and responsibility for each other and for those served, based on commitment, trust, respect, values, and ethical behavior.
Mentoring	Servant leaders educate, empower, and develop people.

“Leadership is not about being in charge. Leadership is about taking care of those in your charge”

—Simon Sinek

Identity formation

Whatever you are, be a good one.

—Abraham Lincoln

Physicians have developed a personal and social identity as a doctor, a professional, and a member of the medical community of practice.

Leading and leadership result from knowing oneself and aspiring to lead others. It is a change in one’s personal and social identity with expansion of capacity to be effective in leadership roles and processes.

Early in life, our identities form the basis of understanding who we are. It has long been known that human beings proceed through developmental stages from birth throughout life, each emerging with unique identities. Development of personal and social identities is an ever-changing, life-long process.

Personal and social identities are multifaceted and complex concepts influenced by many factors, evolving over time, and enacted through language and objects in a social world. They are related to gender, race, genes, personal characteristics, religion, culture, family, class, education, ethnicity, sexual orientation, friends, experiences, and myriad other factors. Personal identity is shaped through socialization and a process of negotiation with acceptance, compromise, rejection, reflection, and reformulation.

ΩA members have the personal and social identities of a physician—healer, medical professional, and member of a specific community of practice. They also have many other identities that modify and adapt based on personal, professional, and social identities, over the span of a career and lifetime.

Part of identity development is a moral process of shaping our identity and understanding right from wrong as we continue to be subject to many different moral influences and experiences. Our identities are developed through exploration and commitment.

Our cognitive identity provides a personal frame of reference for interpreting information, solving problems, and making decisions in relation to our identity. We actively construct new understandings through the interaction of our prior beliefs, as well as new events, activities, and experiences.

As physicians, we developed from a novice with legitimate peripheral participation and pretending and acting

like a doctor through developmental transitions. This involved learning to play the role and pretending to be a doctor, eventually learning the language of medicine, and becoming participants in the learning environment and health care system.

With the assistance and guidance of teachers, role models and mentors, clinical and non-clinical experiences, through conscious reflection, unconscious acquisition, formal teaching and assessment, self-assessment, and socialization we developed into physicians—healers and medical professionals. We cultivated competencies; learned to live with ambiguity and uncertainty; learned to cope with fear, stress, and anxiety; and experienced the joy and satisfaction of acquiring the identity of a physician.

This identity development occurred, through experiential learning, in stages from observation and imitation—initially carrying out uncomplicated tasks and culminating in more complex activities—to expert with full participation in the professional medical community.

As we continue to develop, the next identity is that of leader.

Identifying as a team leader

The leaders who work most effectively...never say “I.”
...They don’t think “I.” They think “we;” they think “team.”

—Peter Drucker

Leaders develop a vision, establish what matters and articulate why, set direction, and inspire and guide others. They understand that their job is to help the team to function. There is an identification (very often quite unconsciously) with the task, and the group.

Leadership is about achieving influence, not securing compliance, thereby distinguishing leadership from management. Leadership is about getting things done through others with aspiration and inspiration; getting followers to see each other as part of a common team or group, with a common purpose and goals.

Management processes are position and organization specific. Management emphasizes distinct knowledge, skills, and abilities using proven solutions to problems.

Effective leaders often employ the skills of both leadership and management. They hire smart people to be on their teams, and have at least a basic understanding of management, including planning and budgeting;

Transforming leadership in medicine

coordination, control, and execution of activities; organization and staffing; and working within an existing structure. An advantage of selecting a strong leadership team is that included are those who are knowledgeable about different management issues, and those who bring their expertise and experience to assist the leader and the team.

Self-reflection and the inward journey

You have been leading yourself for most of your life. You began leading yourself by setting goals, staying on task, and learning self-discipline. You constructed your own implicit leadership from experiences as a way of making sense of leadership, your own mental model of what leadership is about and how it works.

—Wiley Souba, MD

Leading, and leadership, result from knowing yourself, and aspiring and learning to lead others. Learning to be a leader takes place within a defined domain and is situation and context related. The process of becoming a leader involves moving from legitimate peripheral participation to full participation in leading and leadership, which is the acquisition of the identity of a leader. This occurs in stages, proceeding from observation to imitation, then to carrying out uncomplicated leadership roles and tasks, and culminating in expertise in more complex situations and challenges.

Leaders learn to identify a problem or challenge, and diagnose the situation and values involved; communicate to manage the emotions and stress for adaptive work; identify and focus on issues, avoiding distractions; encourage and allow those involved to reach resolution with support; listen and evaluate differing points of view; and assess the costs and possible outcomes of proposed solutions. The leader must then make a decision, communicate their decision and why they made it, and direct the necessary action required to bring the decision to fruition.

Self-regulation is essential to being a leader who effectuates change, and positively serves their organization and others. When the new or unusual surfaces, the effective leader evaluates the situation, and finds new answers, interventions, and innovative responses to address the issue.

This is the transformation from novice to expert in leadership.

There are multiple factors that influence this developmental process. The most powerful are mindful and reflective observation; role models and mentors; and accumulation of individual and team experiences.

Leadership identity formation occurs through complex

conscious and unconscious processes that lead to both explicit and tacit knowledge and skills. Role models are admired for their “ways of being and acting,”¹ and for serving as experienced and trusted counselors and teachers. The goal is often to emulate them in action, appearance, and beliefs as one moves from a peripheral role to the center of active leading.

Reflection on individual experiences with observation, role models, and mentors is fundamental to learning how to be a leader.

The new leader

The challenge of leadership is to be strong, but not rude; be kind, but not weak; be bold, but not bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor, but without folly.

—Jim Rohn

Developing leaders must learn the new language of leadership, and management. Ambiguity and uncertainty are as common in leading organizations as in medicine. Learning to deal with uncertainty is a tenet of good leadership. Leaders must remain true to their values, continue to learn throughout their careers, and be understanding of, and true to, their personal and professional identities.

The pathway and process to becoming a leader is achieved through day-to-day leadership opportunities over a sustained period of time, and learning through experiences. This is accomplished with the support of mentors and others to develop your identity as a leader.

Leaders who inspire, teach, are reflective, and are true servants to themselves, their organization, and the people they lead, are deserving of such a title.

Leadership is lifting a person’s vision to high sights, the raising of a person’s performance to a higher standard, the building of a personality beyond its normal limitations.

—Peter Drucker

References

1. Souba W. “Building our future: a plea for leadership. *World J Surg.* 2004 May;28(5): 445–50.
2. Collins J. *Good to Great: Why Some Companies Make the Leap...And Others Don't.* New York: HarperBusiness; 2011.
3. Cruess R, Cruess S., et al. Reframing medical education to support professional identity formation. *Acad Med.* 2014 Nov;89(11):1446–51.

