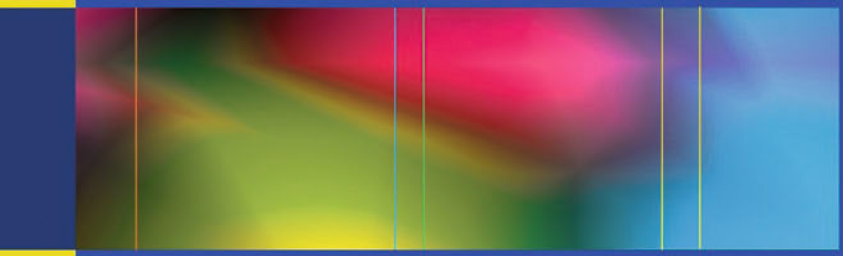
Bruce L. Gewertz
Dave C. Logan



The Best Medicine

A Physician's Guide to Effective Leadership

Springer

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Bruce L. Gewertz
Department of Surgery
Cedars-Sinai Health System
Los Angeles
California
USA

Dave C. Logan
Marshall School of Business
University of Southern
California
Los Angeles
California
USA

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This book is dedicated to our wives, Diane and Harte, who provide the leadership in our lives.

Acknowledgments

In researching this book, we carried out structured interviews with more than 50 leaders from all sectors of healthcare across the United States. Their willingness to candidly share their experiences and insights were selfless and invaluable. Some are quoted by name in the text; in other situations, the sensitivity of the scenarios required anonymity. Regardless, their enthusiasm and contributions are the essence of whatever value the work has and we are deeply grateful.

We have both enjoyed superb personal mentoring through our careers. Each of us has a key mentor who shaped our views; sadly both are deceased. Warren Bennis provided wise and always stimulating counsel to Dave. At every juncture, he was supportive, constructive, and personally committed. Bruce had the great opportunity to work and bond with David B. Skinner while at the University of Chicago and afterward. David was a superb role model who generously advanced his colleagues' interests ahead of his own. Both men received much recognition during their lives; their influence will continue not just in our work but in that of the many others they shaped and inspired.

To be complete, a number of other friends and colleagues provided wise counsel on these topics through the years and reviewed the text in preparation. At the risk of missing a few, we would like to specifically mention Steven Lorch, David Skaggs, Harry Sax, Bryan Croft, Michael Ruchim, Steve Sample, Patti Riley, Beverly Kaye, Bill Cohen, John King, Steve Zaffron, and Tom Cummings.

From the Editors

Physician leadership is changing quickly. To keep our comments relevant, we have an addendum on our website (www.therightmedicinebook.com) that focuses on the specific needs of physician leadership in private practice. Our web site has additional resources, including ways of contacting both authors.

Contents

Chapter 1
Leadership as Personal Capital

Perhaps, you are reading this book because you are beginning a new administrative or leadership post, or you are merely contemplating one. While we believe the material will benefit you in those pursuits, we also believe that the insights and behaviors that contribute to successful executive leadership are, in fact, the same as those that ensure a productive work life and personal life in general. Your leadership capabilities could be viewed as personal capital, the increase of which can enrich all pursuits.

Regardless of our professional duties, in order to be effective and resilient in our personal life, we will time and again be required to demonstrate leadership. In times of trouble, we must rely on our ability to properly adjust our performance to provide a clear direction for friends or family. As succinctly stated by U.S. Naval Commander Michael Abrashoff as the title of his book: *It's Your Ship*. Leadership skills allow you to sail that ship.

Leadership is an intrinsic human asset, not a by-product of a title or administrative appointment. We will show you through real-life examples that one's innate leadership abilities can be improved with thoughtful changes in attitudes and behaviors.

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The Leadership Challenge

For the past 25 years, we have had the privilege of serving in a number of leadership positions in academic and healthcare organizations, as well as consulting with numerous companies. While the dynamics of these professional organizations (law firms, medical groups, academic faculty, etc.) have their own peculiarities, we have seen that the motivations of these highly educated people are not that different. The majority seek to maximize two interconnected goals—**satisfaction in their daily activities** and **a sense of purpose in their long-term objectives**. In nearly every survey, regardless of the field of endeavor, these desires consistently outweigh the lure of higher compensation and even that of personal recognition.

If one accepts the validity of these observations, the job of an enlightened leader in professional organizations is simple—create a workplace in which the largest number of well-intentioned and skilled professionals are allowed to exercise their skills and are convinced that their efforts contribute to a worthwhile end. In word and deed, *aspirational leaders* reinforce that belief. While they acknowledge the rational self-interests of their colleagues, such as career advancement and higher pay, they focus far more of their efforts on making consistent strategic decisions rather than fine-tuning organizational charts or compensation plans. Openness is a key element. They are comfortable sharing their thoughts, not just within an insular executive group, but across the organization as a whole.

When leaders succeed in these two most important tasks (which we could summarize as *value-driven decision making* and *transparency*), their colleagues can pass the "wake up in the middle of the night test." In other words, even if summoned from a deep sleep, all members of the organization can speak to what the group is trying to accomplish and how they plan to get it done. This book is intended to provide both a theoretical framework for such leadership and specific management techniques to achieve it.

Given the proliferation of academic work on the subject, there is no shortage of ideas as to what the essential components of leadership are. Our leadership model focuses on characteristics

that can be applied consistently, whatever the setting, and that are capable of inspiring the kind of unconventional thinking that will be required in this period of "creative destruction" in medicine.

Key Attributes of Leaders

Based on our extensive interactions with a wide range of leaders in health care and medicine, three personal attributes are demonstrated time and again. Successful leaders are nearly always genuine and optimistic in their attitudes and resolute in pursuing personal fulfillment in work and life.

Being Genuine

We can all enumerate virtues that make our relationships with others go more smoothly. Most of us would include kindness, empathy, engagement, and honesty in the list. We can also probably agree that even with the best of intentions, we occasionally fall short in living up to these ideals of behavior. Nonetheless, if our behaviors *on the whole* are consistent with those higher values, our friends, family members, or colleagues generally accept infrequent lapses without much consequence. In short, they know us well enough to not change their opinion based on an isolated incident.

In a work environment, it is not always possible to rely on a long history with someone to smooth out interpersonal conflicts. Especially in leadership positions, we interact with a large number of people who we may know only slightly or not at all. It is, therefore, essential that leaders project positive behaviors that are both convincing and real to strangers and friends alike.

There is only one way to do this consistently—by displaying external behaviors that are fully concordant with one's internal feelings and attitudes. We call this being *genuine* or *authentic* in our interactions with others. While some may represent themselves well for relatively short periods of time without a deep connection

to their intrinsic motivation, invariably the truth is revealed and reputations and effectiveness suffer mightily. Leaders we spoke to repeatedly pointed out that most people have a well-developed sense of when someone's words and behaviors are insincere and do not reflect what they are thinking and feeling. One senior leader remarked that, for him, remaining authentic is a primary focus of all his public and private interactions. He specifically asks his confidants to speak up if ever they feel his external message has strayed from his core values.

Despite the importance of being genuine, we are not advocating some standard methodology for communicating successfully. Your method for connecting with others must be consistent with your intrinsic personality and style. Part of personal growth is learning to put ourselves in situations where our specific mode of communicating is most effective. Steve Jobs found his niche in carefully staged large-group presentations anchored by his enthusiasm for the technology he championed. Jack Welch was most effective in small-group sessions in which his down-to-earth message of individual accountability could be delivered directly.

Being genuine is most important when things do not go so well. A number of clinicians working in oncology and high-risk procedural specialties noted how much more effective their interactions became with families suffering loss when they were open to sharing their own disappointment in the outcome without being defensive. Similarly, when business reversals occur, leaders need to communicate their messages without pretense or excuse.

The Power of Optimism, Tempered by Realism

The importance of an optimistic attitude in work and life is hardly a new revelation (see "The Power of Positive Thinking," Norman Vincent Peale, 1952.). However, the effects of an optimistic attitude on all aspects of human endeavor and on health are now even more clear, thanks to several remarkable observations. A famous study by Giltay and colleagues (2004) of 941 men and women aged

65–85 years used a detailed questionnaire to separate the subjects into groups based on their disposition—optimistic vs. pessimistic. The influence of optimism on life-span was nothing short of remarkable. A total of 70% of the most optimistic men lived 9 years past the beginning of the study, while only 40% of the least optimistic survived the same interval. This effect was seen in women as well (although slightly attenuated) and held true even when cardiovascular risk factors and other health measures were accounted for.

Further support for this effect is provided by data from the so-called Nun Study, most recently analyzed by Dunner and colleagues. Investigators had access to the handwritten autobiographies of 180 nuns, which were prepared when they entered their convents beginning in 1930. Entries were blindly coded for emotional content (i.e. positive, neutral, or negative in tone). All-cause mortality was tracked late in their lives. The investigators found that a positive attitude, expressed early in life, was a clear marker for greater longevity.

In a dissenting view, Frieder Lang and colleagues (2013) followed 40,000 adults through a decade and noted those with a darker outlook lived long. The reason appears to be that more pessimistic individuals, especially older and infirmed, sought to deal with the realities of their situation rather than cover them over with false optimism.

This seeming paradox has been explored by Tim Vogus and colleagues (including Karl Weick) with the phrase "emotional ambivalence." In high reliability organizations, they suggest, the mindset most descriptive of positive outcomes is one that anticipates a positive future, while also searching for problems before they occur. Drawing on the classic Victor Frankl book *Man's Search for Meaning*, the literature in behavioral economics and his own work with Steve Zaffron in *The Three Laws of Performance*, Dave has suggested an alternative phrase: "optimistic terror."

The best organizations and careers arise from balancing the tensions between the positive effects of optimism and the vigilance born out of pessimism. Of particular concerns is the hectic pace of life in general. In most surveys of full-time workers in the western world, those in the United Kingdom and United States work the longest hours by far. In 2003, one study by the Organisation for

Economic Co-Operation and Development documented that U.S. and U.K. workers exceeded the hours worked by those in Europe by 25% with mean hours of 2,000 per year in the U.S and U.K. (approximately 40 h per week) in comparison with 1,700 per year in Europe (approximately 30 h per week). We can agree that most physicians would exceed those numbers substantially. Surveys performed by the Pew Foundation over many years show conclusively that a hectic pace, associated with long hours and overlapping activities, clearly and adversely impacts personal satisfaction. In their most recent survey, only 27% of people who felt they were always rushed in daily life described themselves as "very happy" as compared with 42% of those who said they almost never felt rushed.

Finding Fulfillment at Work and Play—the Phenomenon of "Flow"

The feeling of rushing around, which could be defined as urgency without importance, is the single defining characteristic of many of our lives. Whether we are frantically checking our smartphones or mesmerized by yet another cable news program, we too often spend our time on details and urgencies that lack much meaning. To avoid this treadmill, prominent psychologist and a former University of Chicago colleague, Mihaly Csikszentmihalyi described a more purposeful ideal for our life, which he calls "flow."

Flow is characterized by complete immersion in a complex activity that is intrinsically motivated by our own talents and interests. The initial observations of this phenomenon were made in surgeons, athletes, and musicians who train for years to reach the high level of skill necessary for superior performance. In detailed interviews, all described a similar sense of clarity, serenity, and even ecstasy when purposefully engaged in the most challenging and difficult activities. While flow shares some surface characteristics with urgent tasks, it is elevated by the matching of hard-won skills and innate talents with a meaningful and noble purpose. Csikszentmihalyi argues that true happiness is found in those who can

find a way to maximize the time they are in "flow" in their personal and professional lives.

Of most interest to physicians, Csikszentmihalyi noted that in order to remain in "flow" the challenge of tasks and the skills to achieve them both need to increase over time. Thus, what brings "flow" early in one's career may not be sufficient to maintain it.

Approaching this from a slightly different angle, Herzberg, Easterlin, and other social psychologists have wrestled with the factors that contribute to happiness in work environments. They divided the elements of personal satisfaction into **extrinsic rewards**—such as salary and administrative titles—and **intrinsic rewards**—such as improvements in the nature of work, achievement, recognition, and personal growth. In a large number of situations, it appears that the relationship between income and happiness (extrinsic rewards) follows a characteristic pattern that has become known as "the hedonic treadmill." In this construct, increases in compensation from a low starting point initially have a highly positive relationship to personal satisfaction, but once a relatively high level of compensation is reached, further increases in salary have little effect.

The pattern seen for increasing intrinsic rewards is different. Workers in a wide range of professional and nonprofessional jobs report progressive increases in satisfaction, as the nature of the work becomes more rewarding on an experiential basis. As later outlined by Warr and others, these improvements in the job environment can include opportunities for greater personal control of working conditions, the chance to use a wide range of skills in a variety of tasks, supportive interpersonal relationships, and the articulation of clear requirements, coupled with the ability to meet them.

What We Know About How Professionals View Their Jobs

It is fair to ask—does this academic research play out in real life? One of the best examples was reported by Marshall Goldsmith, who interviewed more than 200 high-performing executives from 120 diverse companies as part of a research project on employee

retention sponsored by Accenture. The critical question was, "If you stay with this company for the next five years, why will you stay?" The answers were simple:

"I enjoy this work."

"I like the people I work with."

"The organization is giving me a chance to do what I really like to do."

When Bruce served as Chair of the Department of Surgery at the University of Chicago, he had the great good fortune to work closely with Harry Davis, who is a senior professor in the Graduate School of Business. Among other things, Harry is interested in the motivations and attitudes of different professional groups and spent considerable time assisting the department. In preparing for one of the yearly retreats, Bruce asked him to meet with a wide range of faculty members to get an independent sense of their enthusiasms and concerns. He scheduled 30-min interviews with approximately 20 faculty members at all academic levels. As might be predicted, not a single interview was finished in the time allotted. Promised relative anonymity, they were happy to talk about their likes and dislikes of their jobs and the environment.

In putting it all together, Harry Davis was struck by the strong positives and negatives, which were, at times, expressed simultaneously. In one sense, the glass was half full; faculty members were committed to their academic missions, relished their personal autonomy, and found great personal satisfaction in their teaching and clinical activities. Still, the same people also described areas of significant dissatisfaction (the half-empty glass). They bemoaned what they saw as a "culture of expendability" in which their contributions might be valued during their tenure but would be inevitably forgotten with their replacement. They also described a mentality that Professor Davis termed "shattered dreams." They felt they had studied long and hard in college and medical school and worked tirelessly during residency and the early part of their practice only to be faced with diminished authority within the healthcare system. In short, no amount of extrinsic rewards such as pay or recognition could adequately balance this decreased personal control of their time and activities.

For several years, Bruce kept an index card with Professor Davis' findings on his desk and referred to it whenever dealing with dissatisfied colleagues. He was impressed with how often their specific complaints and day-to-day frustrations were, in fact, triggered by the more universal concerns they described and how frequently the path to resolving their issues began with acknowledging and helping them address these larger issues.

We have found one overriding truth in our management experience with a wide range of professionals. It is simple. **The more we allow them to perform their most valued services unimpeded, the happier they will be.** These effects on personal satisfaction are far more powerful and long-lasting than would be if we merely increased their take-home pay. As succinctly stated by Brown and Gunderman, who carefully examined physician satisfaction: "to increase fulfillment of physicians, we need to ensure that the intrinsically fulfilling aspects of work are accentuated not suppressed." This can only be done by enabling all types of professionals to exert responsible local leadership and linking them to a strong network of motivated colleagues.

The successful physician leader must sustain this atmosphere despite the perplexing and, on occasion, turbulent environment of today's healthcare. The magnitude of the task makes the leadership challenge ever more important and also requires that the characteristics of effective leaders are manifest at multiple levels of the organization.

It is our hypothesis that physician leaders mature through five distinct stages of development. Each stage has specific skills to be gained and pitfalls to be avoided. Understanding these forces more completely should contribute to mastery. Let's see, if we can convince you.

Chapter 2
Phases of Physician Leadership

Physicians have the raw materials for great leadership: high intelligence, drive, and a generalized idealism toward the profession of medicine. The challenge for physicians who aspire to outstanding leadership is to continue to "own" what makes them star performers as individuals, while shifting their focus to others.

There are a myriad pathways physicians take, as they develop themselves as leaders, including pure research, clinical research and teaching, private practice, and every combination of these. Without removing any of the individual complexity of physician leaders' development, we can also see that there is an unarticulated curriculum of ascendency.

Our Approach

Our goal is to provide a useful model for physicians now and throughout their careers. Our challenge is to bring all the theory and practice of leadership together in a way that would provide clear advice for physician leaders, without "dumbing down" the subject, and to balance empirical evidence with usefulness. To

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arrive at the advice in this book, we had to contend with two important problems.

First, the field of leadership is still young and scholars are still revising its basic assumptions. To show how far the field has come in a short period, consider this definition of leadership from a 1927 conference (reported by Moore): "the ability to impress the will of the leader on those led and induce obedience, respect, loyalty, and cooperation." Today, even basic questions of what leadership is are hotly debated. As Warren Bennis noted in 2002: "It is almost a cliché of the leadership literature that a single definition of leadership is lacking."

Second, the field of leadership is highly fractured into schools of thought, with varying levels of empirical support, theoretical grounding, and relevance to real-world problems. The result of this problem is a growing divide between the state of theory and research and the way leadership is often taught in organizational settings. It may surprise casual readers of the subject to learn that most scholars did not consider "servant leadership" to have enough empirical support to warrant large mention in literature reviews. As one telling example, Peter Northouse, whose *Leadership: Theory and Practice* is a commonly used textbook in university courses on the subject, did not include a chapter on servant leadership until the sixth edition of his book, published in 2013.

To accomplish our goal, we took an unusual approach: presenting leadership for physicians in a vertical, rather than horizontal, manner. Horizontal, as we are using the term, is to approach the subject as an ever-expanding literature review, spanning decades and inquiry methods.

Dave was the original curriculum chair for the Master of Medical Management degree at the University of Southern California, and later launched the program as associate dean in the Marshall School of Business. In his faculty and administrative roles, he began to see that the "literature review" approach to leadership was ineffective for physicians.

A different approach is to consider leadership development in a vertical context, in which people move through levels, stages, or phases. This approach informed Dave's (and John King and Halee-Fischer Wright's) *Tribal Leadership* book, which advances the

view that "tribes" (naturally occurring groups of 20–150 people) advance through stages. Each stage is its own "world" of language usage, social dynamics, and political structures. A leader's job is, thus, to assess the tribe he or she is in in terms of its stage of development and nudge it along. Later stage tribes are generally more effective because they include the insights and capacities of earlier stages, while going beyond their constraints.

The vertical approach in *Tribal Leadership* is by no means new. Drawing on decades of work in multiple fields, many researchers have advanced similar developmental models. Some have proven effective and reliable (e.g., Larry Greiner's approach to organizational systems and structure) and others do not hold up to careful scrutiny (e.g., Maslow's hierarchy of needs).

Presenting a phase development model for leadership is not new. Many scholars consider Ken Blanchard's Situational Leadership to be a stage model. Jim Collins presents a stage development model in *Good to Great*. We found that many of the existing vertical models lacked relevance to classic professions, especially medicine.

We began by interviewing more than 30 physician leaders to attempt to tease a way of determining what the "fault lines" were. We noted that, while many career paths exist in medicine, they follow remarkably similar paths in several important respects: focus of work, relationship to peers, and key strategies for effectiveness. As physicians move phases, they go through a period of uncertainty. This is simply expressed by Marshall Goldsmith in the title of one of his books: *What Got You Here Won't Get You There*. During these periods of uncertainty, the physician must switch strategies. Many doctors who plateau earlier than they would like, or "derail," did not properly adjust their leadership approaches.

The physician leadership model that resulted from our work can be described as "push, then pull." The first phase of physician leadership is about building personal competence, by pushing oneself in some combination of research, clinical practice, and teaching. Simply said, one emerges from Phase I as a capable professional. If done well, especially if accompanied by a reputation for being collegial, a second phase is characterized by the attraction of others in proximity who seek to join the process. This building phase ends