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Resonant Leadership, Resilient Clinicians

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Insights

- Clinicians need to exercise leadership skills in a wide range of contexts.
- Effective leadership skills are associated with many positive outcomes including higher job satisfaction among clinicians, better patient outcomes, and enhanced health system performance.
- Clinicians experience many challenges for developing effective leadership skills, including primary exposure to a "command-and-control" leadership style, as well as lack of leadership training throughout the academic and professional phases of their lives.
- There are now growing calls to integrate leadership training in medical education, with targeted focus on developing interpersonal literacy and systems literacy.
- Our **L.E.A.D.E.R.S.H.I.P** tips provide some practical guidance to clinicians to unleash their true leadership potential.

"Scientists measured the electrical activity from the brain as students confronted an error. On the left, you see the fixed-mindset students. There's hardly any activity. They run from the error. They don't engage with it. But on the right, you have the students with the growth mindset, the idea that abilities can be developed. They engage deeply. Their brain is on fire with yet. They engage deeply. They process the error. They learn from it and they correct it."

Dr. Carol Dweck, Professor of Psychology at Stanford University,
in describing the "growth mindset" — the idea that we can grow our brain's capacity to learn and to solve problems.

Clinician Leaders are Resilient

All of us lead at some point in our lives – whether it is for personal or professional endeavors. Most of us have had successes and failures as leaders, as well as worked with leaders who either inspired or demoralized us. We implicitly understand the importance of effective leadership. Courses, training programs, tips, and advice on how to become a good leader are abundant – however, few are designed for clinicians. To be a clinician is to be a leader – clinicians have to lead in many contexts in their everyday practice although they typically do not receive formal leadership training. Yet, the value of becoming a clinician leader who seeks to drive positive change in their clinical care, operations of organizations, and ultimately improve patient outcomes and health system performance, can not be denied. Clinician leaders are resilient. They view failures as temporary setbacks and maintain a positive attitude and a strong sense of opportunity during periods of **turbulence**.

> Grit has been identified as a noncognitive trait shared by the majority of prominent leaders in every field. Individuals with grit work persistently toward challenges, despite any failure, adversity, and plateaus in progress they may experience. They have high levels of stamina and do not give up on their goals easily, even under circumstances where others may be ready to change course of action. More details on grit and its implications for high achievement are available here.

> "As effective as resonant leadership is, it is just as rare. Most people suffer through dissonant leaders whose toxic moods and upsetting behaviours wreck havoc before a hopeful and realistic leader repairs the situation."
>
> **Goleman et al (2001) (1)**

Clinician Leaders are Resonant

Resonant leadership is characterized by emotional intelligence – where leaders recognize they have the ability to impact others by guiding and helping them. Resonant leaders understand the importance of creating environments where a team believes in a shared mission and feels compelled to work towards common goals. Many clinicians demonstrate resonant leadership – which has significant value for achieving a great sense of community and efficiency in their everyday clinical practice.

Types of Leadership Styles: A Brief Primer

Just as individuals, their personalities, and priorities vary, so do their leadership styles. A significant amount of research has been devoted to studying leadership and some prominent leadership styles have been identified, as summarized in Exhibit 1. In our previous OE INSIGHT "Leading Change", we have further detailed strategies to inspire change in a team.

Exhibit 1: Characteristics of Resonant and Dissonant Leadership Styles

Resonant Leadership Styles	
Visionary	• Leads the team towards a common goal • This style is best when a new direction is needed • This style emphasizes autonomy and allows people to innovate and experiment to reach a common goal • Employees are encouraged to try new things to achieve a shared vision and failure is embraced • This leadership style is proposed to have the highest impact on team culture
Coaching	• Uses a one-on-one approach, while focusing on developing employees and helping them get better at their work • Depending on how coaching is done, this can be perceived as micromanaging and can result in some negative implications • One common mistake that leaders make with this approach is focusing on improving employees' weaknesses, whereas focusing on a team's strengths gets the best results • This leadership style is proposed to have very high impact on team culture
Affiliative	• Leader acts as an affiliate and makes connections throughout an organization • Focuses on enhancing teamwork and collaboration • Leader helps create a harmonious workplace and fixes any disagreements between co-workers • This leadership style is well suited if trust has been broken in an organization • This leadership style is proposed to have a positive impact on team culture
Democratic	• Allows everyone on the team to have their voices heard • This leadership style is well suited when a leader is not sure of the direction to take and wants to use the wisdom of the team to make decisions • In situations that require major or time sensitive decisions, this is not the right leadership style • This leadership style is proposed to have a positive impact on team culture
Dissonant Leadership Styles	
Pacesetting	• Sets very high standards for performance • Leader sets goals and expects team to achieve those goals regardless of any circumstances • Leader demands a lot from the team, calls out poor performers, offers minimal guidance to team and expects them to figure out everything independently • This leadership style is proposed to have a negative impact on team culture • It can get short term results but lead to significant long-term damage, including overworking employees and leading to burnout
Commanding	• The leader controls and leads with fear, the employees follow • Leader does not show emotional intelligence and offers more criticism than praise to the team • This leadership style is the most common but has the most negative impact on team culture

*Leadership style descriptions are based on the following: Goleman D, Boyatzis R, McKee A (2001). Primal leadership: the hidden drive of great performance. Harvard Business Review; December:42–51; Price H (n.d.) What is resonant leadership? Retrieved from https://www.cultureamp.com/blog/what-is-resonant-leadership/. Shriar J (2016). The 6 different leadership styles you need to know about. Retrieved from https://www.business2community.com/leadership/6-different-leadership-styles-need-know-01540019

“Clinicians are inveterate leaders. We lead patients through the difficult maze of illness, families through the travails of ill loved ones, and physicians-in-training through the gauntlet of learning medicine. Yet, in the context of a range of leadership styles that effective leaders must be able to deploy situationally, physician leaders have traditionally defaulted to a “command and control” style that fosters the concept of physicians as “Viking warriors” or “heroic lone healers.” The perverse effects of “command and control” are that this style conspires against collaboration and tends to be perpetuated as aspiring leaders emulate their predecessors.”

“Experience in organizations outside of healthcare indicates an association between poorer organizational performance and the chief executive officer's having a primary command-and-control style and, conversely, better organizational performance with one of the resonant chief executive officer styles.”

Stoller (2017) (2)

“Consider a recent effort to improve care for patients with heart attacks — who are twice as likely to die at low-performing hospitals as high-performing ones. In a two-year program created by Dr. Leslie Curry of Yale and Dr. Elizabeth Bradley, now president of Vassar College, the *Leadership Saves Lives* initiative trained clinical leaders from 10 hospitals, with a focus on changing hospital culture and promoting proven practices. Clinicians received leadership education through yearly meetings, semi-annual workshops and continuous remote support.

Hospitals where leaders were able to transform culture — through engaging staff, better managing conflict and communicating more effectively about new care processes — saw *large reductions* in heart attack death rates.”

“Grooming doctors to assume leadership roles could help. Physicians are happier when their bosses are also physicians, and hospitals with physician chief executives seem to perform better than those with non-clinical leaders.”

Khullar (2019) (3)

Situational Leadership: One Size Does Not Fit All

There is increasing evidence indicating that the type of leadership clinicians implement has significant influence on their patients and the places where they practice. Clinicians are largely used to leading from a hierarchical stance in very structured environments, such as on rounds, in the intensive care unit, the operating room, when overseeing trainees, or leading patients (2). However, the fallacy of this hierarchical model of clinician leadership is the implicit notion of “command-and-control”, which may work during times of crisis, but is certainly not appropriate for all circumstances (2). Indeed, there is evidence indicating that one's leadership style should depend on the circumstances in which they are leading – which has been referred to as “situational leadership” – and “command-and-control” leadership is regarded as one of the least effective styles (2).

Thus far, the quality of leadership in healthcare settings have been associated with a wide range of patient and health system outcomes, including financial expenditure. In hospitals where there are higher rated management practices and more highly rated boards of directors, there is evidence of higher quality care and better clinical outcomes, including lower mortality (4). Furthermore, enhanced management practices have been associated with higher patient satisfaction and better financial performance (5). Importantly, effective leadership is also critical to maintain physician well-being; stronger leadership has been associated with less physician burnout and higher satisfaction (6).

The healthcare landscape within which clinicians practice now increasingly demands leadership skills. Despite the advent of many technological innovations that have claimed to revolutionize clinical practice, healthcare systems are too fragmented and disorganized to reap the benefit of these new advancements (7). Managing these new advancements call for leadership at every level of the healthcare system, which is not only limited to senior administrators but also clinicians who provide care in the front lines (7). At a broader level, when senior level positions in healthcare are held by individuals without a clinical lens, they can make decisions that may not always make sense in the context of clinical care. In fact, one of the main causes of clinician dissatisfaction is bureaucratic intrusion and loss of professional autonomy (3). In recent years, the number of non-clinician hospital administrators in different healthcare settings has increased, and has led to many clinicians feeling frustrated due to non-relevant policies imposed upon them (3).

> “Weisbord articulated this issue clearly: “Science-based professional work differs markedly from product-based work. Health professionals learn rigorous scientific discipline as the “content” of their training. The “process” inculcates a value for autonomous decision-making, personal achievement, and the importance of improving their own performance, rather than that of any institution.” This paradox—the tension between the need for collaboration in healthcare and physician leaders' maladaptation to collaborate— frames the need to enhance physicians' leadership competencies.”

continued

“Furthermore, the cycle of command and control is perpetuated by the “hidden curriculum” in which junior doctors watch their successful senior leaders' leadership styles and emulate them.”

Stoller (2017) (2)

“In most professions, the people who demonstrate strong leadership skills are the ones who take on greater leadership responsibilities at progressive stages of their careers. In medicine, physicians not only begin managing and directing teams early in their careers, but they rise through the ranks uniformly.”

“Within the first years of graduate medical training, or residency, resident physicians in all specialties lead teams of more junior residents, as well as other care personnel, without undergoing any formal training or experience in how to manage teams. It is rare for first-year resident physicians (interns) to not become second-year residents, for second-year residents to not become third-year residents, and for senior residents to not become fellows or attending physicians, although each step involves more management. And the span of leadership and responsibility grows once physicians enter independent practice.”

“Although medical trainees spend years learning about physiology, anatomy, and biochemistry, there are few formal avenues through which trainees learn fundamental leadership skills, such as how to lead a team, how to confront problem employees, how to coach and develop others, and how to resolve conflict.”

Rotenstein et al (2018) (6)

High Expectations, Important Challenges for Clinician Leaders

Leadership is characterized by many challenges, some of which are summarized below (8):

1. Developing relevant skills to become an effective leader (e.g., time-management, prioritization, strategic thinking, and decision-making skills)
2. Inspiring and motivating others to do their job well and gain satisfaction
3. Coaching and mentoring others
4. Balancing team leading, team building, team development, and team management responsibilities
5. Managing, mobilizing, understanding, and driving change
6. Managing stakeholder relationships, politics, and image
7. Lack of opportunities for individuals from diverse backgrounds to become leaders
8. Understanding leadership styles in context to their own behaviours

Beyond these common challenges experienced by most leaders in many settings, clinicians experience an extra set of challenges. The value of leadership training is emphasized in many professions as individuals move further down their career, yet, this culture has yet to be adopted in medicine. It is not unheard of for clinicians to go through medical school, residency, and fellowship without any formal leadership training. Furthermore, the primary leadership style clinicians are often exposed to is one based on command-and-control – so they are more likely to internalize this style of leading as well (2). Clinician education also largely focuses on decision making that improves individual performance, rather than performance of teams and organizations. Given this background, clinicians are at significant disadvantage of becoming effective leaders – which is further complicated by the fact that they are often stuck in toxic work environments that emerged as a result of poor leadership in the first place.

> "A great leader's unique achievement is a human and social one which stems from his understanding of his fellow workers."
>
> **Prentice (2004) (9)**

> "Be proactive in setting goals, as well as establishing the timelines — and deadlines — necessary to keep yourself and your teams on track. The distractions that you face can make it easy to lose sight of long-term and even short-term goals. You can easily get sucked into dealing with urgent issues that arise unexpectedly rather than staying focused on producing the outcomes that matter most to your organization."
>
> "While no leader can completely avoid surprises, goal setting provides a map that you can return to time and again to refocus on your top priorities while handling other leadership challenges."
>
> — **Center for Creative Leadership (2020) (8)** —

Nurturing a Future Generation of Clinician Leaders

There are now growing calls to ensure leadership skills are integrated in medical education as a core competency. Yet, these skills are rarely taught and reinforced during the main training and professional development phases for clinicians. However, even though clinicians in training are very busy and already overloaded with a large volume of information, they still indicate interest for formal leadership training to develop necessary skills (10). Thus far, a wide range of recommendations have been proposed to enhance leadership education for clinicians, including (6):

1. Modifying medical school and residency program curricula to include leadership training across all levels of education – with a strong focus on developing leadership skills to the same rigour as developing clinical and procedural skills. Key leadership skills to focus on can include:

   a. Interpersonal literacy: These include the ability to effectively coordinate teams, coach others and provide feedback, and display emotional intelligence in all communication and interactions.

   b. Systems literacy: These include understanding the business components of healthcare, acting on appropriate quality and safety principles to enhance healthcare settings, knowing to recognize, disclose, and address errors.

2. Take a diverse and didactic approach to incorporate leadership skill training in medical education including lectures, orientation sessions, and skill-building retreats.

3. Ensure leadership skill training is delivered longitudinally as clinicians progress through their career, as well as adjust the content of the training to match their growing responsibilities.

4. Include leadership competency assessment in trainee performance evaluations. Do not allow clinicians to proceed to the next stage in their training unless they achieve pre-specified leadership competency.

While these suggestions can transform medical education for future clinicians, the unfortunate reality is that most medical training programs do not implement them. Therefore, the vast majority of clinicians today are still left without formal guidance on how to be effective leaders in their clinical practice. In addition to the lessons that clinicians learn through their own experiences and the advice they receive from their peers and mentors, we have a series of tips for clinicians to unleash their leadership potential (Exhibit 2). With self-motivation and determination even in the absence of institutional training, we believe that all clinicians can strive to become effective leaders in their clinical practice.

Exhibit 2: 10 Tips for Emerging Leaders

L	Listen to your team, understand their preferences, and delegate tasks accordingly
E	Ensure a resonant mindset is the cornerstone of all your professional activities
A	Adapt your decisions based on the unique demands and requirements of your situation
D	Determine your strengths and weaknesses and invest time for professional development
E	Engage with other clinician leaders and seek mentorship throughout your career
R	Resist the urge to pursue inappropriate and ineffective shortcut solutions to problems
S	Strive to identify diverse solutions for diverse problems while channeling your creativity
H	Hone your ability to be honest and humble with yourself and others under all circumstances
I	Inspire and motivate others to work towards a shared vision and model the way for them
P	Preserve your own unique identity as a leader and be the leader you would wish to work with

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