Leadership Challenges in Academic Anesthesiology

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Abstract

The leadership challenge for academic anesthesiology lies in developing leadership at all levels in the department to create a meaningful, equitable, academic environment, with an attractive culture which challenges but supports and mentors individual growth and in so doing retains faculty. Education, research and clinical care, important as they are, are not ends in themselves, but a means to personal fulfillment lending meaning and identity to the individual which would be different from that which might be achieved in a private practice setting. The concepts of leadership from contemporary business literature are reviewed and a framework within which leadership can occur is described. This framework is based on an understanding of the role that the development of a departmental vision plays. This vision should be based on shared values as well as the mission of the department and should draw on the concepts of strategy, and commitment to realize the departmental goals. Based on these ideas, suggestions are made to illustrate how these business concepts might be applied in academic anesthesia departments.

Keywords

Academic Anesthesiology, Leadership

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"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-Exupery [1]

Academic anesthesiology with its triple mission of education, research and patient care is under threat [2]. This is not a new phenomenon but comes into increasing focus as Medicare reimbursement decreases [3] and regulatory demands increase, while the increasingly complex demands of resident education and the need for enhanced extramural funding, to promote research, multiply [4]. This is against a background of less clinical dollars available to further these missions as academic anesthesia salaries increase to compete with private practice compensation [2]. Clinical faculty experience the stress of these competing demands and heed the siren call of private practice which promises increased leisure time (vacation), higher salaries and greater control of personal time in this era of a chronic shortage of anesthesiologists [5]. The inevitable result is an attrition of academic faculty with less time for academic endeavor for those remaining, resulting in further questioning of the merits of an academic career.

Many academic anesthesiologists despair at the competition from private practice for the hearts and minds of our residents, fellows and junior faculty. The opposing view is that this is a time of great opportunity as the escalating salaries in private practice have resulted in, lower, but significant increases in salaries in academic practice [2], assuring the potential for a very high standard of living in academic anesthesiology practice.

Hence the Leadership challenge for academic anesthesiologists lies in the retention of faculty through the shaping of a meaningful, equitable, academic environment, with an attractive culture which challenges but supports and mentors individual growth and identity formation. This will foster personal growth through the pursuit of scholarship, teaching, research or administration.

This paper briefly outlines the concept of leadership from contemporary business literature, describes a framework within which leadership can occur, and goes on to suggest how this might be applied in academic anesthesia departments.

Leadership

Leadership is about relationships [6]. For leadership to happen, there need to be at least two individuals. Abraham Lincoln, arguably one of the greatest American Leaders, could not lead alone! [7]. Further, to be effective, leadership needs to occur at multiple levels [8, 9]. The view that there is a single leader (read Chair) in a department from whom all initiatives flow and where leadership resides is not necessarily wrong but is insufficient to address the complexity of academic anesthesiology departments today [3] [10]. Leadership can (and should) occur at many levels in the department. Leadership is something people create together.

This begs the question, is leadership innate or can it be learned? This issue has been addressed by many [9, 11, 12]. The abundance of leadership development courses suggests that indeed one can learn to be a leader and that this is distinct from management [13]. The question that needs to be answered is whether leadership makes a difference for anesthesia departments. The work of Jim Collins, describing "level 5" leadership in the business arena, suggests that leadership does make a difference, at least when measured by the ratio of stock returns for Good to Great companies [14]. Drs. Reves and Greene [10] believe that leadership, especially in the "current and future times of tumultuous change" is more important than ever.

A few quotations suffice to describe and underscore the complexity of Leadership

- "Leadership is the accomplishment of a goal through the accomplishment of human assistants." [15]
- "The first responsibility of a leader is to define reality. The last is to say thank-you. In between the two, the leader must become a servant and debtor." [16]

- "Leadership defines what the future should look like, aligns people with that vision, and inspires them to make it happen despite the obstacles." [9]
- "The leader of the future, of the next millennium, will be one who creates a culture or value system based on principles." [17]
- "A leader helps expose conflict, viewing it as the engine of creativity and learning." [12]

And, recognizing that leadership is a relationship and should occur at all levels in the department:

- Leadership is about inspiring people to come up with creative solutions that can transform an organization for the better [18].

Kouzes and Posner have identified the key characteristics that followers seek in their leader [19]. These investigators have surveyed more than 75,000 people in 6 continents over a period of more than eleven years and asked; "what do you expect from a leader that you would willingly follow?" The four 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%) [19].

Finally, what do effective leaders do: Souba [20] nicely encapsulated this using the acronym LEADERS (Table 1). A further leadership duty is clear communication of issues using the available media [21].

Leadership Framework

A simple way to view the framework within which leadership occurs, is according to the schema depicted in Figure 1[3].

Our *Mission* in Academic anesthesia would be education, clinical care and research. The strength of a department lies in its people. Getting the right people on the bus (and the wrong ones off) is the work of leadership [14]. Determine first who and only then, what, is a guiding principle of the Good to Great concept [14]. Clearly, academic anesthesiology's most important asset is the quality and collegiality of

the people in the department. They are and will be the professional role models, educators, clinical teachers [22] and researchers which will mentor future anesthesiologists.

The current emphasis on the need for leadership skills is reflected in the requirements of new chairs going into anesthesiology at this time [4, 23]. This differs from the past when chairs of academic clinical departments were chosen more for their expertise in research, or scholarship with little emphasis on their emotional intelligence and ability to lead a collaborative team.

Shared Values (Figure 1) such as *respect, integrity, collegiality, compassion*, as well as *excellence* are the enduring beliefs that drive decisions and strategy in a department [9]. Core values are those that would be held even if they were against the departments' economic interest [24].

A key goal is developing a *Vision* (Figure 1) for the department [23]based on established values [9, 19]. This should be compelling and attractive. This vision is a focus for human energy, and needs to make the department singular and unique, thus fostering a sense of pride [25].

Strategy are the actions that will be taken to achieve the established vision and goals [26]. In business, a strategy should define what will be done differently (from others) to give the company a distinct economic advantage that it can preserve. It is not improved process or efficiency as this is not sustaining [26]. In academic departments, strategy also defines what will be done, but more importantly determines what will <u>not</u> be done. As an example, an academic anesthesiology department that has the vision of being number one in National Institutes of Health (NIH) funding would not invest in research endeavors unlikely to result in NIH grant applications.

Commitment by an individual is the glue, energy and creativity that people bring to the department to ensure success [25]. It is built through identifying an individual's passion and through the sharing of responsibility and accountability. [19] Leaders cannot command commitment only inspire it [19]. A leader cannot impose a mindset on her people. This emerges from a learning process in which they become persuaded that an objective is worthwhile and then apply their talents to realizing this [27]. To ensure

commitment, disagreement needs to take place to establish engagement; otherwise people will just fall in line [27]. In turn, to allow this to happen, a culture of trust and openness needs to be developed so that it is safe for faculty to dissent and offer solutions so engaging their creativity and energy [21, 25].

Practical Application to Academic Anesthesia

The leadership challenge in retaining faculty recognizes that education, research and clinical care, important as they are, are not ends in themselves, but a means to personal fulfillment lending meaning and identity to the individual. The latter would be different from that which might be achieved in a private practice setting. At the end of the day people seek meaning and purpose in their lives beyond themselves and wish to be part of a successful greater endeavor [25 28].

The oft quoted story of the bricklayer illustrates this [3].

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!"

This anecdote illustrates the need to develop a collective shared vision with the faculty, that inspires [9, 25] and that focuses energy and drives strategy (vide supra). On the face of it creating a vision, may appear as an easy task. However, to be valuable as a source of inspiration and guidance, this will need to appeal and resonate with the faculty on an ongoing basis. Once a vision statement such as "A Regional Academic Department of Excellence" has been defined, what the future will look like (different from the past) and will mean, to individual faculty, needs to be established, if this is to be sustained [9]. This should be developed collaboratively with faculty recognizing that this is an iterative

process. A possible venue for doing so would be during a number of faculty meetings or by organizing a retreat day.

This vision of the future should be based on the determination of agreed upon shared values, that will act as a moral compass guiding decisions taken at all levels in the department [19]. Shared values can be determined by asking all the faculty to summarize the six most important values to them individually and then using the collectively most common recurring stated values as a basis for discussion of the eventual departmental shared values. Colleagues can then rest assured that decisions made on their behalf will be guided by these shared values contributing to a sense of fairness and equity. This will go a long way to establishing an attractive culture that is fair and equitable. Behavior by any individual, consistently at odds with these shared values, should result in an evaluation as to their suitability for retention. This may result in the need for the individual to be fired with specific documentation of those values that have been repetitively transgressed [10].

Departmental leadership needs to define reality [16] and continue to clarify and develop this going forward. An example of this is recognizing the chronic shortage of faculty (and other manpower) that departments face as well as the fact that Academic Anesthesiology departments "cannot compete on price" with private practice as far as salaries are concerned [2]. This needs to be articulated repeatedly. This latter is necessary, to ensure that the financial resources, needed to address the missions of academia, are not squandered chasing faculty, who might be better suited to private practice in the first place. This is particularly important as money provided in salary may then not be available to further the academic mission of the department.

The value of an academic career needs to be established [28]. To this end, what an academic career looks like needs to be articulated early for residents and fellows by successful faculty. In addition, a potential roadmap needs to be drawn for them so that the opportunities, challenges and rewards are clearer. The threat to beginning (and mid-career) faculty of the concept of the "Triple Threat"; academic anesthesiologists who excel in the scholarship of teaching, research and clinical care, needs

to be removed as unrealistic, in today's climate. This should be replaced with the more attainable "Double Threat", the consummate Clinician Educator or Clinician Researcher [29]. This will inspire rather than dispirit faculty.

Active mentoring of junior and mid-career faculty is a further challenge for anesthetic department leadership[10] to ensure that faculty does not become disheartened and disenfranchised. Mentorship can be through assigned individuals in the department, institutional programs [4] and through national organizations such as the recently established, Foundation for Anesthesia Education and Research, Academy of Anesthesia Mentors [30].

Because the concept of a single leader is insufficient (vide supra), leadership needs to be fostered and occur at all levels in the department. Responsibility with associated accountability should be delegated [10] while successes (and short term wins) need to be publicly recognized, celebrated and rewarded [9].

Another key area concerns how relationships are established across the institution by departmental leadership [10]. The success of the department rests largely on the close collaboration and clinical excellence of associated departments in the institution; conversely, as it can be very difficult for departments to succeed in a hostile environment [10]. To this end it is important that the academic anesthesia leadership creates strong institutional relationships and interdependencies on a clinical as well as academic basis. Examples of this might be a multidisciplinary pain practice in which revenue (and expenses) are shared, with joint recruitment of basic and physician scientists, as well as a sharing of space and indirect cost recovery.

One of the most difficult subjects is that of the "culture" of a department, loosely defined as "the way we do things around here" [9]. Culture is shaped by leadership [31], albeit glacially. This culture may be one that is, positive, patient centered, collegial, equitable, professional and supportive [4]. Leaders at all levels in the department should pay attention to the effect that a positive culture has on faculty retention and be mindful of their personal impact on this through their words and actions and emotional expression [32]. One view is that actions are more important than words "The leader sets the

example, not by what he says but what he does" [33]. Nevertheless, "people don't care what you think until they think that you care" is an important reminder that what is said can have impact and underscores the need for clear communication from departmental leadership around mundane as well as contentious issues.

In summary, the challenge for leadership in academic anesthesiology is creating an environment that values and supports individual growth and academic pursuit. There can be no cook book approach that can be applied successfully to every department. A study of leadership principles from the business literature adapted to the reality of academic anesthesia departments may serve as a useful guide to leadership development.

Table 1

Listen to the environment and people
Exemplify and embody core values
Applaud others
Deal with problems
Empower and enable and inspire others
Results orientated
Serve others

Adapted from Souba et al [20]

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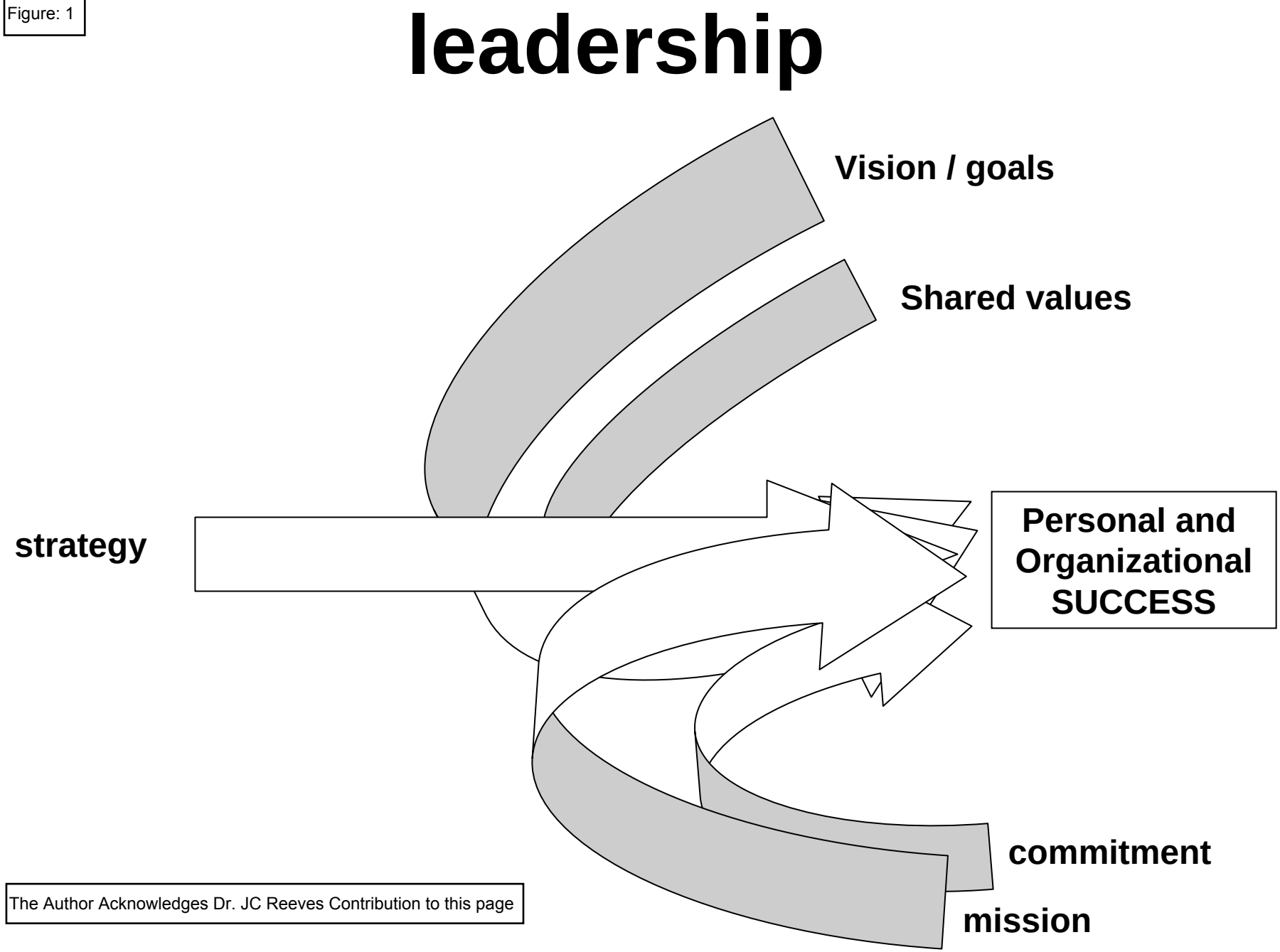
Figure: 1



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