

Leadership in the ASC Opportunity and responsibility

Jane L. Thilo*

Encompass Health, LLC, USA

Received 22 November 2004; accepted 23 February 2005

Abstract

Though many physicians do not think of themselves as leaders, anesthesiologists working in an ambulatory surgery center have a unique opportunity and indeed, a responsibility to exert leadership in a way that will positively impact the working environment. This article examines the pitfalls of different leadership styles frequently employed by physicians and the role of emotional intelligence in the ASC. The author offers practical advice on why and how to manage emotional outbursts in the operating room that can lead to stress, poor performance and may even threaten patient safety.

© 2005 Elsevier B.V. All rights reserved.

Keywords: Physician leadership; Emotional intelligence; Ambulatory anesthesia; Medical director; Ambulatory surgery center; Patient safety

1. Leadership defined

There are dozens if not hundreds of definitions of leadership, so when my partner, Dr. Manya Arond-Thomas and I founded our company to work with physician leaders, we determined that our first task was to create a definition of leadership that reflected our thoughts on the key elements. We developed the following definition of leadership.

Leadership is the act of exercising influence in the service of creating positive change

Our definition of leadership includes three key elements that we think are important:

1. *Exercising influence:* Leadership is rarely about coercion, rather effective leaders use influence to create the results they want or need and different situations call for different methods of exercising influence. Effective leaders move seamlessly between leadership styles that are appropriate to the situation.

2. *Creating change:* While management is about doing things right to optimize the status quo, leadership is about doing the right things to create change. If I do not see a need for change, I do not necessarily have to exercise leadership. In that case, leadership might be about being a good follower and acting as an integral part of a team.
3. *Positive:* We believe that leadership is about exercising influence with conscious intention to move self, team and/or organization in a positive direction.

2. Formal versus informal authority

Unfortunately, I think that few physicians think of themselves as leaders today. However, in most situations, and particularly in a healthcare delivery setting, people grant us “formal authority” by virtue of our degrees. As we build strong relationships in the workplace based on respect, integrity and commitment to excellence, others grant us “informal authority” as well because they like, respect and/or admire us. Either of these forms of authority provides a head start when it comes to leadership, but when the two are combined in one person there is tremendous potential for influencing others either positively or negatively. My hope is that more and more physicians will recognize this opportunity and begin to focus

* Tel.: +1 425 641 8775.

E-mail address: Jane@EncompassHealth.com.

on becoming good leaders who influence others in a positive direction.

The position of anesthesiologist, especially in an ambulatory surgery center, is a key position from which to exercise leadership. As a physician, you already have *formal authority* and as someone who spends a lot of time in the facility, you have the opportunity to develop strong bonds with the nursing and business office staff as well as with the surgeons. The better you are at building relationships, the more *informal authority* you will be given by your co-workers. Like it or not, unless you do something to lose their respect, people will look to you for leadership so it is important to realize two things:

1. You have significant influence over the people you work with, both in the operating room and in the ASC as an organization.
2. Whether you use that influence positively or negatively is under your control. Using your influence to help create a positive working environment is a big responsibility that should go hand in hand with your position.

3. An “open-loop” system

We have known for quite some time that the seat of human emotion lies in the limbic system, the oldest part of the brain, and that the amygdala is the regulator of the system. Scientists who study human behavior now refer to human emotions as an “open-loop” system. This is because, unlike the closed-loop cardiovascular system which does not interact with the external environment, your emotions influence and can be influenced by the emotions of people around you. This is especially true of people who work closely together over a period of time like the staff in an ambulatory surgery center.

Most of the time, this system works well, for example, when a loving mother soothes her crying child or when friends succumb to a fit of “contagious laughter” and create a long-lasting memory of “that time we just could not stop laughing.” Goleman et al. [1] (Primal Leadership, 2002) describe this phenomenon as *resonance*, which in musical terms means the intensification and enriching of a musical tone by supplementary vibration. Emotional resonance is very positive and has many benefits as will be discussed further.

But sometimes this open-loop system can backfire. Think of the last time you were in your facility and a surgeon came in ranting and raving about a schedule mix up or a piece of equipment that was missing. Even if it was not directed specifically at you, you probably felt that little knot of anxiety in the pit of your stomach. No matter how great you were feeling before, within minutes, you probably noticed that your mood began to sag. Goleman et al. refer to this as *emotional dissonance*. In musical terms, dissonance is a mingling of discordant sounds, *especially* a clashing or unresolved musical interval or chord. Emotional dissonance has negative effects on the individual as well as the team.

Each of these is an example of an “amygdala hijacking,” when the emotions of one person hijack the emotions of another. An amygdala hijacking can be either resonant (positive) as in the example of contagious laughter or dissonant (negative) as in the case of the raging surgeon.

4. Emotions in the workplace

Many people think that emotions have no place in the business world and especially in a setting like the operating room. They believe that reason, logic and critical thinking are far more important. But we are learning that emotions and moods have a significant impact on performance in any human system. In fact, I think of emotions as the foundation that either supports or impairs human performance.

When people are feeling upbeat, they tend to think more clearly, use better judgement and create positive connections with other people. Leaders who use appropriate humor to lighten the situation in times of stress have been found to be far more effective than those who do not. Appropriate humor can be used quite effectively with nervous patients as well as to enhance the mood and, thus, performance in the operating room. Humor is one of the most effective tools for creating resonance.

Unfortunately, the flip side is also true. When people are feeling down they tend to focus on the negative, make mistakes and feel pessimistic about the future. In addition, the anxiety that goes along with intense negative emotions causes the body to secrete cortisol and other stress hormones that linger in the bloodstream for hours after the event has passed.

Low to moderate levels of anxiety actually enhance performance by sharpening the senses, for example, when the team is doing a quick room turnover to make up for lost time or when a well-oiled, high performance team is handling a trauma patient. But eventually, stress and anxiety reach a point of diminishing returns as high levels of anxiety impair the ability to think clearly and connect effectively with others. People begin to drop things, make mistakes, do things out of order and tempers flare more easily.

Absenteeism, low moral, employee turnover and poor performance are hallmarks of organizations where fear, anxiety and stress are the norm. And even more important, studies have clearly documented that chronically elevated levels of cortisol impair the immune system and significantly increase the risk of heart disease, diabetes and other serious health problems.

Long story short—the emotional health of your organization will impact your performance and your bottom line. How can you help to make sure emotions play a positive role in your workplace?

5. A leader’s job

Daniel Goleman, author of several books on emotional intelligence and an authority on emotions in the workplace, says that the foremost job of leaders today is to drive the

collective emotions of their organizations in a positive direction and to clear the smog created by toxic emotions (Primal Leadership, p. 5). I think there is no better example of this than in the operating room.

As the leader of the team, your people, whether you like it or not, are exquisitely tuned into your emotional state. You set the emotional tone of your team and organization through your leadership style. Therefore, your first task as a leader is to learn how to recognize and manage your own emotions, to defend against being hijacked by others. Only then will you be in a position to drive the collective emotions of your organization in a positive direction.

6. Ineffective leadership styles

We learn our leadership styles haphazardly through life and unfortunately, the styles that many physicians learn are not only ineffective, but are also often downright counterproductive. In the book *Primal Leadership: Realizing the Power of Emotional Intelligence*, authors Goleman, Boyatzis and McKee describe six basic styles of leadership, two of which have a high likelihood of creating dissonance if used inappropriately. I believe that these are the styles that our medical education system and our industry reinforce and even reward. These predominantly dissonant styles are called *Pacesetting* and *Commanding*.

“Do what I do” is the mantra of a pacesetter leader. Pacesetters have exceptionally high standards for themselves and often work long hours. Because admission to medical schools requires hard work and academic excellence, it seems only natural that the system rewards pacesetters. This style creates resonance by meeting challenging and exciting goals and works well with high performing teams who are motivated to get results. Pacesetting can be effective in a well-oiled ASC, but because it is so often poorly executed, it most often creates dissonance. Some ineffective behaviors characteristic of pace-setting leaders include:

- *Hit and run management style*: Pacesetters often give commands, assign tasks or make requests but do not stick around long enough to make sure they are understood or that their expectations are clear. When the recipient of the command, task or request fails to meet expectations, the pacesetter often becomes critical and may just do it him/herself.
 - *Impossible standards*: Pacesetters have high standards for themselves and are often perfectionistic and unreasonable in their expectations of others.
 - *Lack of empathy*: Pacesetters often lack empathy because of their focus on perfectionism and the high standards they set for themselves. Pacesetters have difficulty putting themselves in the shoes of others.
 - *Poor communication skills*: Pacesetters are usually so far out in front that they fail to develop the skills they need to work with others. They have little patience and may believe communication is a waste of time.
- *Lone ranger*: Pacesetters often prefer to work alone because they believe no one can keep up with them or meet their high standards. Their mantra is “if you want something done right, you have to do it yourself.” Pacesetters often experience burnout.
- “Do what I tell you” is the mantra of a command and control leader. Healthcare has long been a hierarchical industry where the doctor was considered God. Unfortunately, there are still many physicians who have failed to realize or refuse to admit that the ship of which they were “captain” has long been put into dry dock. While the commanding style works well in an emergency situation when people need clear immediate direction, it is very easily abused and creates extreme dissonance. Characteristics of commanding leaders include:
- *Failure to seek out and appreciate other perspectives*: Commanders are usually so certain of themselves that they are blinded to the value other perspectives might add to a situation. They often see differences of opinion as a threat to their ability to control the situation.
 - *Micromanager*: Commanders want things done to exact specifications. They do not tolerate deviation and will often micromanage the situation to make sure they maintain control. This limits the opportunity for other members of the team to learn and grow and for the organization to develop capability that will allow it to weather and even thrive on the changes that characterize business today.
 - *My way or the highway*: Commanders are rigid. They know what they want and do not hesitate to demand it. They often unconsciously sacrifice getting the results they really want in order to hold on to the position that they are RIGHT!
 - *Lack of respect for others*: Commanders often consider others to be expendable. Organizations with a commander at the helm often experience constant employee turnover—a perpetually revolving door. The commanding leader usually holds the position that it’s everyone else’s fault.
 - *Isolation*: Commanders do not like to hear dissenting opinions or negative feedback, so eventually they end up isolated and disconnected from their organizations. This is a dangerous position to be in. Since few people will talk to the commander, especially if talking involves delivering bad news, he or she never really knows what is going on and can be easily blindsided or will miss critical information. This can be deadly in a healthcare setting where failure to share information could mean life or death for a patient.

Effective leadership styles that create resonance like the coaching, visionary, affiliative and democratic styles described by Goleman et al., can be learned and involve developing emotional intelligence competencies. The first step is to develop self-awareness. Until you learn to recognize and manage your own emotions, you are in no position to recognize and manage the emotions of others. Working with a coach is an excellent way to develop these competencies.

7. Tips for “amygdala hijacking” prevention and management

In addition to your own awareness, it is helpful to increase awareness of your team about the phenomenon of amygdala hijacking and to develop strategies to deal with it effectively when it does occur. Here are some tips for hijack, prevention and management:

Before it happens:

- Raise your own awareness.
- Talk about this with your team before the fact.
- Create a plan for handling situations when emotions get out of control.
- Invest in conflict management training for all employees. This type of training will benefit the organization because everyone learns to deal more effectively with conflict before it escalates. This saves time, money and helps to foster a positive, resonant environment [2].
- Work with your Medical Staff Committee to develop a Code of Conduct that defines disruptive and unprofessional behavior, create a disciplinary plan, get buy-in from your Medical Staff and then enforce it for everyone on your Medical Staff.

In the moment:

- Do not take it personally—remember that it is very likely not about you.
- Stay calm, breathe deeply.
- Attempt to create emotional resonance. As the anesthesiologist, you have a much greater likelihood of success with this step if you have actively built good relationships with your surgeons, staff and other colleagues. Sometimes judicious use of humor can be quite effective in these situations, but know your audience because this can backfire!
- Tag team. If necessary and if possible, rotate people in and out of the situation to help keep nerves calm. This technique is helpful if emotions flare negatively during a long case that must be finished.
- Call in equal or higher authority if available. This is most likely you, especially if you are the Medical Director of your facility. If you are not comfortable in high conflict situations, I recommend working with a coach or getting some training in how to deal with conflict.

After the fact:

- Debrief with a support person or with the team. Talking it out can help to ease some of the lingering tension; however, gossip and focusing on the negative may tend to reinforce the detrimental effects of stress and may also increase the likelihood of future incidents with that individual. Use the debrief as an *after action review* to look for learning opportunities.
- Ask yourself and your team whether triggers could have been avoided. Look for the kernel of truth in any conflict situation. It is easy to write someone off as a jerk and miss an important issue that should be addressed such as

an avoidable error with scheduling or a broken or missing piece of equipment.

- Meet with the perpetrator, especially if this is a common occurrence. Again, this will most likely fall into your lap, especially if you are the Medical Director. Do it immediately after or as soon as possible following the event. Come from a place of curiosity and make sure you are very calm yourself before you approach the person. Think through your intentions and make sure they are positive, clean and clear.
- If the problem continues, consider disciplinary action. If one individual continually loses emotional control, this is an issue that should be taken up with the governing body of your organization. Ideally, your organization has already developed standards for professional behavior and each member of the medical staff should be required to read and sign them as part of the credentialing process.

8. In summary

- As an anesthesiologist in an ASC, *you* are in a unique position to set the emotional tone of your organization.
- Your job is to drive emotions positively—to create emotional resonance—because a negative emotional environment can have a significantly negative impact on your team’s performance as well as on the bottom line.
- As physicians, we may have learned counter productive leadership styles.
- The first step to creating a positive emotional environment in your workplace is to increase your awareness.
- You can prevent and manage emotional hijacking.
- You can develop new leadership styles and the payoff is high!

In closing, I leave you with this important question to ponder—“as a leader, which role do I play most often—driving positive emotions that enhance creativity, clear thinking and team effectiveness or am I the emotional hijacker from hell?”

References

- [1] Goleman D, Boyatzis R, McKee A. Primal leadership: realizing the power of emotional intelligence. Boston: Harvard Business School Press; 2002.
- [2] Slaikeu Karl A, Hasson Ralph H. Controlling the costs of conflict: how to design a system for your organization. San Francisco: Jossey-Bass Publishers; 1998.

Further reading

- [3] Thilo Jane L. A Leadership Model for Transformative Change in Healthcare. A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the Graduate Management Program, The Center for Creative Change, Antioch University; 2002.