

## Exploring the business of urology: Leadership

Darren Beiko, MD, MBA, FRCSC;<sup>1</sup> Julian Barling, PhD;<sup>2</sup> Anne-Marie Houle, MD, MBA, FRCSC;<sup>3</sup> Timothy O. Davies, MD, FRCSC;<sup>4</sup> J. Stuart Oake, MD, MBA, FRCSC<sup>5</sup>

<sup>1</sup>Department of Urology, Queen's University Kingston, ON, Canada; <sup>2</sup>Smith School of Business, Queen's University, Kingston, ON, Canada; <sup>3</sup>Department of Surgery, Division of Pediatric Urology, Université de Montréal, Montreal, QC, Canada; <sup>4</sup>Department of Surgery, Division of Urology, McMaster University, Hamilton, ON, Canada; <sup>5</sup>Department of Surgery, Division of Urology, University of Ottawa, Ottawa, ON, Canada

Cite as: *Can Urol Assoc J* 2016;10(7-8):241-5. <http://dx.doi.org/10.5489/cuaj.3951>

### Introduction

What characteristics constitute an exemplary leader? Let's take a moment and reflect on dynamic leaders we have observed during our careers. What is it about them that cause us to consider them exceptional? It may have been one or more significant acts they performed, or perhaps it was an impactful discussion that left an impression on us. Fig. 1 highlights 10 characteristics of strong leaders with positive influence.<sup>1</sup> According to a recent leadership study that surveyed Canadian urology program directors and division/department heads, high personal integrity, as well as excellence in patient care and teaching were identified as the most important attributes for successful leadership.<sup>2</sup>

Urologists often find themselves in leadership positions, as do many physicians. In addition to being a leader in the clinical setting, many urologists achieve leadership roles in administration, education, and research. Some examples of such roles are shown in Table 1. The main objectives of this article are to gain some background information on leadership competencies and styles, and to learn about opportunities for development of leadership skills.

### Why leadership?

There are several reasons, in addition to the arguments in the Introduction section above, for which an article on leadership delivers value to CUAJ's readership. The role of Manager was replaced by the new Leader role in the new Canadian Medical Education Directives for Specialists (CanMEDS) 2015 framework.<sup>3</sup> This highlights the importance of the topic of physician leadership in lifelong learning. The identification of the leader role's "key competencies" underscores the expanding role of physicians and urologists within an increasingly complex healthcare system. The four key competencies include, among others, "improvement of

healthcare delivery teams, organization, and systems" and "engage in the stewardship of healthcare resources,"<sup>3</sup> both of which directly demand urologists to engage in and take ownership of previously intangible physician responsibilities.

Given the current climate and challenges in healthcare, physicians with leadership training are essential in order to successfully navigate healthcare forward to achieve sustainability and optimize its delivery to patients. In this context, value is calculated by dividing the quality of care by the cost of care provided. Therefore, maximization of value is certainly no easy task!

Contrary to popular belief, leadership is not an innate ability; one is not born with the necessary talent, charisma, and skills to be a natural leader. Leadership skills can be taught,<sup>4</sup> and urologists should consider pursuing opportunities for leadership training. Additionally, most urologists do not receive any formal training in leadership. Although some undergraduate medical education curricula offer optional leadership training — one example is the University of Toronto's Leadership Education and Development (LEAD) program<sup>5</sup> — most Canadian medical schools do not offer mandatory leadership training courses. Similarly, the majority of North American urology residency programs do not offer formal mandatory training in leadership. Educational programs focusing on the acquisition of key leadership skills are generally lacking at the undergraduate, postgraduate, early career, and late points of a physician's career; this deficiency needs to be addressed.

### Manager vs. leader

Physicians are expected to do more than just manage within the healthcare system; physicians, along with other types of healthcare providers, are expected to lead. There may be some overlap in the roles of physicians as managers and leaders, but there are several distinct differences between managing and leading, as shown in Table 2.<sup>1</sup> Managers are generally responsible for the day-to-day operations of an organization in order to achieve its mission and goals; their

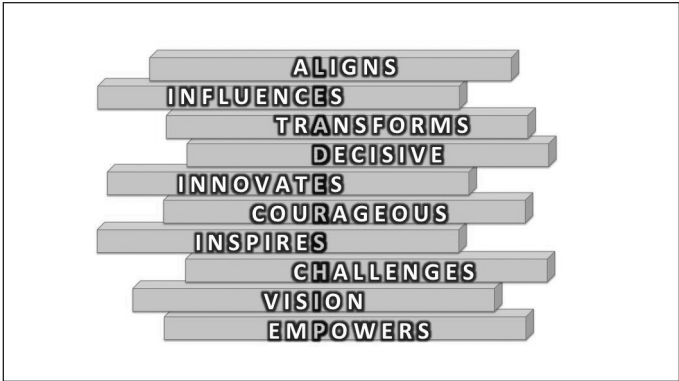


Fig. 1. Positive leadership attributes.

focus is process, execution, and efficiency. Alternatively, leaders create the vision of the organization and inspire, motivate, and empower people at all levels within the organization to get the best out of every individual for the overall benefit of the team.<sup>1</sup> While this distinction between managers and leaders has been the matter of much discussion and even debate, the current trend on leadership is more inclusive than distinctive, with managing being part of the spectrum of leadership.

Five dimensions of leadership

Although people tend to recognize leadership when they see it, defining leadership with precision and detail is often more difficult. Although leaders are not going to master every competency, they will need to be aware of all of them and know their own shortcomings. Focusing on developing these competencies in themselves and being able to recognize these qualities in others are crucial to select people who compensate for their weaknesses.

Below, we provide a model to render more tangible the notion of leadership and aid in the recognition and development of leaders. This model is inspired by the Central Michigan University model<sup>6</sup> and includes five dimensions of leadership competencies for a successful leader. Each of these dimensions can be broken down into core competencies viewed as important to leaders: abilities, qualities, skills, knowledge, and attitudes.

1. Self-management (sense of self)

Self-awareness

As the proverb goes, “Charity starts at home.” A good leader knows his/her value, strengths, and weaknesses. Leaders demonstrate self-confidence and the capabilities of self-assessment (insight/feedback), stress-management, and resilience.

Table 1. Examples of urologists’ leadership roles	
Capacity	Examples
Clinician	• Surgeon in OR
	• Physician in clinic
	• Member of multidisciplinary team on inpatient service
Administrator	• Department/division chief
	• Chief of service
	• Medical director of clinic
	• Hospital administrator
Educator	• Undergraduate medical education director
	• Residency program director
Researcher	• Principal investigator
	• Site lead
	• Chair of grant panel

Personal control

This competency involves emotional intelligence as described by Goleman<sup>7</sup> and Salovey et al<sup>8</sup>: the ability to be perceptively in tune with yourself and your emotions, as well as knowing, understanding, and responding to emotions and being aware of how your words and actions affect others. Emotional intelligence also refers to an individual’s ability to process emotional information and use it to navigate the social environment.<sup>8</sup>

2. Relationships with others

Relations’ management

Leaders have the ability to maximize the potential of each team member, obtaining the best synergies among them and promoting the optimal mix of cooperation and competition to attain shared goals.<sup>9</sup> Leaders must actively listen and communicate effectively to persuade others and build consensus and trust. They are able to resolve conflicts in a respectful manner.

3. Task management

Leaders knows how, when, and to whom they can delegate

Table 2. Roles of manager vs. leader	
Manager	Leader
Executes a plan	Designs a vision
Improves the present	Inspires the future
Focuses on things	Focuses on people
Manages changes	Creates change
Organizes staff	Aligns people
Establishes rules	Builds teams
Controls employees	Empowers colleagues
Uses authority	Uses influence
Acts responsibly	Acts decisively
Directs and coordinates	Trusts and develops

tasks to be accomplished successfully. They recognize the nature of the interdependency between each person on their team and coordinate their actions to obtain the best results, while fostering a sense of shared responsibility.<sup>9</sup> This certainly applies well to surgeon leadership in the operating room. A surgeon could orchestrate quick and easy “wins” by teaching the resident intraoperatively. Early successes build self-confidence and the capacity for success as a team.<sup>9</sup> Leaders, and in particular surgeons, constantly strive for a high level of performance with respect to all its dimensions: quality, security, pertinence, efficacy, and efficiency. They master critical and analytic thinking, prioritization, and decision-making.

#### 4. Innovation

Leaders can envision opportunities and threats in the changing environment and guide the decision-making process to attain the best results possible with calculated risks. They generate new ideas either using their own creativity or by challenging others on generally accepted concepts or processes. A leader welcomes new ideas, is able to suspend his/her judgment, considers failures as teaching opportunities, and appreciates diverse views.

#### 5. Social responsibility

Leaders have the ability to promote and incite surrounding people to act with a sense of social conscience, integrity, and respect of individual and societal values and justice. In particular, leaders inspire choices aligned with personal and social values for the benefit of both individuals and society. Their sense of fairness transpires not only in their personal and professional relationships, but also in their distributive and procedural justice.

### Types of leadership

Leadership is less about personal needs and more about the needs of the people and the organization one is leading.<sup>10</sup> Leadership research has flourished over the past few years, resulting in multiple descriptions of styles of leadership or leaders. From this abundant literature has come the realization that leadership can be positive and uplifting or negative and destructive, with many variations of styles. What has also become evident is that effective leaders will be able to adapt their style of leadership to the particular demands of a situation, the requirements of the people involved, and the challenges facing the organization.

#### Types of positive leadership

By far the most widely studied leadership behaviour over the past two decades has been transformational leadership;<sup>4</sup>

in fact, more than half of all leadership research published globally each year since 2000 has focused on transformational leadership. According to the work of Bass et al, transformational leadership is characterized by four attributes: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.<sup>11</sup> At its core, transformational leadership is ethical, inspirational, developmental, and relational or compassionate.<sup>11</sup> A leader exhibiting this style of leadership is usually perceived as a visionary, exercising influence mainly through his/her charisma (idealized influence).<sup>12</sup> In addition, this type of leader uses empowerment (sharing of information and authority) as one of his/her main motivational levers.<sup>12</sup> Literally hundreds of studies point to the widespread benefits of transformational leadership, for example with respect to employee behaviours (e.g., sales performance, service quality), employee attitudes (loyalty and commitment, trust), employee well-being (occupational safety, psychological and physical health) and company financial performance.

Following what seemed like endless corporate scandals just over a decade ago, researchers turned their attention to an understanding of ethical leadership. Ethical leaders prioritize others' needs over their own, are transparent in all their dealings, and are focused on doing the right thing rather than being results-oriented. In addition, ethical leaders confront followers who violate basic ethical values. As a result, ethical leaders are trusted by their people and are more effective leaders.<sup>13</sup> For example, the division or department heads who use their position to further the greater good of both the patient population, as well as urological colleagues is a leader who will more likely leave a lasting impact. A division/department head who views personal advancement as the priority will certainly lose the engagement of colleagues and will provide minimal meaningful change during his/her leadership tenure.

#### Types of negative leadership

Parallel research has identified the range of destructive forms of leadership. The single most studied form of destructive leadership is abusive supervision.<sup>14</sup> Abusive supervision would be evident in hostile verbal and nonverbal behaviours that are sustained, but intermittent, never reaching the level of physical contact. Examples of abusive supervision would be behaviours that are rude and demoralizing or demeaning statements (e.g., telling employees they are incompetent). Not surprisingly, despite the seemingly innocuous nature of some of these acts, abusive supervision is negatively associated with a variety of critical organizational outcomes.<sup>14</sup>

Although there has been precious little focus on passive leadership, presumably because it has long been believed that as long as leaders just do nothing they can do no harm, research has now identified the nature and consequences

of passive leadership.<sup>15</sup> Passive leadership has two related, but separate components, namely reward omission (e.g., doing a really good job, but receiving no recognition) and punishment omission (e.g., receiving no feedback in the face of poor performance). In general, passive leadership is associated with important organizational outcomes, such as increases in bullying and safety incidents and injuries, and decreases in employee well-being.<sup>16</sup>

How can we become better leaders?

Given the importance of leadership roles and lack of leadership training among urologists in general, what can we do to become better leaders? Perhaps the first step is recognizing the fact that most urologists have several leadership roles. Next, one should consider engaging in some formal education and leadership training. An executive Master in Business Administration (MBA) is certainly not necessary, but perhaps attending or joining one of the many leadership courses, programs, conferences, or societies — some of which are shown in Table 3 — might be a good place to start. Some of these courses are CME-accredited by the Royal College of Physicians and Surgeons of Canada. The national urology leadership study that surveyed Canadian urology program directors and division/department heads found that 54% of the urology leaders studied (a biased study population) had received some form of leadership training.<sup>2</sup> In addition to these leadership courses and programs, there are several books on leadership that may be of interest, a few of which are listed in Table 4.

Conclusion

Leadership skills can be learned, yet most urologists do not

Table 3. Opportunities for urologists’ leadership education and training	
Courses	<ul style="list-style-type: none"><li>• CMA’s PMI physician leadership course</li><li>• Canadian Leadership Institute for Medical Education (CLIME)</li><li>• Harvard’s leadership for physician executives</li><li>• Harvard’s international leadership development program for physicians</li></ul>
Programs	<ul style="list-style-type: none"><li>• AUA leadership program</li><li>• OMA physician leadership development program</li><li>• Canadian certified physician executive (CCPE) credential</li></ul>
Conferences	<ul style="list-style-type: none"><li>• Canadian conference on physician leadership (CCPL)</li><li>• Ontario Medical Students Association (OMSA) leadership summit</li><li>• Toronto international summit of leadership education for physicians (TISLEP)</li></ul>
Societies	<ul style="list-style-type: none"><li>• Canadian Society of Physician Leaders (CSPL)</li></ul>

Table 4. Recommended leadership books			
Book title	Author	Publisher	Year
The Ignorant Maestro: How Great Leaders Inspire Unpredictable Brilliance	I. Talgam	Portfolio/Penguin	2015
The Science of Leadership	J. Barling	Oxford University Press	2014
Quiet: The Power of Introverts in a World that Can’t Stop Talking	S. Cain	Random House	2012
Good Boss, Bad Boss	R. Sutton	Hachette Book Group	2010
Playing the Enemy: Nelson Mandela and the Game that Made a Nation	J. Carlin	Penguin	2008
Good to Great: Why Some Companies Make the Leap...and Others Don’t	J. Collins	HarperBusiness	2001

receive adequate formal education and training in leadership. Given the new CanMEDS Leader role, it is important that urology residents and urologists seek out educational and training opportunities to develop their leadership skills. As the Royal College of Physicians and Surgeons of Canada’s Competence By Design program is incorporated into residency programs across Canada over the next few years,<sup>17</sup> it will undoubtedly become more important than ever that we design robust methods for training and evaluating the CanMEDS Leader role. In the meantime, urology residents and urologists are encouraged to pursue leadership skills training, embrace leadership roles, and strive for the five key leadership competencies — self management, relationship management, task management, innovation, and social responsibility — when leading in clinical, administrative, education, and research roles.

**Competing interests:** Dr. Beiko has received sponsored travel, lodging, and honoraria from Cook Medical. Dr. Davies has been an Advisory Board member for Allergan, Boston Scientific, and Pfizer; and has received grants/honoraria from Allergan, Astellas, Boston Scientific, and Pfizer. Dr. Oake is an Advisory Board member for and has received payments from Boston Scientific. The remaining authors report no competing personal or financial interests.

This paper has been peer-reviewed.

References

1. Algahtani A. Are leadership and management different? A review. *JMPP* 2014;2:71-82. <http://dx.doi.org/10.15640/jmpp.v2n3a4>

2. Robinson M, Macneilly A, Afshar K, et al. Leadership in Canadian urology: What is the right stuff? *J Surg Educ* 2013;70:606-12. <http://dx.doi.org/10.1016/j.jsurg.2013.04.013>

3. Frank JR, Snell L, et al. *Draft CanMEDS 2015 Physician Competency Framework – Series I*. Ottawa: The Royal College of Physicians and Surgeons of Canada; Feb. 2014.

4. Barling J. *The Science of Leadership: Lessons from Research for Organizational Leaders*. Oxford University Press, New York, NY; 2014. <http://dx.doi.org/10.1093/acprof:oso/9780199757015.001.0001>



5. Institute of Health Policy, Management and Evaluation, University of Toronto. <http://ihpme.utoronto.ca/academics/ume-lead/>. Accessed March 19, 2016.
6. O\*NET Resource Center - Central Michigan University - O\*NET Products at Work. <https://www.onetcenter.org/paw/entry/55>. Accessed May 10, 2016.
7. Goleman D. What Makes a Leader? *Harvard Business Review* 1998;76:93-102.
8. Salovey P, Mayer J, Caruso D. Emotional intelligence: Theory, findings, and implications. *Psychol Inq* 2004;15:197-215. <http://dx.doi.org/10.1017/cbo9780511806582.019>
9. Katz N. Sports teams as a model for workplace teams: Lessons and liabilities. *Acad Manag Exec* 2001;15:56-67. <http://dx.doi.org/10.5465/AME.2001.5229533>
10. The Wall Street Journal. How to guide management. April 9, 2009; <http://guides.wsj.com/management/developing-a-leadership-style/how-to-develop-a-leadership-style/>. Accessed May 10, 2016.
11. Bass BM, Riggio RE. *Transformational Leadership* (2nd ed). Lawrence Erlbaum Associates, Mahwah, NJ: 2006.
12. Tremblay M, Chênevert D, Simard G, et al. Agir sur les leviers organisationnels pour mobiliser le personnel : le rôle de la vision, du leadership, des pratiques de GRH et de l'organisation du travail. *Gestion* 2005;30:69-78. <http://dx.doi.org/10.3917/riges.302.0069>
13. Brown ME, Trevino LK, Harrison DA. Ethical leadership: A social learning perspective for construct development and testing. *Org Beh Hum Dec Proc* 2005;97:117-34. <http://dx.doi.org/10.1016/j.obhdp.2005.03.002>
14. Martinko MJ, Harvey P, Brees JR, et al. A review of abusive supervision research. *J Org Beh* 2013;34:120-37. <http://dx.doi.org/10.1002/job.1888>
15. Hinkin TR, Schriesheim CA. An examination of "nonleadership": From laissez-faire leadership to leader reward omission and punishment omission. *J Appl Psychol* 2008;93:1234-48. <http://dx.doi.org/10.1037/a0012875>
16. Skagstad A, Einarsen S, Torsheim T, et al. The destructiveness of laissez-faire leadership behaviour. *J Occup Health Psychol* 2007;12:80-92. <http://dx.doi.org/10.1037/1076-8998.12.1.80>
17. Harris KA, Frank JR. *Competence by Design: Reshaping Canadian Medical Education*. Royal College of Physicians and Surgeons of Canada, 2014.

**Correspondence:** Dr. Darren Beiko, Department of Urology, Queen's University, Kingston, ON, Canada; [beiko@queensu.ca](mailto:beiko@queensu.ca)

Dr. Neil Fleshner invites you  
to Save the Date for the

# Men's Health Summit



Surgery  
UNIVERSITY OF TORONTO

DIVISION OF UROLOGY



Saturday, January 21, 2017

8:00 - 16:00

Toronto, ON

Omni King Edward Hotel



Canadian Urological Association

*The Voice of Urology in Canada*

To register or for more information, please contact Tal Erdman

Email: [talerdman@cua.org](mailto:talerdman@cua.org) • Phone: 514-395-0376 ext. 43 • Fax: 514-395-1664

**cua.org**