High Self-Awareness As A Desirable Trait For Medical Practice Leaders

Exploratory paper

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Introduction

The psychological construct of self-awareness has been explored as an attribute that is possessed by successful leaders. In a study that was conducted in 2010 by Green Peak Partners, the interpersonal traits of 72 executives at public and private companies were examined to determine commonalities with the mutual success of their companies. The researchers discovered that the strongest predictor of overall executive success was a high self-awareness score (Lipman, 2013). There is a growing body of knowledge supporting this finding as well as additional research that evaluates self-awareness and similar constructs.

This paper will explore the available literature regarding self-awareness as a desirable leadership trait, provide suggestions on how to hire leaders with high self-awareness, and suggest rationale for including self-awareness training in leader development programs. Further, the correlation between self-awareness and medical executive performance will be reviewed as it relates to higher performing healthcare organizations.

Self-Awareness

Self-awareness is the ability to read one's emotions and understand one's strengths and weaknesses (Goleman, Boyatzis, & McKee, 2001). This awareness is beneficial in many ways including the ability to recognize how one behaves in social situations, the reactions one elicits while interacting with others, and very importantly in the case of the medical practice executive, the impact and influence one has on others.

The construct of self-awareness is interrelated and overlapping with many other psychological constructs. For purposes of exploring how these constructs are applicable to medical practice executives, this paper will review mindfulness, emotional and behavioral intelligence, and social awareness.

Mindfulness

Mindfulness is the state of being attentive to and aware of what is taking place in the present. It interrupts the normal internal disturbances and allows one to simply witness thoughts, emotions, and body sensations. By taking the time to simply experience these thoughts and emotions in a non-judgmental manner, it offers a window into the self which can enrich self-awareness. Mindfulness encourages one to be more objective and therefore intentional and purposeful with emotions and behaviors (Kinsler, 2014).

With regards to a leadership role, there are many benefits of practicing mindfulness. Mindfulness is associated with lower levels of emotional disturbance, less defensive reactions in tense situations, greater understanding and acceptance of one's own and other's emotions, improved well-being, regulation of behavior to improve social interactions, and enhanced personal relationships. Mindlessness occurs when one reacts in an automatic or controlled manner, thus preventing the consideration of options that are aligned with one's needs and values (Kinsler, 2014). This can be problematic for any leader as mindless reaction to a situation or problem could interfere with relationships and organizational performance.

Emotional and Behavioral Intelligence

Emotional intelligence is a construct that has received much attention in the past few decades as a concept that is strongly related to leadership success. Emotional intelligence as defined by Mayer, Salovey, and Caruso (2004) is the capacity to reason about emotions and of emotions to enhance thinking. This includes the ability to accurately perceive emotions, assess and generate emotions to assist thought, understand emotions and emotional knowledge, and to reflectively regulate emotions to promote emotional and intellectual growth.

Alternate to Mayer-Salovey-Caruso's definition of emotional intelligence is the Goleman definition. Goleman defines emotional intelligence as abilities such as being able to motivate

oneself and persist in the face of frustration; to control impulse and delay gratification; to regulate one's mood and keep distress from swamping the ability to think; and to empathize and hope. There are five competency areas in Goleman's emotional intelligence model: self-awareness, self-regulation, motivation, empathy, and social awareness (Sadri, 2012).

Self-awareness is the most essential component of emotional intelligence. It allows one to understand one's strengths, limitations, and self-worth. Resonant leaders are able to gauge their mood and intuitively know their impact on others (Goleman, Boyatzis, & McKee, 2001).

Because emotions and emotional intelligence are internal processes, leaders must also exhibit behavioral intelligence, an external behavior to which others see, hear, and respond. Practice executives must understand the importance and value of delivering an emotionally and behaviorally intelligent style of leadership to ensure that staff members feel empowered and supported (Delmatoff & Lazarus, 2014).

Social Awareness

Like self-awareness, social awareness is one of the key components of emotional intelligence. Social awareness is the ability to understand the behavioral attributes and needs of others. This concept is especially important when dealing with change. If leaders understand how change resistant teams may be, it is then possible to mitigate many of the difficulties associated with change and foster a culture of support, empathy, and success through highly emotionally intelligent approaches (Delmatoff & Lazarus, 2014).

Social awareness includes the components of empathy and organizational intuition. Leaders who are socially aware are able to sense others' emotions and show that they care in return. Leaders with adequate social awareness are also able to recognize the impact of words and actions on others and are sensitive enough to change them when the impact is negative (Goleman, Boyatzis, & McKee, 2001).

Leadership Traits and Self-Awareness

High-performing leaders are skilled at connecting with both the scientific minds and the compassionate, caring hearts of healthcare workers. Studer (2014) describes two leadership traits, those of authenticity and empathy, healthcare leaders should possess in order to connect with staff members in this manner. Authenticity and authentic leadership builds trust between leaders and staff. Staff who believe in a leader's values and direction are more likely to comply with and support decisions, especially if the decisions are difficult for the team. The ability of a leader to empathize with staff means that staff feel cared for and heard. Staff who believe that a leader is truly invested in them as individuals will work harder, be more comfortable asking questions, be more likely to seek help when needed, and remain with an organization long term.

Executive self-awareness has been increasingly recognized over the past few decades as a critical leadership attribute due to the changes in how organizations operate. Peter Drucker is described as the preeminent management theorist of the past 50 years and argues that the most basic economic resource is no longer capital or labor, but knowledge or the value that is created through the application of knowledge into work. Drucker describes that organizations in the knowledge economy must be capable of faster action, greater flexibility, and greater innovation; thus making them less bureaucratic, less hierarchal, and more decentralized (Axelrod, 2012).

Within contemporary organizations exist environments in which initiatives and directions vie for competing attention and resources. This type of model where new initiatives are developed from within the organization is called intrapreneurship. In order for intrapreneurship to flourish, a more decentralized, distributed leadership style is required to empower all levels of staff to take action and not stifle creativity (Axelrod, 2012). In the case of healthcare organizations, this type of intrapreneurship can be extremely beneficial to quickly solve workflow or operational issues, improve patient care and the patient experience, and evolve to provide higher quality care at a lower cost. A medical practice executive can be far removed from the

struggles faced by the front-line staff and therefore may not be the best person for generating solutions to address issues that keep organizations from performing optimally. The most effective solutions can be generated from front-line staff who feel empowered to generate and suggest ideas without fear of being suppressed.

Leadership Styles

Leaders often do not appreciate how profoundly organizational climate can influence financial results. Organizational climate is directly influenced by leadership style; the way in which leaders motivate, gather and use information, make decisions, manage change initiatives, and handle crises. Many executives mistakenly assume that leadership style is a function of personality rather than strategic choice. Executives should tailor their leadership approach based on the situation and be cautious not to have a one-size-fits-all approach. The best leaders are skilled at several leadership styles and are flexible enough to switch between styles as circumstances dictate (Goleman, 2000). There are six emotional leadership styles as described by Daniel Goleman (2000) based on the key principles of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skill:

1) The coercive leadership style is noted as a "do what I say" type of attitude towards employees. It works well to turnaround a situation or when dealing with problem employees. However in most situations it is viewed as coercive and inhibits an organization's flexibility and reduces employee motivation.

2) The authoritative style is a visionary style whereby a leader states the desired goal but gives employees the freedom to reach that goal in his/her own manner. This style works well when business is adrift however it is less effective when a leader is working with a team of experts who are more experienced than the leader.

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3) Affiliative leaders have the philosophy that "people come first." This style is useful for increasing team harmony and employee morale however since it focuses heavily on giving praise, poor performance may go uncorrected.

4) Democratic leaders give employees freedom to make decisions collaboratively with one another. Giving employees a choice in decisions builds flexibility, responsibility, and helps to generate new ideas but putting too much decision-making authority in the hands of the staff can lead to a feeling of being leaderless.

5) Pace-setting leaders set a high performance bar for themselves and thus provide strong motivation for employees who are self-motivated and competent. On the other hand, employees who are not as self-motivated may feel overwhelmed by a leader's high demands and resent the leader for frequently over-taking situations.

6) The coaching style of leadership focuses on longer-term personal development of employees rather than immediate work tasks. This style works well with employees who are aware of their weaknesses and who are motivated to improve but it does not work well with employees who are resistant to change.

Measuring Self-Awareness

Understanding one's impact on others can allow for an adjustment in behavior that leads to personal development. However, self-assessment can be difficult as people often see themselves much differently than others view them. Self-awareness can be developed through a variety of methods if one is open to the process and utilizes objective methods such as validated psychometric tests and third-party coaches. Measuring self-awareness begins with understanding one's personality, interpersonal behavior, preferences, motivations, and values. The use of a validated psychometric test can provide a baseline measurement on these factors and a platform for increasing self-awareness.

Mindtools (2016) suggests a variety of psychometric tests which are useful in providing an objective view of individual behaviors and how those behaviors compare in outlook with others. Psychometric tests are designed to measure three primary categories of interests, personality, or aptitude. For the purposes of leadership development, an interest or personality test is most applicable.

Completing a psychometric test is a great foundation for understanding unique personality traits however it is important to use a validated, standardized, and reliable test. The Myers-Briggs Type Indicator (MBTI) is a useful test for understanding preferences on interacting with others, preferences on how information is received, and how decisions are made. The Big Five or OCEAN model looks at five main personality areas: openness, conscientiousness, extraversion, agreeableness, and neuroticism. This exam is well suited for understanding behavior and performance in the workplace (Mindtools, 2016).

In the area of career development and progression, psychometric tests can uncover values and interests that are fundamental to overall career satisfaction. Holland's Codes is a test that evaluates career interest development around six different personality types: realistic, investigative, artistic, social, enterprising, and conventional. Alternatively, Schein's Career Anchors test evaluates eight themes to determine *why* a person enjoys a particular career, not simply *what* career is of interest (Mindtools, 2016).

Assessing for Self-Awareness

Self-awareness is not a top criterion typically mentioned in leadership searches however it has been noted to be the strongest predictor of overall leader success. Additionally, it has also been shown that executive experience at many different organizations is not a positive sign when searching for a candidate. Executives who switch jobs frequently may be trying to outrun a problem such as job or culture fit or may lack perspective on the outcome of leadership decisions

because they leave before the changes take effect (Flaum, 2009). In order to recruit medical practice executives who possess high levels of self-awareness, organizations should take steps to integrate this assessment into the interview process.

Flaum (2009) developed an intensive half-day interview process for executive candidates which probes deep into each candidate's background, including family, education, early-career, and recent professional experiences to illuminate core qualities, leadership style, and technical competence. The research by this group suggests that organizations which put forth the additional effort to evaluate a candidate's interpersonal strengths and focus more on *how* a candidate does the work and not as much on *what* has been done.

Another activity that can be included in an executive interview is a psychometric test to evaluate a candidate's personality and character traits as well as assess for self-awareness or emotional intelligence. There is growing interest in the correlation between emotional intelligence and leadership success and proponents of this theory argue that emotional intelligence may actually be more important than intellectual intelligence in terms of overall leadership success (Sadri, 2012). There are many instruments for measuring emotional intelligence and an organization should be careful to choose a validated, reliable instrument when evaluating a potential candidate.

A test for emotional intelligence that is widely used throughout the academic community is Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). This test measures four areas of emotional intelligence abilities and is based on the Mayer-Salovey-Caruso model. The four ability areas measured with this test are the ability to perceive emotion, the ability to use emotion to facilitate thought, the ability to understand emotion, and the ability to manage emotion (Sadri, 2012).

Similar to the Mayer-Salovey-Caruso model, the Goleman model has two measurement tools for measuring emotional intelligence. These tools are the Emotional Competency Inventory (ECI) and the Emotional and Social Competency Inventory (ESCI). The Goleman model is more widely embraced in the non-academic community and it is comprised of five skill areas: self-awareness, self-regulation, motivation, empathy, and social skills (Sadri, 2012). Organizations should review each of these tools and assess for appropriate congruence with the executive recruitment goals.

Developing Self-Awareness in Medical Practice Executives

Identification of self-awareness within an executive leadership role has important implications for development. By increasing the amount of harmony and decreasing the amount of internal conflict among an executive's interpersonal style, values, and goals, leadership effectiveness will increase. Additionally, an executive has powerful social influence and therefore it is critical to understand how behaviors and personality positively and negatively impact others. Self-awareness development should therefore address both the increase in understanding of one's strengths and weaknesses and increase one's knowledge of how one's behaviors impact others (Axelrod, 2012).

Developing self-awareness is important for better relationships and a more fulfilling life. By understanding one's interactions with others and corresponding emotional impact, behaviors can be adjusted to ensure that these interactions are more positive and productive. Similarly, understanding one's weaknesses provides a foundation to improve these weaknesses or learn how to effectively manage them (Mindtools, 2016).

Self-awareness development can occur in a variety of ways, either individually or as a part of a leadership development program. It is common to utilize multiple exercises; there is no one-size-fits-all approach.

Mindtools (2016) suggest six different methods for developing self-awareness. The use of a psychometric test is an important foundation to understanding oneself, including personality, behaviors, strengths, and weaknesses. Experiencing new situations can increase knowledge of oneself through new environments, new people, or new challenges. Telling one's life story can be a very revealing way to understand how life experiences have shaped a person. Daily writing or journaling is a way to capture current events and experiences, and reflect on them at a later time to understand one's range of emotions. Describing the roles played in life allows for the building of how one sees oneself in relation to others. Finally, using a coach as a mirror allows for one to obtain a more accurate picture of oneself.

Mindfulness is the state of being attentive to and aware of what is taking place in the present. Mindfulness training can have many benefits including enhancing personal relationships and compassion, improving the leader/follower relationship, enhancing self-awareness, and improving self-regulation. There are numerous empirically validated benefits of mindfulness training. It is associated with lower levels of emotional disturbance, higher levels of subjective well-being, and higher levels of happiness. This training can be integrated into a coaching session and subsequently used by the person receiving the coaching long after the training has taken place (Kinsler, 2014).

Evidenced-based leadership coaching is another method that has been shown to lead to positive outcomes in leader effectiveness. Life coaching and peer coaching are two types of training that can be used to improve a leader's skill set. Life coaching has been shown to increase a person's ability to reach personal goals, enhance quality of life, and improve mental health. Additional benefits of life coaching can include increased satisfaction with life, increased self-acceptance, more positive relationships, increased autonomy, sense of purpose in life, and personal growth. Peer coaching has been shown to support the development of self-awareness and enhance critical thinking skills (Kinsler, 2014).

Axelrod (2012) suggests various ways in which an executive coach can improve a leader's self-awareness including self-reflection, career coaching, and feedback. Self-reflection is an opportunity for an executive to regain equilibrium and pursue growth. The value of self-reflecting activities is the ability to improve future decision-making by evaluating decisions made in the past. Performing this exercise with a coach helps an executive to avoid getting too many negative emotions, such as defensiveness or regret, wrapped up in the reflective activity and allows for tactful feedback from the coach to help the executive improve future decisions and behaviors. Career coaching allows an executive to reflect inwardly at the current job role and assess for alignment for skills, talents, values, interests, and goals. A neutral coach can help an executive to evaluate self-esteem or self-confidence issues that may exist in the current role, the degree of empathy for the needs of subordinates and the organization, the capacity for self-expression, and review of subjective experiences of joy and aliveness. Feedback from an executive coach is invaluable in providing an executive with an accurate self-assessment, which is key in establishing strong work relationships and attaining goals.

Developing Self-Awareness in Physician Executives

Should an organization choose to implement a training program aimed at increasing leadership self-awareness, it should also be considered to institute a leadership development program that caters specifically to physician executives, who are likely to function very differently than the traditional non-physician medical practice executive. There are many executive and C-suite positions with hospital systems that are intended for physicians, including executive medical director, chief medical officer, and president or chief executive officer roles. Physicians are likely to have a much different perspective of the healthcare landscape than their non-physician counterparts; due primarily to their medical training and experience in caring for patients.

Duberman (2011) suggests that physician leaders are plagued with challenges resulting from the changing healthcare landscape and healthcare reform. Today's physician leaders are measured by the results they achieve, the value or efficiency with which they achieve good outcomes, performance improvement efforts, information sharing, and teaming across disciplines. In order to develop leadership programs for physician executives, it is important to understand the differences between physician and non-physician executive leadership qualities and the challenges specific to this group.

Duberman (2011) describes a study by the American College of Physician Executives wherein 52 physician executives were surveyed to identify leadership challenges unique to physicians. The survey identified five primary concerns among physician leaders: identifying and communicating metrics to define physician value to patients and health partners; understanding clinical systems thinking and applying the concepts to new models of care delivery; communicating effectively to engage physicians and other healthcare providers to work as a high-performance team; employing patient-centered clinical integration; and leading culture change rooted in trust between physicians and the health systems they support.

After understanding the needs and challenges of these physician leaders, the researchers performed a literature review to understand the top executive competencies that physician executives should possess to be successful. Leading self, leading others, leading change, and leading for results emerged as the top four competencies for these leaders. Duberman (2011) suggests that the 70/20/10 rule, as used in corporate America, should be the model used to develop these principles. This rule states that 70 percent of leadership development should take place on the job through activities such as problem solving and special assignments. About 20 percent should occur through drawing on the knowledge of others in the workplace through coaching, mentoring, or other support activities. The final 10 percent should occur through formal

classroom or workshop training. Traditional physician leadership development classes rely too heavily on formal training and too little on on-the-job or coaching and mentoring.

Case Studies of Implementing Self-Awareness Training

There are many case study examples of leadership programs designed to assess and develop self-awareness. This section will highlight three case studies where healthcare leadership programs were implemented using various approaches, all with the common goal of increasing leader self-awareness and assessing leader effectiveness.

A case study by Vitello-Cicciu, Weatherford, Gemme, Glass, and Seymour-Route (2014) discusses the changes in behaviors among nursing leaders following participation in a leadership development program designed to increase self-awareness. This study utilized focus groups and online responses followed by a structured interview to elicit responses from the participants of the behavioral changes that occurred as a result of participation in the program. The program delivered four sessions over eight weeks and used concepts similar to those in the American Organization of Nurse Executives (AONE) Nurse Manager Leadership Partnership Learning Domain Framework. This model guides leaders to identify their own intrinsic leadership characteristics including personality types and traits, followed by self-reflection and self-awareness exercises to balance the dimensions of management and leadership to improve leadership effectiveness.

The major themes that resulted from the qualitative structured interviews include self-awareness through self-reflection, using self-regulation to manage one's emotions, being emotionally aware of others, valuation of the Myers-Briggs Trait Inventory (MBTI), seeking diverse feedback, engaging in active listening, and having crucial conversations. This study demonstrates that nursing leaders who participate in a leadership development program identify an increase in self-awareness as a leader and incorporate this learning into new leadership

behavior within six to nine months of program completion (Vitello-Cicciu, Weatherford, Gemme, Glass, and Seymour-Route, 2014).

Gowan (2011) describes a study among healthcare leaders in the National Health System within the United Kingdom who participated in a leadership coaching program with the goals of improving self-management, self-perception, and preparedness for leadership. This program consisted of four one-day modules and four coaching sessions over a six month time frame. Personal strengths and leadership, career drivers, service development, and teams and relationships were the four focal modules. The Myers-Briggs Type Indicator (MBTI) test was also a component of the training.

The program participants reported an increase in self-confidence, heightened self-awareness, greater ability to control career choices, and a deeper awareness of themselves as leaders. Specific to self-awareness, participants reported a greater understanding of personal strengths and weaknesses, increased control in times of conflict or high stress, greater understanding of one's actions and the impact on others, and greater understanding of being an effective team member.

Overall, the investigators felt that this study demonstrated how leadership programs can bridge the gap between clinical training and clinical leadership positions, how leadership development combined with coaching is a powerful method of intervention for leaders, and can develop a more effective clinical leader (Gowan, 2011).

Wong and Laschinger (2012) discuss a case study that found the more leaders are seen as authentic, by emphasizing transparency, self-awareness and high ethical standards, the more nurses are satisfied with their work and report higher performance. The authors utilize the authentic leadership theory as the framework for this study, which has been proposed as the root element of effective leadership needed to build healthier work environments and improve the

leader-follower relationship. Authentic leadership is a pattern of transparent and ethical behavior that encourages openness and sharing of information needed to make decisions while accepting feedback from those who follow.

The purpose of the study was to assess a correlation between authentic leadership of managers and nurse's perceptions of structural empowerment, performance, and job satisfaction. The study used a non-experimental, predictive survey design and measured a random sample of 600 front-line acute care nurses. The four scales used to measure each of the core study areas were the Authentic Leadership Questionnaire, the Conditions of Work Effectiveness Questionnaire II, the Global Job Satisfaction Survey, and the General Performance scale. A total of 280 nurses completed the surveys.

The results of the study demonstrated that authentic leadership is statistically significantly related to job satisfaction and performance through empowerment of staff. Hence, the more leaders are perceived as authentic, the greater the staff job satisfaction and greater staff performance. There are multiple practice implications highlighted by this study. First, it is important for leaders to emphasize transparency, balanced processing, self-awareness, and high ethical standards to increase nurses' job satisfaction and performance. Second, authentic leaders who improve access to information, provide opportunities for staff to learn and grow, and provide adequate support and resources are more likely to create positive and empowering work environments. Finally, organizational development programs aimed at enhancing authentic leadership may be valuable in enhancing nurse work outcomes (Wong & Laschinger, 2012).

Organizational Impact by Improving Self-Awareness

When a leader exhibits high levels of emotional intelligence, it creates a climate in which information sharing, trust, healthy risk-taking, and learning can flourish. Alternatively, climates with low levels of emotional intelligence exhibit fear, anxiety, and lack of trust. A leader's mood

and behaviors drive the mood and behaviors of others. A cranky, ruthless leader can create a toxic environment where performance is stifled by negativity while an optimistic, high-energy leader will inspire and empower others to perform at their best (Goleman, Boyatzis, & McKee, 2001). In terms of organizational success, teams who are motivated in positive ways will outperform teams motivated in negative ways in the long-run. As stated previously, self-awareness is the most essential component in emotional intelligence.

The behaviors of medical practice executives drive everything in an organization: clinical outcomes, patient perception of care, patient safety, physician and staff satisfaction, recruitment, retention, and many others (Studer, 2012). This is a crucial point for leaders to recognize especially in today's environment where the patient experience is a primary area of focus by the Centers for Medicare and Medicaid Services (CMS). Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores provide a standardized measurement of how a hospital is performing compared with all others in the United States and these scores are posted publically on the CMS website. This is powerful information to have during a time when patients have various options for accessing medical services and may choose to not access services at hospitals with poor HCAHPS scores. Additionally, and equally important, hospitals are at risk to not receive full Medicare reimbursements if HCAHPS scores are not meeting standards (Studer, 2010). Executives must understand this correlation between leadership behaviors, the patient experience, and the organization's bottom line.

Effective medical practice executives cultivate a culture of safety which leads to higher performing organizations in the form of higher quality and lower cost. Additionally, senior leadership has the authority and responsibility to make safety a top strategic priority. Leaders with high levels of self-awareness understand that medical errors are generally the result of broken processes, not due to overt negligence on the part of the person making the error. In order for staff to feel safe and supported to disclose medical errors, a just culture must exist where

leaders foster open communication, even if the subject is negative. A non-punitive approach is necessary so as not to result in blaming, concealing, disengagement, and ultimately further patient harm. Self-aware leaders who can empathize with staff will also lead to a higher level of trust between the staff, leaders, and the organization (Botwinick, Bisognano, & Haraden, 2006).

According to an article in Fortune, leaders who display the four cardinal values of compassion, integrity, forgiveness, and accountability consistently deliver return on assets of up to five times that of their counterparts who exhibit a self-focused style of leadership (Fisher, 2015). The article goes on to state that employees who feel valued and respected by their employer have 26% more enthusiasm and engagement than peers in organizations where these values do not exist. Employees who feel cared for will work harder which translates into improved bottom-line results. Medical practice executives who are driven by and exhibit these values are far more likely to out-perform self-focused leaders in the long-run.

A bullying style of leadership leads to bottom-line failure but an executive who is strong in people skills and self-awareness drives better strategic and financial results (Flaum, 2009). A study by Flaum (2009) found that "bully" traits that have been traditionally seen as business-building culture are typically signs of incompetence and lack of strategic intellect. Further, leadership weaknesses such as being "arrogant," "too direct," or "impatient and stubborn" correlated with low financial results, business acumen, strategic intellect, managing talent, inspiring followership, and being a team player.

Staff are happier and more satisfied with their work when they have supportive leaders who empathize with them at a personal level (Al-Sawai, 2013). This supportive style of leadership can be the product of highly self-aware leaders and result in greater retention of staff, which improves the performance of an organization.

Challenges with Improving Self-Awareness

How leaders act is reciprocally related to self-identity, the importance placed on one's roles, and the congruence between actual behavior and what is believed to be how one is supposed to behave. Additionally, moral identity is a fundamental part of any person and is encompassed by how one interprets the right thing to do, how to achieve the best possible state of affairs, and what qualities constitute a good person. Self-identity explains who a person believes themselves to be while self-awareness is the degree to which one understands this perception by others. Self-deception is the discrepancy between knowing how to act and the actual behaviors and it is this self-deception that is a barrier to developing self-awareness (Caldwell, 2009).

Caldwell (2009) describes eight rationalizations that frequently occur as a part of self-deception. It is important to understand which of these self-deception behaviors a leader may naturally exhibit in order to avoid these tendencies that will erode relationships with others and lower one's self-esteem:

1) Claiming prior knowledge about the likelihood of an uncertain outcome classifies as either self-deception or an attempt to not lose credibility in others' eyes.

2) Discounting a failure occurs when one claims to have prior knowledge of the likelihood a failure would occur.

3) The unwillingness to articulate past fears occurs when there is an unwillingness to deal with uncertainty and results in claiming fore-knowledge of a likely failure after the disappointment actually occurs.

4) The inability to understand a failure may legitimately reflect the inability of one to emotionally deal with a situation.

5) Wanting reality to be different illustrates how one's biases affect how one sees the world and affect the formation of beliefs so powerful that wishful thinking occurs.

6) Intentionally averting attention occurs when one intuitively knows that a situation is emotionally unbearable and deliberately avoids dealing with the situation.

7) Making resolutions to change is an acknowledgement that issues exist from the past that have not been effectively dealt with.

8) Acknowledging regret is an expression that one should have been attuned to key information in the past but overlooked the clues.

An unfortunate aspect of self-deception is that it is often done unconsciously and without awareness of the underlying motives for the deception. The issues that this deception creates are that the deception leads to a warped sense of reality where it becomes difficult to identify how one can create and maintain healthy relationships, and it causes one to become insensitive to feedback from others (Caldwell, 2009). For medical executives, self-deception and the inability or unwillingness to participate in coaching can negatively impact an organization's performance, profitability, and culture.

Conclusion

Self-awareness is beneficial to a medical practice executive in many ways, including the ability to recognize how one behaves in social situations, the reactions one elicits while interacting with others, and the impact and influence one has on others. Self-awareness is one of the critical components of emotional intelligence and medical practice executives who possess high emotional intelligence understand their strengths, weaknesses, and self-worth. Effective leadership does not occur as a result of a one-size-fits-all approach. Leaders with high emotional intelligence recognize that there are multiple leadership approaches and are able to assess a situation and employ the most appropriate style to be effective.

Measuring self-awareness begins with understanding one's personality, interpersonal behavior, preferences, motivations, and values. It is equally important to understand one's impact

on others in order to adjust behavior to get the desired reaction. This can be a difficult undertaking because people often see themselves much different than others see them. The best methods for obtaining an objective view of oneself is through the use of validated psychometric tests and third-party coaches. In the setting of interviewing medical practice executive candidates, it may be appropriate to incorporate a validated personality or psychometric test into the interview process to assess for self-awareness and emotional intelligence.

It is important to understand the parallel nature of a leader's mood and behaviors with staff member's mood and behaviors. Medical practice executives who possess high levels of emotional intelligence create climates in which information sharing, trust, healthy risk-taking, and learning can flourish. Low levels of emotional intelligence create climates of fear, anxiety, and lack of trust. In terms of organizational performance, a leader's behaviors drive everything from clinical outcomes, to patient perception of care, to patient safety, to physician and staff satisfaction, to recruitment and retention of staff members and so on. Staff are more likely to remain with organizations in which they feel cared for and respected, which also translates into high staff engagement and dedication to quality patient care. Additionally, organizations in which executive leadership encourage a culture of safety perform better in terms of higher quality and lower cost.

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