Leadership is defined by the ability to get needed work done with and through others. It is a group and team endeavor, not a solo performance. Leaders with an unfocused view of leadership rarely accomplish as much as those with a clear understanding of the broad set of knowledge, skills, and attitudes needed to inspire, mobilize, and guide diverse people and groups toward important purposes using sensible processes. These attributes for success are referred to as leadership competencies.

The National Health Service (NHS) in the United Kingdom has spent more than a decade developing an understanding of the leadership competencies essential for positive improvements in clinical outcomes, staff morale, and patient satisfaction (Exhibit 1.1). It learned that leadership is shaped by the presence of a handful of essential personal qualities:

- Self-belief
- Self-awareness
- Self-management
- Drive for improvement
- Personal integrity

The NHS’s pursuit to define leadership competencies has culminated in the Leadership Framework (National Leadership Council...
2010). This framework shows the relationship between the personal qualities mentioned above and the behaviors that characterize effective teamwork, which can lead to optimum service delivery. When one understands the nature of leadership competencies, one has a sense of leadership clarity.

Clarity about what you understand leadership to encompass, in turn, enhances legacy clarity. Industries other than healthcare have determined that a leader’s legacy is reflected in the way people think,

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**Exhibit 1.1: The Leadership Framework**

behave, approach work, and approach life as a result of having worked with that leader. It has little to do with one’s abilities, measurable performance, or strategic savvy, and it has everything to do with who the leader is as a person at work and with the role he naturally plays, as opposed to his title and responsibilities.

We selected the 21 healthcare leaders interviewed for this book because they have demonstrated they are leaving a legacy of accomplishment and respect from colleagues in the field. Their reputations suggest they have evolved leadership competencies likely to yield a positive, lasting legacy. What can we learn from these leaders that might shape the legacy of others and the leadership development programs across the US health sector?

Most of the healthcare executives interviewed considered their career planning process and achievement of accomplishments to have evolved informally rather than intentionally. They cite a bit of good luck in attaining early job opportunities and good mentors. Several acknowledged their hard work, the influence of their mentors, and their advance planning as contributing to their leadership progression. While their style of career planning varied from accepting positions at organizations in which they had a good feeling about their boss or chairperson to deliberately targeting markets in which organizational growth was likely, several interviewed leaders admitted to encountering sleepless nights at those career junctures where they recognized the need to map out strategies to bond with physicians, board leaders, and philanthropists. Underlying that self-effacing sense of “serendipitous” good fortune, however, are invariably good preparation, an open mind, and an early curiosity about leadership competencies and leader role models. Clarity as to what one believes to be the attributes of effective leadership is the bedrock of legacy thinking. It is this clarity that we must seek if we are to hope for more intentional planning for our legacy.

Most healthcare executives think of legacy as a consideration that can wait until later in their career, at the edge of retirement; some do not think about legacy at all. Those leaders who do focus on their legacy in the midst of their career find they are better, more effective
leaders today as a result. One’s desired leadership legacy should be a catalyst for action rather than a conclusion considered after the career is over. This approach to a consideration of legacy is referred to as legacy thinking.

Maruca and Galford (2006) note the power inherent in sparking legacy thinking early in one’s career. In their studies among college-level students they ask, “Are you on this planet to do something, or are you here just for something to do? If you’re on this planet to do something, then what is it? What difference will you make? What will be your legacy?”

By asking ourselves how we as healthcare leaders want to be remembered, we plant the seeds for living our lives—not just our careers—as if we matter. By doing so, we offer up our unique legacy to those we live and work with. By clarifying that unique legacy, we are more likely to make the world we inhabit a better place than we found it.

Most healthcare leaders have not seriously considered these questions at any point in their life or career. When prompted to answer them, scores of senior healthcare executives we have interacted with affirm that the question, “What will be my legacy?” has neither a single answer nor a right answer. But asking the question and searching for clear answers help all of us recognize that along life’s journey we will periodically struggle with determining the nature of the difference we hope to make and what activities matter most. We make choices at school, at work, at home, and in the community, and every choice forms part of the legacy we leave, however consciously or unconsciously we behave.

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“Effective leaders love asking challenging questions. They should also not be afraid to question with a beginner’s mind and within the Buddhist admonition to be humble. You cannot be a great leader with only your intellect. The first key still is to listen, talk, and build a relationship; you care about what each person can contribute.

I was unsophisticated about ‘leadership’ learning and initially not great at ‘management.’

—Brian Campion, MD
WHAT WILL YOUR LEADERSHIP LEGACY BE?

You might be the smartest CEO or most brilliant strategist ever employed by your hospital, but if you left tomorrow, what would you leave behind? What would the people with whom you have worked do differently because they worked with you?

Building your legacy requires development work in three crucial areas: competencies, trust, and self-reflection. First, you must hone your competencies as a healthcare leader. Next, you become a trusted adviser to others and then take on the role of trusted leader. Finally, as that trusted leader, you practice self-reflection, which allows you to not only cultivate your legacy for tomorrow but also ensure your effectiveness as a leader today.

Leaving Your Legacy, Making Your Mark

Individuals should think about legacy on their way into a position rather than on their way out of one. The following paragraphs introduce a number of activities we have found useful to healthcare executives in ensuring they forge the legacy vision they desire—one that will be most likely to reflect the obituary they hope will be written to commemorate them.

New Conversations on What Really Matters

Asking questions about legacy brings forward a central observation: Success in healthcare leadership is not

“I did not think much about a legacy in early years. My whole career has been dictated by serendipity and good fortune.

My leadership mark and successes have been shaped by people ranging from early football coaches to hospital executives who took a chance with me. These opportunities suggest to me the need to consider this counsel: love, learn, lead to leave a legacy.

Great leaders help our staff to learn from diverse projects: from volunteer projects to book clubs to meaningful organizational projects.”

—Stanley F. Hupfeld
measured only in numbers. Being a leader brings with it a responsibility to play a significant role in an endeavor that ultimately leaves families, communities, organizations, nations, the environment, and the world better than they are today. Such a role involves many activities, and not all of them can be quantified, but all should be explored. We propose crafting a leadership legacy road map to guide these conversations.

Conversations About Leadership
We can begin to achieve clarity about leadership that matters by examining the nature of leadership in other industries. LaFasto and Larson (2001) analyzed the responses of 6,000 team members from across public- and private-sector industries about the strengths and weaknesses of the members’ team leaders. The comments go well beyond identifying the qualities of good or bad leaders to describe the specific leader behaviors team members find most helpful and most instructive. LaFasto and Larson (2001, 96) found that an effective leader takes six important actions:

1. Focuses on the goal
2. Ensures a collaborative climate
3. Builds confidence
4. Demonstrates sufficient technical know-how
5. Sets priorities
6. Manages performance

A leader who takes these key actions is committing to adopting the following behaviors, which serve as plot points on her legacy road map (LaFasto and Larson 2001, 147):

- Make performance expectations clear.
- Encourage the team to agree on a set of values that guides its performance.
- Ensure that rewards and incentives are aligned with achieving the team’s goal.
• Assess the collaborative skills of team members as well as the results they achieve.
• Give useful, developmental feedback to team members.
• Be willing to confront and resolve issues associated with inadequate performance by team members.
• Recognize and reward superior performance.

These lists should merely serve as a guide. The essential ingredient in the leadership recipe is an element only you can provide: the essence of who you are (LaFasto and Larson 2001, 150).

“Leaders I have respected try to be calm, self-effacing, with a sincere commitment to the mission and vitality of the organization. They care more about people than things or rewards. They are truthful with colleagues/staff and show them they have confidence for them to grow.”

—Kirk Oglesby

Networking Matters
Scores of autobiographies and leadership studies have concluded that legacies, like the leaders who leave them, are born of a marriage between innate characteristics and lifelong learning. While the healthcare leaders interviewed for this book cited several examples of early invitations to lead scout groups, bands, family gatherings, and numerous school and church groups, they also acknowledged the contributions to their advancement of broad networking opportunities through

• mentors;
• thoughtful followers; and
• diverse and eclectic learning environments, including
  —graduate school,
  —professional associations, such as the American College of Healthcare Executives,
—collegial exchange networks, and
—mentoring from an effective member of the executive’s health system board.

In addition, some organizations, such as Premier, VHA Inc., and Health Insights, encourage leaders to develop eclectic reading habits on leadership, governance, talent management, and teamwork—inside and outside of healthcare—to help spice up networking encounters with colleagues.

**Values Matter**

Healthcare leaders, including those featured in this book, are often quick to reminisce about how fascinated they once were that a career path in hospital and healthcare management could offer an integration of the disciplines of business with the “softer” side of caring for and serving others. Several of the leaders interviewed were initially interested in the field of medicine or in becoming a physician, and many cited parents and religion as early influences encouraging them to be open to a purpose beyond the self.

Legacy leaders are found in every walk of life, from the boardroom to the battlefield, from public service to private homes, neighborhoods, schools, and communities. They are found in the worn pages of history books and in the memories of those who have been touched by them, and they continue to inspire and influence present and future leaders. The hallmark of legacy in leadership is its power to influence others enough to cause change—a shift from unconsciously “doing” leadership to consciously being a leader. The best way to effect that influence is in person, by living your legacy today, not waiting for others to reflect on the past tomorrow.

Sandstrom and Smith (2008, 27) propose five interrelated roles that effective leaders may adopt to achieve a career of impact that brings about the leadership shift in others:
Role One: Holder of Vision and Values™
Role Two: Creator of Collaboration and Innovation™
Role Three: Influencer of Inspiration and Leadership™
Role Four: Advocator of Differences and Community™
Role Five: Calibrator of Responsibility and Accountability™

They emphasize that the first word in each title represents the being part of that leadership practice. Great leaders must be clear that they are, first and foremost, a holder, a creator, an influencer, an advocator, and a calibrator. In other words, the greatness resides in who they are first, and what they do second.

A person’s actions are dictated by her character. Some people debate whether a leader is born or created. We believe both innate abilities and environmental learning are contributors. While leadership has its foundation in the core of the leader—who she is—this core nature can be shaped by and transformed through self-reflection and interaction with effective mentors.

IN SEARCH OF “LEVEL 5” LEADERS

One of the most striking insights brought forth during a forum convened by Witt/Kieffer (2007) was the way participants described ideal leaders. The attributes they focused on involve character and integrity and have little to do with technical skills.

Participants also stressed the importance of personal drive tempered by humility, reminiscent of Collins’ (2001) definition of Level 5 leaders in his Good to Great model. According to Collins, a Level 5 leader builds enduring greatness through a paradoxical blend of personal humility and professional will. High performers channel their ego needs into the larger goal of building a great company, Collins says.

We consider a majority of the interviewed healthcare leaders to be Level 5 leaders. These executives expressed humility but conveyed
the bold visions they built for their organizations and colleagues in clear, insightful terms. They partner with colleagues, boards, and physicians to develop comprehensive strategies for pursuing stretch performance objectives for themselves and their organizations. Not content to focus their insights and will on achieving accomplishments within their organizations alone, most of the interviewed leaders have been active in regional and national leadership roles to serve the industry and develop future leaders for a challenging future. Such leaders are more likely to leave lasting legacies and high-performing healthcare organizations than are leaders who fall elsewhere along the spectrum of leadership.

A LEGACY-LEAVING LEADER

Leadership clarity is achievable if your legacy road map is built on the following leader attributes (adapted from Kouzes and Posner 2006, 49):

- Knows where he or she is going, why he or she is going there, and how to get there
- Looks for the best in those he or she serves
- Knows how to lead without being dictatorial; exhibits humility
- Does not look for or require kudos
- Considers leadership to be an opportunity to serve
- Learns to listen and listens to learn
- Has courageous conversations with ally and opponent alike
- Manages time, money, and resources as a good steward
- Has his or her head in the clouds but his or her feet on the ground

We all need to find our voice and use it to fulfill our life’s passions, purpose, posture, and position to leave a legacy of leadership. Clarify your leadership voice and your gifts, and use them
to develop those around you. The bedrock for legacy thinking is a solid appreciation for providing selfless service to earn followers with your inspiring vision, challenging expectations, passionate mentoring, and continuous pursuit of personal development.

THREE KEY ACTIONS TO HARDWIRE LEADERSHIP CLARITY INTO YOUR LEGACY ROAD MAP

**Action 1:** Explore and master leadership models from diverse resources, including distant sources such as the UK’s National Health Service.

**Action 2:** Define your own set of leadership competencies that will drive your personal development and your mentoring of others, and place them in your personal digital assistant you transfer from smart phone to smart phone. You can refine the list periodically throughout your career.

**Action 3:** Draft your obituary in an upbeat and light-hearted style to reflect a career you would be proud to celebrate with those who mentored you.