

# Physician as Leader I: From Theory to Practice Regarding Fundamental Leadership Styles

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Physicians are supposed to “mind their own business” and let other people who are fully qualified as “health care administrators” to do the leading of American health care organizations in which many physicians are now working. However, many physicians are no longer “minding their own business” – especially when working in systems that often seem to be dysfunctional.

Perry Pugno is a physician among those who are not minding their business and are concerned about leadership in contemporary health care systems. Along with Mindi McKenna, Perry Pugno has written a book about physicians as leaders (McKenna and Pugno, 2006). They frame their work around a fundamental perception that is held by many other people inside and outside the American health care system. This is the perception that improvements in the American system are needed (McKenna and Pugno, 2006, p. 1):

Nearly everyone agrees that healthcare should be "better" - in fact many would say healthcare needs an "extreme makeover." Yet few expect significant improvements anytime soon. We are doing what we can to prevent the tragic cases of those who die too young, or those who live too long. We keep on striving to help and to heal, even while the practice of medicine becomes ever more challenging.

McKenna and Pugno point to the role that physicians might play in helping to lead reform in this dysfunction system:

The issues are complex; answers are elusive. Some have succumbed to engaging in blame games; contributing to the problems rather than collaborating toward new solutions. With increasing frequency and urgency, people are pleading for physician leaders to guide the way through the complexities of contemporary healthcare. Some call upon physicians to help out of belief that the solutions will require perspectives only practitioners can provide. Others believe that without physician involvement, efforts to change will be met with resistance.

In many instances, however, physicians are nowhere to be found when leadership is required. One of the physicians that McKenna and Pugno (2006, p. 63) quoted in their book put it this way:

It is tough to come up with names of widely recognized physician leaders. The fact that I can't immediately list recognizable physician leaders is in itself telling. We physicians lack leaders who can influence, thus raising the bar for the profession. Leadership is needed - individual or through professional organizations." [Randall Oates, MD Family Physician Founder and President, Docs, Inc.]

And here is what their book is about:

Yet, despite widespread agreement on these notions, few of us can identify physician leaders, articulate what they do, or explain how they lead. Now more than ever before we need a clear and compelling picture of physician leadership. Someone must help the healers heed the call.

Unlike most of the other books (that are few and far between) regarding leadership among physicians, McKenna and Pugno's book offers theory, research and a substantial offering of quotations regarding leadership that are gained from actual working physicians.

## Leadership Style and Practice

A leadership model called DISC is the primary theory being applied by McKenna and Pugno. DISC has been widely used in the training of leaders and managers. A similar model, called the Leadership Spectrum, has been similarly applied in the training and education of leaders and managers. I bring these two models together in this essay as a way to enrich our understanding regarding how physicians might most effectively lead in a challenging mid-21<sup>st</sup> Century health care system.

### DISC and the Leadership Spectrum

In their introduction to work styles of physician leaders, McKenna and Pugno (2006, pp. 55-56) bring in DISC. This model incorporates four major preferences to be found among leaders working in all sectors of society: (1) dominance (D), (2) Influencing (I), (3) Steadiness (S) and Compliance (C) (DISC, 2024).

I propose that these four preferences related closely to the preferences and styles to be found in a model of leadership that I have often engaged in my training of leaders. Called the Leadership Spectrum, this model is incorporated in the book on leadership that I co-authored with Jeannine Sandstrom and Agnes Mura.

Much as is the case with those who have constructed the DISC model, I believe that no one leadership style is best. Specific strengths are associated with three primary styles. These styles tend to correspond with three of the four DISC styles. In addition, I propose that there are distinctive strengths associated with various blends of these three styles. I engage the metaphor of color in describing (and hopefully making memorable) each of these primary and blended styles. That is why this model is titled: *The Leadership Spectrum*.

In setting the stage for a description of each leadership style, I offer a basic model regarding the ways in which we approach the many challenges of mid-21<sup>st</sup> Century organizational life. This model concerns the ways in which we identify our current reality, our desired reality, and the ways in which to move from the current to desired state. I suggest that there are three domains on which we tend to focus as leaders. These are the domains of *information* (where am I or where are we right now), *intentions* (where do I want to be or where do we want to be) and *ideas* (how do I or how do we get from where we are to where we want to be).

### The Three Domains: Information, Intentions, and Ideas

The *domain of information* is entered whenever we attempt to find out more about the current condition in which the client finds herself. In seeking to identify this information, we act as researchers, asking questions that can be answered by a systematic collection of information. In understanding the

current situation, we (individually or collectively) must not only seek information that is valid. We must also seek information that is useful. It must relate to the target that the leader and her team wish to reach. Many realistic plans can be established, and problems can be solved through the systematic collection of valid and useful information.

The *domain of intentions* is entered whenever we attempt to understand and clarify our personal or our organization's mission, vision, values, or purposes. While research prevails in the area of information, clarification prevails in the area of intentions. Unlike traditional approaches to the clarification of intentions, which tend to emphasize enforcement or modeling, intention clarification focuses on the way in which mission, vision, values, and purposes come into being.

As we or our organization becomes clearer about intentions, we will begin to produce solutions that are more and more consistent with these intentions. The process of clarifying intentions becomes richer and more profound as each of us moves toward greater maturity. A mature intention is freely chosen; it is not imposed (an imposed requirement is part of the situation). A mature statement of mission, vision, value, and purpose is prized and affirmed; this statement serves as a guiding charter for one's department or organization and is repeatedly acted on in a consistent and persistent manner.

The *domain of ideas* is entered whenever we attempt to generate a proposal intended to move from the current to the desired state. Ideas are sometimes fragile, often misunderstood, and easily lost. While information exists everywhere, we often ignore or misinterpret it. But we can usually go back and retrieve it. Similarly, even though intentions may be ignored or distorted, they resist extinction. Their resistance to change is often a source of frustration: old values linger as do old visions and purposes. Good ideas, on the other hand, are easy to lose and hard to recover.

Settings must be created in which ideas can readily be generated and retained. Two processes are essential. *Divergence* produces creative ideas. Divergence requires minimum censorship of ideas, minimal restriction on people offering their own suggestions and taking risks, and minimal adherence to prescribed rules or procedures for the generation of new ideas.

The second process is *Convergence*. People must be given the opportunity to build on each other's ideas, to identify similarities in their ideas, and to agree upon a desired course of action. Convergence requires leaders to observe specific rules and procedures, to listen to ideas and to be constructively critical of other ideas. The domain of ideas often requires that we display a subtle and skillful interplay between convergence and divergence.

### **Color of Each Domain**

I have chosen to assign each domain one of the three primary colors on the spectrum: red, blue and yellow. I am assigning the color red to the Domain of Ideas. In fact, it is a ruby red-- for as we are about to see this is the domain that is glowing with energy and vitality. The Domain of Intentions has been assigned the color of blue (and more intensely Azure Blue). This is a color that represents sky. Azure Blue suggests a quite beautiful sky that inspires us to look upward and outward into the future. Finally, the Domain of Information is represented by yellow. Golden Yellow represents the intense light emanating from the sun. We must be illuminated by light if we are to find our way forward.

## The Ruby Red Leader of Dominance

I begin with insights offered by the DISC model of leadership. I borrow from the DISC website and specifically their presentation of the DISC profile (DISC, 2024). As noted by McKenna and Pugno, the Dominant (D) leader likes challenging assignments and is driven to attain results. A set of characteristics (managerial strengths) regarding the Dominant leadership style is provided on the DISC website (2024):

willingness to take risks

comfort with being in charge

confidence in their opinions

persistent through failure

competitive spirit

ability to find effective shortcuts

ability to create a sense of urgency in others

A key to developing these managers is helping them truly appreciate the value of empathy in leadership. By understanding other perspectives, they see that not everyone shares their sense of urgency. They can often get better results in the end by showing compassion in the moment.

### Fiery Leadership

I would specifically suggest that the Dominant leader is fiery—hence the vivid red. Resources are consumed at a rapid rate, generating a great deal of energy. We need this energy if we are to act and not just stand in place. As noted in the DISC model, the Dominant Ruby Red leader dwells in a world of ideas that lead directly to action and results. One of the physicians that McKenna and Pugno (2006, pp. 182-813) put it this way:

Whenever I was given a task, I worked at it as if all else depended on the success of that task. When others realize that attitude and share the enthusiasm of that success, they often will be motivated to join the effort and to do the same. It is hard to motivate others by eloquent speeches and smiles if they cannot see some sort of results over a period of time. That is how I see leadership." [Kieren P. Knapp, DO, FACOFP Family Physician Immediate Past President, American College of Osteopathic Family Physicians]

There is the fire of activism burning in the heart of a Ruby Red Leader. Things are to be done immediately: "Why put off till tomorrow what we can do today!" As the president of Docs, Inc. indicated (McKenna and Pugno, 2006, p. 88):

Administrators operate on a different time frame. Administrators say 'I'll get right on it' meaning sometime during the next quarter. Docs hear 'I'll get right on it' and expect it to be done that afternoon. The physician's reference model involves time frames that are much more immediate. [Randall Oates, MD Family Physician Founder and President, Docs, Inc.]

For the D leader, cautious deliberations are frustrating and demoralizing: "Let's get on with it!" Being driven toward results, the Dominant leader tends to define the world in terms of risk-taking: "Nothing

ventured, nothing gained.” He or she often suspects that the real problem of those who urge more deliberation is an unwillingness to take risks. Action must be taken even though not all the information is in and even though the proposed solution is not perfect: “Something is better than nothing.” One of the physicians that McKenna and Pugno (2006, p. 6) quoted offered a poignant statement about this Dominant Ruby Red push toward action:

All leaders realize they must accomplish difficult tasks. . . . Great leaders understand that “timing is everything.” Successful leaders do not run from making decisions, but rather they know that making a bad decision (and taking responsibility for it) is often better than making no decision at all. So leaders learn to deal with problems “now.” [Kevin Scott Ferentz, MD, Family Physician, Residency Director and Associate Professor, University of Maryland School of Medicine]

In their interactions with other people, the Ruby Red leader tends to be assertive and quite clear about what they would like to see in (and want from) their relationships. They tend to build their relationship around shared engagement and their relationships are often most pleasing for them when they accomplish something important (and perhaps even unanticipated). On the other hand, these leaders tend to be poor listeners and are not very artful diplomats.

The best working environment for someone with a Ruby Red orientation is one in which there exists strong formal accountability and deference (McKenna and Pugno, 2006, p. 83):

Right or wrong--people defer to you. Good leaders recognize that phenomenon . . . .[W]hen medical groups organize themselves, nine times out of 10 the leader is a doctor. [Monte L. Anderson, MD, Gastroenterologist and Hepatologist, Mayo Clinic Scottsdale]

As noted, the nuances of skillful interpersonal engagements and artful diplomacy are not to be found among most Dominant Red leaders. They operate best in an environment where there are concise and often quantifiable goals and in which costs and benefits can be enumerated (return on investment). “I want to know when I have scored a point and don’t want the goal posts to be moving!”

Karen Horney is a noted and often controversial psychoanalyst. She suggested that each of us, under conditions of anxiety (especially if it is related to our relationship with other people), is inclined to take one of three actions in relating to other people. We can move toward other people, away from other people or against other people. Her description of the preference to move against other people fits with our description of the Dominant Ruby Red leader. They like to “punch”—especially when faced with opposition or a repressive hierarchy (McKenna and Pugno, 2006, p. 85):

I punched through the glass ceiling by being immersed in situations that required leadership. I’m watched every day in my current role as interim CEO of this medical center. The responsibility involves a steep learning curve, but I’m doing the job, knocking down big issues, building a track record of accomplishments. [Randall Oates, MD Family Physician Founder and President, Docs, Inc.]

When confronted with a difficult or contentious relationship, the Ruby Red leader will indeed punch. They will push against and often confront the other person in order to “cut through the crap” (McKenna and Pugno, 2006, p. 178):

Professionally, family physicians were just starting to make senior colonel and general officer level where they could influence important medical issues. As I was more involved in the politics of the departments of the hospital, my chief reminded me that family doctors would rise to positions of authority and responsibility if for no other reason that hospital departments are like dysfunctional family members and who better than a family doctor to cut through the crap and get things done. That concept--cut through the crap and get things done --has served me well. [John R. Bucholtz, DO, Family Physician, U.S. Army]

I suspect that Dr. Bucholtz is not alone in pushing hard against the dysfunction to be found in mid-21<sup>st</sup> Century medicine. While this Dominant Ruby Red strategy may serve Dr. Bucholtz well, it can also be engaged inappropriately in the midst of the complex, dynamic systems operating in contemporary medical institutions (Fish and Bergquist, 2022; Fish and Bergquist, 2024).

Some of the inappropriate uses of the Dominant Ruby Red are based on a set of assumptions identified on the DISC website (DISC, 2024).

I'm the manager—people need to adapt to me.

Praise should be used very sparingly.

I don't need to be tactful if I'm being honest.

I can't show weakness or vulnerability.

People are getting paid—they don't need morale building.

I'm the best suited to make most decisions.

It's fine to use a little intimidation to get things done.

People who need emotional support are expecting coddling.

I should be the one in control.

If we get results, that's what matters.

Everyone should be as driven as I am.

I'm the manager—it's OK if I lose my temper.

I can't slow down.

D-style managers tend to be direct, firm, and strong-willed

As I have just noted, Dominant leaders in the DISC profile find it hard to slow down—and it is in the act of putting on the cognitive breaks and engaging in some slow thinking (Kahneman, 2011) and reflective practice (Schön, 1983) that much of the dysfunction can be most effectively addressed. This is also a time for the Dominant Ruby Red physician leader to take a deep breath as they find themselves continually challenged by the emergence of a powerful managed care perspective and as their powerful alliance (over the past century) with third party payers has often collapsed (Bergquist, Guest and Rooney, 2004). This is a time for strategizing and collaboration rather than riding into town (medical community) as the tough, shoot-first "hombre."

## **Dominant Red: Viewing Other Preferences**

I am about to consider the other two primary perspectives and practices—but first want my Ruby Red colleagues to offer a word about those using these other two leadership styles. First. Ruby Red folks are strongly inclined to push for having a say about all sorts of matters, including their judgement about the Azure Blues and Golden Yellows. Let me first offer the Ruby Red view of those with an Azure Blue orientation: these people are Wishy/Washy.

They are often “bleeding hearts” who spend all their time healing or mourning the state of our world rather than helping to take action that will prevent injury and improve our world. The Azure Blue leaders are inclined to be dreamers. They are asking us to look over our heads while we are trying to solve the problem (which is not to be found up in the sky or clouds).

Those with a Golden Yellow predilection are viewed by the Ruby Reds as uninvolved. They are “bean counters” who sit back and count the casualties rather than find ways to prevent these casualties. While the Azure Blues are doing the healing, the Golden Yellows are keeping the statistics regarding how many patients have been admitted and how many healed.

No one is trying to prevent injury or illness. It is up to the Dominant Ruby Reds to take this preventative action. In short, those with a Dominant Ruby Red orientation are inclined to view analysis as a luxury when there is a crisis (and there always seems to be a crisis in the life of a Ruby Red). This is no time to sit back and gather data when we need to act.

## **The Azure Blue Leader of Influence**

A softer side of leadership is introduced when McKenna and Pugno consider the Influencing (I) model of leadership in DISC. This is a style that is infused with optimism and is intended to be persuasive.

### **Dreamy Leadership**

A list of the managerial strengths to be found among those engaged in Influential leadership is found on the DISC website (DISC,2024):

- willingness to experiment
- willingness to accept new ideas
- collaborative, interested in working with others
- comfort in taking the lead
- persistence through optimism
- ability to rally others around an idea
- tendency to give praise and encouragement

One of the core insights that will help these managers is realizing just how much more stability, predictability, or control others might need compared to them. By understanding other

perspectives, they see that not everyone shares their comfort with improvisation or emotional expression. Sometimes they'll need to take a more task-oriented or tough-minded approach.

In seeking to influence other people, the Influencing Azure Blue leader points to the sky so that we might envision what ultimately is possible. Rather than looking down at the ground to see only the present state, the Influential Blue leader in health care looks upward to envision the future. As one of the leaders in McKenna and Pugno's (2006, p. 206) have declared:

I believe leaders in medicine and in any field have a goal that is more future-focused than others; and they just won't quit, even if their goal takes 10 or 20 years to achieve. [Monte I. Anderson, MD, Gastroenterologist and Hepatologist, Mayo Clinic Scottsdale]

Rather than starting a fire to produce energy (and ideas), we look up at the sky to find the energy inherent in the force of an inspiring image. Toward what are we moving—that is the key question. Vision requires that we find a consistent and compelling sense of mission and purpose.

It is imperative that the Inspiring Blue leader avoid being too impulsive, unrealistic or disorganized. It is easy to stumble over a log (or organizational barrier) when staring up at the sky. Some of the assumptions made by the Influential Azure Blue leaders contribute to the potential of missteps and stumbling while gazing up at the stars. The DISC website (DISC, 2024) contains a list of these often-untested assumptions:

Most people are fine with improvising.

People who are quiet and reserved need to be brought out of their shells.

I have to express my feelings when I have them.

If someone shows confidence, they're probably competent.

I need to keep things upbeat.

The team should keep things positive, all the time.

I shouldn't jeopardize my popularity.

It's OK to build up excitement for an idea, even if it's only a vague possibility.

Showing my enthusiasm will get everyone excited.

Everyone should assume the best, like I do.

It's better to move on than dig into problems.

Everyone craves excitement.

If I give critical feedback, our relationship will never recover.

i-style managers tend to be outgoing, enthusiastic, and optimistic

While the Ruby Red relationship tends to be built on the accomplishment of a task, the Azure Blue relationship is built around persuasive and caring. The Azure Blue leader looks to establish relationships



with people who share their interests—and in particular their personal values and life purposes. One of McKenna and Pugno’s (2006, p. 82) health care leaders puts it this way:

The key to making any organization successful is for its leader(s) to inspire followership - get people pulling together to accomplish something they all see as important and meaningful. . . . Open communication is essential for establishing that kind of a positive work environment. . . . [I]t is important to treat others as you want to be treated. All of us want to be respected as adults. We want to be trusted, and kept informed. When leaders are candid, honest, and straightforward, people tend to be very loyal to the organization and its leaders. For example, I hold bi-weekly staff meetings with our senior management team. They know that I expect them to immediately go back and share the decisions and information from those meetings with their employees. . . . Strong leaders also provide clear direction for others. When we told our employees about the financial challenges our organization was facing, we also let them know their help was needed. . . . What a great way to help people see that their hard work is not only appreciated, it is rewarded! [William F. Jessee, MD, FACMPE, Pediatric, Preventive and Emergency Medicine Physician, President Medical Group Management Association]

The best working environment for someone with an Azure Blue orientation is one that is infused with a strong and highly supportive culture. Karen Horney would suggest that the Azure Blue leader tends to move toward other people when there is anxiety and tension in the relationship. This moving towards might be done in an effort to comfort or nurture the other person—or it might be done to somehow smother the other person with “kindness.”

In moving toward other people, the Azure Blue leader is likely to find a source of joy in building commitment to a vision—either alone or with other people. The primary source of energy for someone with an Azure Blue orientation is imagining what “could be”. The major focus of attention comes down to the devoting of energy to and nurturing of a specific relationship. One of McKenna and Pugno’s (2006, p. 88) health care leaders even evoked the image of a “servant leader” (reference) when describing the ways leaders should relate to those with whom they are working:

I believe in servant leadership. I believe leaders have to really want to serve those we want to lead. Leaders must be seriously interested in our employees – I mean, to know if they’re recently lost a parent, to throw a baby shower for them, and celebrate their successes over meals. When we share in one another’s lives, we convey that we truly care about their needs. Otherwise, claiming to be a servant leader is just empty words. [Reverend Pamela S. Harris, MD]

The strength of an Azure Blue orientation is providing service to other people. The Inspiring Blue leader has a calling—and this calling is centered on service (not production or profit). We turn again to one of McKenna and Pugno’s (2006, p. 73) leaders:

I meet with hundreds of physicians each month, and I believe deep in my heart that the majority of physicians have a lifelong passion for medicine. For most physicians, it's not a job, it is a calling. Most physicians have a deep love for patients; they genuinely care about quality and outcomes. [J. Peter Geerlofs, MD Family Physician Chief Medical Officer, Allscripts Healthcare Solutions, Inc.]

The challenge for the Azure Blue is overcoming the skepticism of other people (often coming from those with a Golden Yellow orientation), as well as helping other people gain appreciation for the “people”

part of an issue (often having to counter those with a Ruby Red orientation). The ultimate threat is being judged as someone who is ultimately uncaring—being found out as an Enneagram 2 with a hook.

### **Azure Blue: Viewing Other Preferences**

I must first of all note that those with an Azure Blue orientation hate to say anything bad about another person. They often tend to be “appreciation junkies.” However, if forced to share their concerns about the other two orientations then they would have the following to say. Those with a Ruby Red orientation can tend to be a bit cruel—even “heartless”.

This is particularly true of those Ruby Reds who are in a leadership role. The Ruby Reds also can be blunderers. They can move forward without knowing which direction in which to move. As a result, the plans being made can often lead to haphazard actions, unanticipated consequences and frequent reinventions.

What about those with a Thoughtful Golden Yellow orientation. While the Ruby Reds can be heartless, the Gold Yellows are indifferent—they are “soulless”. They are calculators, who tend to view everything from the perspective of numbers: “if it can’t be quantified then it doesn’t really exist.” This means that the truly important dimensions of life are often overlooked or undervalued. We need more soul, as well as more heart, in our contemporary world—so says the Azure Blue as a reluctant critic of the other two primary perspectives and practices.

## **The Golden Yellow Leader of Steadfastness**

Steadfastness is the third leadership style to be found in the DISC model. This style centers on patience, loyalty, and attention to other people.

### **Listening Leadership**

These leaders tend to actually listen to other people! Their strengths are identified in the list offered on the DISC website (DISC, 2024):

- interest in maintaining steady progress
- diplomatic approach
- support of team members and team goals
- provides information clearly and systematically
- tendency to follow through on commitments
- understanding of others’ perspectives
- ability to work with different types of people

These managers grow as they start to appreciate that sometimes they’ll actually have to invite tension and instability into their world. By understanding other perspectives, they see that not everyone shares their need for harmony. The long-term well-being of their team often depends on allowing a little short-term messiness.

I would add another dimension to the Golden Yellow style of Steadiness. We are steady and do not stumble over logs when moving down a well-lit pathway. The Golden Yellow leader of steadiness seeks illumination from the sun. This is the thoughtful Golden Yellow of dispassionate, knowledgeable leadership. What is our current reality? As noted by Howard Smith and his colleagues (quoted by McKenna and Pugno (2006, p. 71}), there is a preference for the light of Golden Yellow among many health care leaders, such as William Jessee:

A few years ago, while speaking at the Academy of Management, William Jessee, MD, FACMPE offered the following hypothesis: Management decision making in healthcare organizations, if based on external research and internally gathered evidence, can increase the likelihood of positive organizational outcomes as measured by financial performance, satisfaction (among patients, employees, and physicians) and clinical results.

In his comments, Dr. Jessee turns specifically to the role currently played by evidence-based medicine in contemporary health care—as well as the role that should be played (McKenna and Pugno, 2006, p. 71):

Dr. Jessee then explained that evidence-based medicine began 30 years ago and has had a long torturous path to acceptance. Too often, physicians would say “I’ve seen ... therefore I believe ... “. The concept of randomized trials, meta-analysis, and other tools of evidence-based medicine came from non-medical fields. More research is needed regarding the reasons underlying the gap between the existence of evidence and real shifts in clinical practice - say, for example, the use of beta blockers after myocardial infarction or retinal exams for diabetics. Why are some innovations quickly accepted, yet others are not? Evidence-based medicine is still not universally applied, but it has become the generally accepted mode for clinical decision making. Most healthcare professionals believe in evidence-based medicine, but don't practice evidence-based management.

We must shed light on where we are right now, so that we don’t stumble forth in the darkness. We can be loyal and committed to a specific purpose because this purpose is clear and thoughtfully conceived. We can be loyal to our team because its members operate in a rational manner and are considerate of one another.

The path forward for the Golden Yellow leader who is steadfast will be discovered and illuminated only when we have sufficient Information. Heaven for the Steadfast Golden Yellow health care leader exists in the bookstores and journals of their profession. One of McKenna and Pugno’s (2006, p. 163) leaders waxed poetic about the role played by books during their formative years:

I fell in love with the medical book section at Barnes and Noble on 5<sup>th</sup> Avenues just outside of Greenwich Village in New York City. The shelves containing medical texts were canyons of vast medical knowledge which allowed the “want-to-be” doctor in me to run wild. [Andrew Schwartz, MD, Cardiac Surgeon, Vice President, Medical Staff, Shawnee Mission Medical Center]

Having become a “real” doctor, Dr. Schwartz and others like him, continues to read and gather information that is critical to their practice as physician and as leader. These are leaders who ensure that there are adequate resources available to achieve a goal. They listen carefully, so that no mistakes are made in receiving or analyzing the information. As one of McKenna and Pugno’s (2006, p. 141) leaders noted:

Physician leaders listen to others' input, in order to increase the likelihood of making optimal decisions and taking appropriate.

This same physician indicated that an effective leader would listen carefully so that those with whom they work feel wanted and appreciated for their own knowledge and insights (McKenna and Pugno, 2006, p. 140).

Effective physician leaders recognize the importance of focusing on the needs and interests of their constituencies. They make the time to get out there and listen to all their key stakeholders. And they let people know they've listened. [Richard Birrer, MD, MPH, MMM, CPE, Family, Emergency, Sports and Geriatric Medicine Physician]

The world in which the Golden Yellow Steadfast leader operates most effectively requires objectivity and diverse perspectives that are offered in a respectful manner. McKenna and Pugno (2006, p. 179) offer the following insight provided by one of their physician leaders:

Great achievements involve the cooperation of many minds. Nowhere is it truer than in healthcare because no one person is ever personally responsible for the care of a person. Quality healthcare requires effective communication between various health professionals. Unfortunately, there is often a lack of understanding of the roles, responsibilities, and skills of other team members. This is high-lighted by the all-too-frequent turf battles between specialists and primary care physicians. Whether we like it or not, doctors' egos often get in the way of working with other healthcare professionals. Can you imagine going in for cardiac bypass surgery without the pump technician, the scrub nurse, the recovery room nurses, or the respiratory care team members? I can't. The cardiac surgeon wouldn't be as successful without the team, nor would any physician. Isn't it time to think about how we communicate with and relate to the other members of our team? Respectful communication between team members can only enhance the quality of care we deliver. [Kevin J. Soden, MD, MPH Emergency Medicine Physician Medical Correspondent, NBC News, Soden Consulting Services].

Unfortunately, we are now living in a world where two or more sets of data may portray quite different realities (Bergquist, VUCA-Plus). What does it mean for us to know that these different perceptions of reality are often dictated by political agendas, societal biases and a strong dose of arrogance and ignorance? The sunlight might be illuminating our reality, but there are also many shadows, and the sunlight has not penetrated all corners of our reality—especially those corners that are filled with anxiety and hatred (Weitz and Bergquist, 2024).

It is at these challenging moments that Steadfastness can result in resistance to change. It is at these challenging moments that untested assumptions made by Steadfast leader tend to come to the surface and interfere with effective leadership functions (DISC, 2024):

It's my job to keep my team happy at all times.

I shouldn't upset people.

It's rude to be too assertive.

If there is uncertainty, inaction is the best course.

If people are sorry, other consequences aren't necessary.

Direct, critical feedback should only be a last resort.

It's better to give people what they want.

Slow and steady is better than unpredictability.

I shouldn't inconvenience other people.

My needs are less important than other people's.

I shouldn't push people to push themselves.

You should always give people the benefit of the doubt.

I need buy-in from everyone before I finalize a decision.

S-style managers tend to be even-tempered, accommodating, and patient

The desire to keep things "on-time," organized, and accommodating might not align very well with the volatility, uncertainty, complexity and ambiguity of mid-21st Century life (Bergquist, 2020).

The Golden Yellow Relationship is founded in clear and consistent communication. Steadfastness comes with a commitment to active, sustained listening. Thoughtful Golden Yellow leaders interact with other people in order to learn more about the real world in which they are expected to lead. They are looking for objectively-based information—but that is hard to find. At the very least, an effective Steadfast Golden Yellow leader will look for diverse perspectives regarding the real world—multiple stakeholders will be invited to the table, where they can share what they know or what they believe that they know without being intimidated or ignored.

Those with a Golden Yellow orientation will tend to build their extended relationships around shared expertise and those people with credible sources of knowledge. They listen carefully to those who can provide valid and useful information. The best working environment for those with a Golden Yellow orientation is one in which there are strong formal operations that are being consistently monitored. Loyalty is reinforced when feedback about these operations is being taken seriously and corrective actions are being taken.

When a relationship isn't working well, the person with a steadfast Golden Yellow orientation will want to move away from other people – especially the person with whom they are experiencing difficulties. This is the third option that is identified by Karen Horney. Just as the sun burns bright at a long distance from our earth, the Golden Yellow leader (or any other person with a Golden Yellow orientation) will want somehow to move out far enough to be safe and perhaps see things more clearly or more "objectively."

Michael Polanyi (1969), a noted Nobel-prize winning biologist and philosopher, wrote about this irony when distinguishing between that TO WHICH we attend and the that FROM WHICH we attend. When someone points to some events, we tend to look to where they are pointing ("To Which") rather than looking at the act of pointing itself ("From Which"). Why have they selected this event for their attention? What is the reason they have asked us to attend to this event?

Polanyi would suggest that the notion of "objectivity" is always suspect, given that the source of this objectivity is always subjective. Our rationality is always couched in an irrationality to which we can

never directly (or objectively) attend, given that we would once again have to find a place from which to mount our attention. For the Golden Yellow, there is always this struggle about somehow being rational and objective in a world that doesn't take easily to such a stance.

As we compile a portrait of the Steadfast Golden Yellow style of leadership, we find that the primary source of Joy is found in gaining an objective sense of what is happening out there in the world. The primary source of energy comes from systematically arriving at an "accurate" conception of reality. When seeking to focus their attention on something that is important, those with a Golden Yellow orientation are likely to devote time (and energy) to remaining clear, consistent and rational in addressing real life issues—and they best do this by working with some independence from other people.

The strength inherent in the Golden Yellow style of leadership is insistence on getting it right. The Golden Yellow leader, in turn, is challenged when being pushed to action without adequate information (this push often brought about by a Ruby Red leader). As already noted, they are also challenged when confronted with alternative interpretations of reality (these interpretations often being offered by an Azure Blue leader). So, what is the ultimate threat for the Thoughtful Golden Yellow leader: it is not being perfectly right.

### **Thoughtful Golden Yellow: Viewing Other Preferences**

Those with a Golden Yellow orientation often consider themselves to be the best judge of character and personal strengths—since they can stand back and objectively observe the behavior of other people and the consequences of this behavior. While they might wait from someone to ask for their observations and judgements, the Golden Yellows are quick to share what they "know." First, those with a Ruby Red orientation can tend to be quite arrogant—especially if they are in a leadership role or are in a position to exert some authority (formal or informal).

To use the old phrase, the Ruby Reds act like "bulls in a China shop." They often leave behind debris after they have acted and do more wounding than healing. Furthermore, the Ruby Reds are described by those with a Golden Yellow orientation as being ignorant: They move forward without knowing if sufficient resources are available. A new computer system is installed without any training being required—and it might not even be the case that this system is really needed: Ruby Reds seem to be attracted to shiny new toys!

When it comes to those with an Azure Blue orientation, the Golden Yellows are likely to use such terms as "irrational", "soft hearted" and "dreamer." The Golden Yellows find the Azure Blues to be particularly frustrating to work with because they are always ignoring reality and thinking only about the future. Why can't we stay in the present for a few minutes and solve the problems that we face right now, rather than anticipating problems of the future or spending time envisioning what a world would look like if these problems didn't exist. There will not be a tomorrow if we don't concentrate on today.

## **Conclusions**

So ends the dialogue among people with differing perspectives and practices. Stereotypes can easily be elicited, and constructive behavior can often be misunderstood. Yet, the dialogue must take place. Biases and untested assumptions must be unearthed, so that all of us might gain from the assistance of

those who are different from us. It seems that these differences can complement our own understanding of the world in which we live. They can add depth and breadth to the actions we must take to improve the world of health care.

In the next two essays in this series, I offer a set of leadership styles that help to bridge the divide that may exist among these three fundamental styles. DISC provides a description of one of these “hybrid” styles, while the Leadership Spectrum provides four styles of leadership that combine two or even all three of these styles—creating a new world of leadership colors: Royal Purple, Tangy Orange, Verdant Green – and Rainbow.

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