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Whole Brain Leadership for Creating Resonant Multidisciplinary Teams

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The animals decided they must do something to distinguish themselves and meet the challenges of a “new world” that demanded perfection. After consultation with experts, it was determined that development of universal expertise would be in their best interests, so they formed a leadership academy and adopted a curriculum consisting of running, climbing, digging, swimming, and flying. In order to produce the kind of expertise that would lead to best outcomes, all animals were mandated to take all the courses.

The duck was excellent in swimming. In fact, better than his instructor. But he made only passing grades in running and was very poor in climbing. He felt ashamed of his inability to climb and practiced until his webbed feet and wings were torn to a point where his swimming began to suffer.

The rabbit started at the top of the class in running but after an accident trying to fly from the “green” level takeoff platform, he had to go to a veterinarian, who placed his hind legs in a cast, and he was no longer able to run.

The squirrel was excellent in climbing but nearly drowned in the beginner’s swimming class and was ridiculed by the fish, who told him he would never be able to swim due to his short arms and fluffy tail (which they felt was a disability) that when wet got heavy and weighed him down.

The eagle had a behavioral issue for which he was disciplined severely. In the climbing class, he beat all the others to the top of the tree but insisted on using his own way to get there and did not follow the “rules.”

The birds all did great in flying, but many of them broke their beaks in digging, became unable to eat, and almost starved.

At the end of the year an abnormal frog that could swim exceeding well and also run, climb, and fly a little had the highest average and was declared valedictorian and the leader.

Modified from original fable by George Reavis

None of us is as smart as all of us.

Kenneth Blanchard

The culture of health care creates important challenges for health care professionals. In particular, we work in a culture that is (1) *hierarchical*, (2) *competitive*, and (3) *perfectionistic*. Unfortunately, the tendency of acquiescing to those demands is contrary to promoting resonant teamwork,¹ and it is important

for leaders of multidisciplinary teams to understand how to create environments that flatten the hierarchy (by encouraging all members of the team to contribute and to genuinely seek the wisdom and knowledge of their colleagues); environments that encourage collaboration and cooperation (emphasizing collective “wins” and “losses” both for the immediate team and for all of us, as a profession); and environments that invite excellence (which is a process) versus expectation of perfection (which is an unrealistic outcome).

The concepts described in this brief chapter emanate from our work coaching health care leaders (both authors are certified professional coaches and specialize in leadership coaching); consulting for health care systems and working for a variety of hospitals, academic medical centers, and medical schools; and from our training and experience in medicine (one author is a practicing pediatric cardiac surgeon), business, psychology, and interpersonal neurobiology (the science of relationships). Where appropriate, we provide references. Also, many of these concepts are nicely depicted in videos that accompany our presentations (some of which are linked in this chapter), and we encourage readers to watch them as they read.

Whole Brain Leadership

There is an increasing amount of information linking leadership to a combination of task and relational skills.²⁻⁴ Information about brain function would attribute task-oriented focus to *left-brain* function and relationship-oriented focus to *right-brain* function. Interestingly, this dichotomy has been alluded to in health care as the difference between mechanical (predictable, linear) systems versus complex adaptive (unpredictable, nonlinear) systems.⁵ In mechanical systems, behavior (and expected outcomes) conforms to reproducible patterns, and emergent (innovative) behavior is discouraged. For example, a ventilator is a mechanical system, and if it does not perform according to its settings, a repair person is called to *interrogate, judge, and fix* the system. Complex adaptive systems are unpredictable, and emergent (creative and innovative) behaviors can be welcomed with enthusiasm. In complex adaptive systems, differences are *explored* to be *understood and connected* (joined). A growing body of literature on leadership (far too expansive to reference here, but virtually every issue of *Harvard Business Review* for the past several years has articles on leadership)

• BOX 1.1 Qualities Attributed to Leadership Skill

Ability to be logical and realistic	Invites possibilities
Big picture orientation	Intuitive
Relationship focused	Task focused
Strategic/past aware	Good with numbers
Detailed	Values stories as information
Values facts as information	Good with concepts
Imaginative/creative	Analytical

TABLE 1.1 Leadership Qualities From Box 1.1 Reorganized Into “Whole Brain” Capacity

Left Brain	Right Brain
Ability to be logical and realistic	Invites possibilities
Detailed	Big picture orientation
Task focused	Relationship focused
Values facts as information	Values stories as information
Analytical	Intuitive
Good with numbers	Good with concepts
Strategic/Past aware	Imaginative/Creative

offers a variety of leadership traits such as many listed in [Box 1.1](#). These leadership traits can be reorganized ([Table 1.1](#)) to better demonstrate the importance of what we refer to as *whole brain leadership*.

To develop and promote this kind of leadership, this chapter will outline a few areas for leadership development.

Integration

We define integration as the linkage of differentiated parts. That is essentially what great leaders do—they link differentiated parts. Integration is a delicate process. It is a dynamic and ever-changing challenge. Dan Siegel describes an integrated state as FACES (Flexible, Adaptive, Coherent, Energized, and Stable). Coherence is in itself an acronym⁶ (Connected, Open, Harmonious, Engaged, Receptive, Emergent [creative], Noetic [inviting spontaneity and newness], Compassionate, Empathic), and all of these are important characteristics for a whole brain leader. Using this concept of integration, it is helpful to think of integration as the flowing of a river. Integrated states (FACES) are found in the middle of the river. On one riverbank is rigidity (linkage without differentiation), and on the other is chaos (differentiation without linkage). In rigid systems there is no allowance or acceptance for individual differences. A mechanical system is rigid. It is predictable and linear. Protocols and checklists can be rigid, and there is a space for them in all health care practices. Protocols and checklists prevent errors of omission, but they will not prevent errors of commission, as well as technical errors or errors of judgment. Protocols and checklists create conformity for tasks that lend themselves to conformity, but they do not necessarily create safety. (For instance, if the system is so rigid that no one is allowed to speak up to challenge a protocol—even when they see something that concerns them or when they have an “emergent” idea that

might be better—because it challenges a well-ingrained protocol, then the system becomes less flexible, unadaptive, and unsafe.) The animal school parable at the beginning of this chapter is an example of rigidity—making one size fit all and abolishing the unique and variable experiences and abilities of the differentiated members of a group. In chaotic systems there is no conformity. Differentiation abounds, and there is nothing linking the group—no common purpose or goal, no common beliefs, leaving no one to lead. Chaotic systems can be rich with ideas and energy, but without linkage through integrated leadership, there is no way to harness this “collective wisdom.” The eventual outcome for these teams is *dis-integration*.

Whole brain leaders possess knowledge and awareness of the allure of these two riverbanks and try to keep their teams flowing in the river of integration.

Whole brain leaders can integrate their systems and create resonance in many ways, and some of these are described in the following sections.

Avoid Dissonance

To describe whole brain leadership in practical terms, we like to imagine that whole brain leaders are integrating three primary elements: self, others, and context, and we have described this in previous publications.^{7,8} The challenges faced on teams generally revolve around these three entities.

Self. What are my needs? What are my opinions? What do I think I know, and what am I very committed to? What are my fears, and do I have enough self-awareness and comfort to be able to acknowledge them? What are my biases? Can I access any potential “unconscious biases” (see [Chapter 9](#))? There is voluminous literature citing the importance of leaders having impeccable self-awareness and willingness to learn and to grow, and some ways that this can be manifested are described later in this chapter. Self-awareness is the first element for emotional intelligence, and whole brain leaders are emotionally intelligent.

Others. Whole brain leadership is relational leadership and requires the ability and willingness to value the perspectives of others. Resonant, whole brain leaders understand that just like themselves, all individuals in the system have needs, opinions, knowledge, and commitments. Whole brain leaders create resonance by making it apparent to team members that their individual and collective needs, values, opinions, ideas, and information are also known and considered as important. Leaders can do this by asking questions, being curious, and simply caring about the needs of others. This ability to develop genuine caring for the members of the team is considered by many successful leaders to be the keystone of successful leadership,^{9,10} and it is an essential cultivator for resonance within the system. Whole brain leaders *genuinely care*, and they also *care in general*, meaning that they understand the power of story. Everyone in the system has a “story,” and when we can know the story, then the system and how people are behaving or what they are wanting makes more sense. A powerful example of “caring in general” was created by the Cleveland Clinic Foundation in their video on empathy (https://www.youtube.com/watch?v=cDDWvj_q-o8). Valuing and tapping into the needs, knowledge, and experience of others is what makes whole brain leaders powerful and resonant. Whole brain leaders genuinely care, and they do this by exhibiting four major qualities that drive connection: (1) perspective taking (inquiring with curiosity to try and understand the experiences of others); (2) avoiding judgment regarding someone else’s “truth”; (3) recognizing emotion in other

people (which requires being “present” to the felt experience of others—having a sense for what might be happening for them “below the surface” that might not be expressed by their words); and (4) communicating and validating the importance of those emotions. These traits can be both learned and developed and are essential for whole brain leadership. The difference between empathy and sympathy is also beautifully described by Brené Brown (<https://www.youtube.com/watch?v=1Evwgu369Jw>) as the difference between driving disconnection versus driving connection. Creating connection is an essential component of resonant teamwork. In resonant teams all members are important and valuable; the team is a single organism, and when one part is affected, the entire organism is affected. Whole brain leaders understand this and cultivate that oneness through genuine caring.

Context. Context is the elephant in the room for health care. Context is the patient, the situation, the reason for us working together, the ever-present “need” that drives our health care world. Context is huge and just like each of us, has needs that must be acknowledged and valued. Teamwork would be difficult enough if it simply required us to “get along” with each other; it becomes daunting when we have to do this in the shadow of urgent, life-threatening, win-or-lose situations that challenge all that we might know and be capable of doing. Add to that challenge the perceived need for perfection, and we have the perfect storm. It is no wonder that many health care teams dis-integrate into rigidity (there is a single answer, and, by the way, it is the one espoused by the leader) or chaos (there is no way we can work together because we all have different opinions about how to get better results). Resonant teams understand that outcomes are an *indicator of process drivers*. Paul Baltaldan states that “every system is perfectly designed to give you the results you get,” and some systems fall into chaos when the individuals disconnect from process and begin to focus solely on outcome.¹¹ Outcomes derive from structure and process (well described by the Donabedian model for health care quality or the Balanced Scorecard¹² approach to best outcomes) (see Chapter 2).

In their book *Primal Leadership*,⁹ Daniel Goleman, Richard Boyatzis, and Annie McKee describe the concept of *resonant leadership* and provide a few examples of both resonant and dissonant leadership styles. Boyatzis and McKee went on to write an entire book on resonant leadership,¹³ and their work is incorporated in our concept of whole brain leadership for creating resonant teamwork.^{1,8} (Our work is also based on contributions from many others we have studied [and in some cases worked with] over the course of almost two decades, including Dan Siegel, Virginia Satir, Jean McLendon, Sidney Dekker, Don Beck, John Gottman, Doug Silsbee, Brené Brown, and Richard Strozzi-Heckler to name just a few).^{1,3,4,10,14-32}

Whole brain leaders create resonance by understanding that *rigid* adherence to certain styles might fail to integrate the competing needs of self, others, and context, and over time this will lead to dissonance within a system. When there is dissonance, there is lack of positive energy, and members of these teams describe their working environment as follows: “sucking the energy from me,” “oppressive,” “it feels unsafe,” “there is no point to my being here because no one cares what I think,” “I just show up and do what I’m told” (which is symptomatic of a system that has disregarded someone’s potential for unique contribution), “I’m looking for another job somewhere” (I’m checking out), or “I just come to work to make money so I can have a life outside of here” (I’ve checked out). Any of these, and other

comments that we have collected and reported,¹¹ are indicative that the system (team) is dissonant. We have now “collected” seven behaviors that we have observed in health care leaders that are dissonant leadership styles when used exclusively and exhaustively over time. We have also observed these behaviors in health care professionals. They are human behaviors inherent not just to leaders (who are every bit as human as the people they lead). Each of these behaviors shares lack of integration of self, other, and context. They are briefly described in the following sections.

Dissonant Styles in Which the Leader Fails to Integrate Others as Valuable Contributors to the Team

Commanding. These leaders are typically always “in charge” and lack curiosity to explore the stories of others. They commonly blame others or circumstances when things go wrong, have difficulty accepting any accountability, and exhibit little capacity for listening, asking, inquiring. They already know. Commanding leaders simply say, “Do it because I say so.” The Federal Aviation Administration created cockpit resource management³³ to counteract the potential damage that can be done by a commanding leader who is unable or unwilling to access ideas, opinions, or information from others. Likewise, Karl Weick has written about how High Consequence Organizations can become High Reliability Organizations³⁴ by “flattening the hierarchy” to protect against commanding leaders when there are unexpected and potentially catastrophic events. In Weick’s model the most important person on a team, at any moment in time, is the person with the most important and relevant information. It is the role of the leader to access that information, wherever and in whomever it resides. An example of a commanding leader is nicely demonstrated in this video (<https://www.youtube.com/watch?v=sYsdUgEgIrY>).

Pacesetting. This term was suggested in *Primal Leadership*,⁹ and we have found it to be especially prevalent in cardiac teams, where perfection is often the goal. Pacesetting can be extremely dangerous because it always seems to be motivated by a “noble” need to do things right. Ironically, many people who have trained in medicine have been taught that “if you want a job done right, do it yourself.” That is pacesetting. (Actually, if you want a job done *your way*, do it yourself; if you want it done “right,” then it can be done by many people as long as you can accept that the “right” way will look different, and often unique and innovative, when you can let go of only one way being “right.”) Pacesetters discourage emergent behaviors because their way is the right way, and this ultimately creates an environment of *mistrust* (a general sense of unease with someone or something) or *distrust* (lack of trust based on experience with someone or something). Pacesetters demand perfection (meaning the outcome must be precisely their way), and it is often simply not possible to satisfy them, so team members simply stop trying (and this leads to the experience of being no longer valuable to the team because one’s opinions, knowledge, experience, and ideas are simply not welcomed). Pacesetters see themselves as being indispensable leaders because without their expertise, everything would fall apart. Ironically, pacesetters often become blamers when things do fall apart, despite their best intentions. Pacesetting can be insidious. Although pacesetting might be manifested by open disregard for the ideas of others, it can also be conveyed by the leader who simply comes along and does everything their way, even after the team has already agreed on a different plan. See if you can recognize the pacesetting in this video (<https://www.youtube.com/watch?v=ZZv1vki4ou4>).

Manipulating. Manipulation is the ultimate creator of mistrust. Leaders who manipulate are typically dishonest and unable or unwilling to communicate their needs. They typically abuse their position of authority to simply “trick” people into giving in to what they, the leader, wants. Leaders can gain insight that they are possibly being motivated to manipulate when they approach a dialogue, conflict, or problem with a predetermined conclusion regarding what they want and they begin thinking of strategies to get their needs met without wanting to directly express those needs. Manipulators are master strategists, and they are often fairly remorseless about the impact of their strategies on others. Their end justifies their means. They are driven solely by making sure they get their needs met, and they are never transparent.³⁵

Dissonant Styles in Which the Leader Fails to Integrate Self as a Valuable Contributor to the Team

Placating. Placaters are driven by the need to be liked and to also make people on the team happy. Ironically, they generally fail at both. They become nontrusted because they do not express genuinely consistent values that team members know the leader is committed to. Instead, they seem to be constantly influenced by the last person who has talked with them. They can be paralyzed from making critical decisions because they are constantly worried about how they might be perceived or judged by others, particularly if they fail (and failure is common because little that these leaders do is an expression of their authentic skill set). Placaters invite chaos because rather than knowing how to “link,” they give in to the constant demands of unending differentiation in the system. In trying to keep everyone happy, they become exhausted and frustrated; a sign of placating is occasional emotional explosion as the exhausted placater erupts against the disorganized demands coming at the leader from every insatiable source. Unfortunately, our health care culture risks the development of placating as a cultural norm as we are constantly reminded “to put the needs of others before our own.”³⁶ In fact, the Accreditation Council for Graduate Medical Education (ACGME) definition of professionalism uses those precise words as an example of what professionalism requires. The conundrum is that we are all human and we have needs, and sometimes those needs, when they are not appropriately acknowledged and valued, continue to express themselves “below the surface” until they simply come out sideways or explode out the top. The antidote for placating is unflinching self-awareness to know what is important to us; self-compassion³⁷⁻³⁹ for ourselves as learners and as valuable members of the team; and to constantly develop mindfulness around our evolving selves. Whereas commanding, pacesetting, and manipulating eradicate others, placating eradicates the self; it creates a form of relational suicide, and it is simply unsustainable. In our work with (and in our own development as) leaders, this insatiable need to please others has created a common challenge, and the solution is simply to gently reacquaint ourselves with our humanness, the validity of our needs (values, opinions, knowledge, and skills), and some tools for integrating ourselves into a culture that has normalized disregard of the self. The patient (our context) always comes first. And so do you. And so do others. Whole brain leaders recognize the challenge of linking those differentiated parts without excluding the part that is themselves. It is a constant challenge to hang on to the self, and it is necessary to simply know that, because your team needs YOU and all the unique and extraordinary features that an authentic YOU can bring to the team.

Dissonant Styles in Which the Leader Fails to Integrate self or others as valuable components of the team

Super Reasonable. We have seen this dissonant style most frequently when we have measured dissonant styles in medical systems. It seems to be the most convenient style that satisfies the need for our systems to be predictable and reproducible. It is a mechanical style because it disregards our human needs and variables. Mechanical focus works for mechanical systems (ventilators, heart lung machines, elevators, airplanes) that can be interrogated (inspected) and fixed. Human systems are complex adaptive systems, and the beauty of complex adaptive systems is that they express emergent (innovative) and unique behaviors that are not always predictable. None of us wants to be “fixed.” We would rather be “explored and understood.” Super reasonable dissonance treats people like robots (<https://www.youtube.com/watch?v=753eH92u2B0>), and a machine cannot give you what a person can. When leaders treat people like machines, they essentially are devaluing and dismissing the importance of our human factor. The only thing that is important is the *context*. Context is ubiquitous. There is always a sick patient, a chapter that needs to be written, a lecture to prepare, teaching rounds to attend, a meeting for making an important decision ... always something to occupy us and distract us from our humanness. (Ironically, in recent years, “human factor” has become a phrase that connects our human capacity for making mistakes to the risk of error in medical systems. However, it is also our human capability for innovating, observing, and preventing mistakes that can lead to extraordinary advances and safety in medical systems. We have found ways to measure the lives *lost* through “human error,”⁵ but how do we measure the lives *saved* because of our incredible human contributions?)

The insidious impact of denying our humanness is commonplace in medicine when super reasonable becomes the driving force. This is beautifully and poignantly portrayed in the movie *The Doctor* with William Hurt. In this movie William Hurt is a heart surgeon (how ironic) who develops cancer, and when his physician is informing him that he can begin radiation therapy on Thursday, he states that he cannot do that because he “has a heart surgery scheduled for Thursday.” It takes his wife, sitting next to him, to overrule that objection and state, “No, Thursday is fine.” He has cancer. He is human. He is attentive to context. That is super reasonable. (A bit later in this movie, he comes home early from work, and his wife calls their son, Nick, to come down and say hi to his father. Nick runs downstairs and picks up the phone and says, “Hi Dad” without even noticing his father standing there in the room. Of course, there is no one on the phone, and Nick says, “Mom, we got disconnected.” Then Nick looks up and is totally surprised to see his father, in the flesh.) Super reasonable is a sure way to disconnection.

In **Chapter 9** the syndrome of physician burnout is described, and one of the factors associated with burnout is *depersonalization*, which is a measured consequence of our medical education process. We have recorded a progressive increase in depersonalization across 4 years of medical school education for one group of students at a nationally recognized medical school. The class cohort shows an increase of depersonalization from approximately 10% of students at the beginning of medical school—during orientation—to approximately 45% of students at the completion of 4 years of medical school. Most disturbingly, depersonalization, unlike feelings of depression, anxiety, and other factors linked to burnout (which exhibit phasic increases and decreases throughout medical education), progressively increases and does not regress once it occurs. From this one medical school, almost half the graduating physicians

are depersonalized at the time they begin their medical residency training.⁴⁰ Depersonalized physicians have just as many needs as they had before they became depersonalized; they are simply less aware of and less compassionate toward them. Ultimately, they begin to treat all people in the system (including their patients) as they have learned to treat themselves. Depersonalized (super reasonable) systems are subject to an 11-fold increase in medical errors, as well as to unprofessional and immoral acts, in addition to ultimate dis-integration from people who want more for their lives than burnout. Systems with depersonalized leaders feel oppressive and dehumanized. It is not possible to exist in them over the long haul, and they exhibit frequent turnover. Team members find ways to “check out,” and there have also been reported examples of some leaders who have committed suicide because they cannot be perfect.

Dissonant Styles in Which the Leader Fails to Integrate Self, Others, and Context—A Totally Chaotic and Differentiated Team That Has No Linkage

Irrelevant. Irrelevance occurs when people become overwhelmed and are no longer capable of accessing their own needs or being available to the needs of others or the context. Irrelevance is nonattuned leadership; it is not focused, and it fails to connect. These are simply leaders who have “checked out” and who are no longer available. Unlike invisible leaders (described in the next paragraph), these leaders are often distracting with their presence. An example might be the leader who continually cracks jokes even when things are falling apart and need their attention. Irrelevant leaders tend to try to “minimize” problems and are not available to hear the very real concerns of their team members. Likewise, they tend to minimize important context issues and might not respond appropriately. Charles Bosk⁴¹ termed the kind of errors these leaders make as “normative errors,” meaning they fail to perform the normal duties and responsibilities of their leadership role. Irrelevance creates dissonance because the members of the team become discouraged that their leader is not “available” to connect with them around their concerns and instead is a distracting presence when they need to have focus. At an extreme the irrelevant leader has given in to substance abuse as a form of escape from the demands of the job. Irrelevance might seem funny and creative to the leader, but the leader is not attuned to the needs of the team.¹

Invisible. Invisible leaders are not present for their “leadership moments.” This is nicely described by Sidney Dekker in his work on “Just Culture.”²⁹ The members of the team become secondary victims of an unexpected or untoward event. There are times when the team needs a leader to “step up” and take accountability for the team or to make a critical decision or to simply be “the leader.” Invisible leaders tend to hide at these times in the hope that the moment will pass (unnoticed) or that they might escape unscathed. Many years ago the national media covered an “error” at a major medical center.⁴² The hospital leader was not visible on the newscasts. Ultimately, an individual on the team got the majority of the blame. How different it might have been had the leader been immediately present and made a statement such as “This was a terrible tragedy for this patient; AND (we find it is always useful to insert “and” in place of “but,” so as not to diminish the value of the immediately preceding statement; try it sometime) this was also a terrible tragedy for our extraordinary health care team—some of the best doctors and nurses in the world; AND this was a terrible tragedy for our hospital that this happened, and we commit to trying to understand how these things happen so that we can,

TABLE 1.2 Beneficial Leadership Traits When Strengths Used Appropriately

Strength Overdone	Strength Used Appropriately
Dissonant version	Resonant version
Commanding	Assertiveness
Pacesetting	Competence
Manipulating	Strategic
Placating	Genuine caring
Super reasonable	Logical
Irrelevant	Creative and fun
Invisible	Self-protective

as a health care system—as a really exceptional health care system experiencing a terrible tragedy—help prevent this from happening again—here or elsewhere.” But the leader was not visible. He was nowhere to be found, and the events unfolded differently. Some of the members of that team are still affected by that lack of leadership.

All of these styles become dissonant when they are used exclusively, over time, as the most predictable response by the leader to a problem. The dissonance is created by the lack of FACES that resonant, whole brain leaders require in order to navigate the river of integration. Ironically, leaders (all of us) have access to each of these styles and, when integrated into a complete repertoire of response, can create a more vibrant ability to adapt and perform effectively. Each of these styles actually exists on a *continuum* or *spectrum* of strengths. When the strengths are overdone, they can lead to dissonance, but a strength used appropriately can be a powerful tool or style. In Table 1.2 we demonstrate how the style might look along this spectrum, with the “strength overdone” being represented as the dissonant style and the strength being used when needed and at appropriate times representing the more resonant version.

Whole brain leaders create resonance through their ability to integrate the various and changing needs of self, others, and context into a dynamic and stable system. They access a wide range of possibilities that include tasks that need to be accomplished, problems that need to be solved, and the needs of the people in the system that need to be valued. An example of this is nicely portrayed in the story of a young surgeon on vacation with his wife published many years ago when the ACGME first introduced their duty hour restriction, and we recommend reading it now so that you can integrate the information about resonance into your understanding of the story.⁷

Avoid the Four Horsemen of the Apocalypse

Several decades ago, a (then) young researcher in Seattle began investigating how couples managed conflict and how their management styles were connected with the ultimate fate of their marriage. John Gottman was a mathematician who believed that he could find logical explanations for how relationships thrived or disintegrated. His first book, *Why Marriages Succeed or Fail*, was a seminal work and becomes particularly relevant to teams taking care of critically ill infants when the word *Teams* is inserted in place of the word *Marriages*. Gottman’s extraordinary work (based on extensive quantitative and qualitative research) became nationally prominent when it was recognized that he could watch a couple

in conflict for approximately 2 minutes and then predict (with 95% accuracy over 15-year follow-up) whether they would stay married or end up divorced. He could even predict whether they would divorce early (within 4 years) or late (after 8 years) with the same 95% accuracy. His work was mentioned by Malcolm Gladwell in his book, *Blink*, and it has long served an important role in our own work with resonance in medical teams and the development of whole brain leadership. In his book, Gottman described the “four horsemen of the Apocalypse,” and what he noticed as destroyers of couples relationships are every bit as relevant for team relationships. Whole brain leaders need to be aware of these four destructive influences and acquainted with the antidotes for them. We briefly describe them in the following paragraphs (and recognize that there is a lot of information around these factors that cannot be covered in the scope of this chapter).

Criticism. Criticism is poison, and it is ubiquitous on medical teams. Criticism is personal, and it is designed to identify a culprit and let that person know how much he or she is to blame. Criticism is the finger pointing at someone, chastising the person for a mistake. (Notice that when you are pointing a finger at someone, where your other three fingers are pointing!) Criticism is a form of punishment doled out to the offending party, and research on punishment is consistent—punishment does not work in technical fields. It only creates more of the undesirable behavior as people begin to focus more on how to avoid punishment rather than engaging in the more challenging process of trying to understand the driving force for their behavior. Punishment creates fear of future punishment, and the undesirable consequences of this have been well described by others as creating a proclivity to “choke”⁴³ or to disengage from the team or simply to find clever ways to disguise action to avoid more punishment. Regardless, criticism is destructive, and it generally makes everyone on a team feel demoralized and either afraid that they may be next to be criticized or simply feel badly for their colleague and teammate who is the recipient of the criticism. Criticism rarely creates problem solving as much as it creates polarization into the people who are “right” versus the people who are “wrong.” The antidote for criticism is *complaint*. A complaint is not personal, and it invites ALL team members to engage in problem solving. Problems do not have names—they are gender neutral. Imagine the difference between criticism and complaint as if the problem is represented as a soccer ball. Criticism is like putting the soccer ball inside someone and then kicking the person around. A complaint is like putting the soccer ball on the floor and letting everyone kick it around. The problem is not “why do YOU keep killing all my neonates with your poor management?” (personal—ouch!) The problem is “WE keep struggling with our neonatal outcomes. What kinds of things should WE try to do differently?”

Contempt. Of the four horsemen, contempt may be the most destructive. Contempt does not necessarily require words; contempt can be conveyed by an expression (such as a slight tilt of the head and a rolling of the eyes). Contempt is a total annihilation of an “other.” Contempt is essentially a way of discrediting the value of another team member and minimizing that member’s importance to the team. Whole brain leaders develop antennae for contempt, and they do everything they can to remove it. The antidote for contempt is appreciation for what others know and can bring to the system. It has been written that great leadership requires great followership, meaning there are times to stop pacesetting and commanding and let another team member do what that person does best. Pacesetting is a subtle form of contempt

because pacesetters have a belief that there is only one way to do a job—their way. When contempt is expressed openly as disdain for the abilities of someone in the system, the system will need intervention to heal or it will disintegrate. One way to create this anticontempt energy in a system is to have team members identify the strengths of each member of the team and to make sure that those strengths are expressed as appreciations publicly and openly. Quin Studer describes a process of “managing up,”⁴⁴ which is a way of spreading positive stories about other people on the team. Notice the times that contempt appears in your system, either subtly or overtly. And imagine how it might be different if the perspective of the recipient of the contempt were understood.

Defensiveness. Defensiveness is the other side of “blame.” It is in effect the same as saying, “I didn’t do it. She did it.” Defensiveness is often found in systems in which the leader has allowed punishment and criticism to exist, so defensiveness is expressed as a way to avoid these consequences. The problem with defensiveness is that it creates divisiveness. Defensiveness does not need to exist in resonant systems where accountability is a part of problem solving as opposed to a part of the blame-seeking process. The antidote to defensiveness is self-accountability. Next time you have a quality improvement conference (morbidity and mortality conference) and a difficult outcome is being examined, try going around the room and, instead of assigning blame (root cause analysis), have each team member courageously take accountability for some piece of the outcome. What would each member have done differently, in retrospect? Have each team member imagine something he or she might wish he or she could have done now that the team member knows what happened. This creates a culture that reinforces our connectedness and dependence on one another. This interconnectedness of random events—often seemingly unrelated—contributing to one single occurrence is important for us to understand as we try to make sense of the overwhelming nature of what we experience. It is beautifully portrayed in the accident scene from Benjamin Button (<https://www.youtube.com/watch?v=mTDs0lvFuMc#t=32.076865449>). In many of our programs, the taxi driver (often the surgeon) who is at the end of a series of events gets the “blame” for an event, but “life, being what it is, a series of interconnected events,” can sometimes result in an outcome that is the result of so many small events along the line. The power of self (and shared) accountability is enormously helpful to us as we attempt to put these events into perspective so that we can create resonance; understand interconnectedness; and remove blame and defensiveness as blockades to team understanding, improvement, and growth.

Flooding. Flooding refers to emotional overload. When we get flooded, we simply want to shut down and not address the moment. This can leave others on the team feeling abandoned, unheard, or ignored. When I (RMU) finish a challenging operation and return to my office, I am sometimes “flooded,” and if my administrative assistant bombards me with a lot of requests—phone calls to return, tasks that need attention—I just want to ignore them. She might take this personally, when actually the person with the immediate need is me. So I have told my assistant that when I come back from the operating room and close the door to my office, it has nothing to do with her—I simply need time to recenter myself so that I am ready to be available. We have found that this works well, and the antidote for flooding is “self-soothing,” which can simply be acknowledging as a leader that people (including the leader) have needs to center and reconnect to their internal resources so that they can move on to the next demand. We have described

internal resources in previous publications,⁴⁵ and they can serve as a useful source for resilience and integration.

In the Prochaska change model, growth and change occur as we move from unconscious incompetence to conscious incompetence. That is a huge move—we simply become aware of our limitations and challenges. For whole brain leaders, this is a necessary movement. Nothing really changes. We are still incompetent, AND we are now available to learn tools to move us, slowly but inexorably, toward conscious competence and eventually (with practice and mastery—internal integration) to unconscious competence—and that is transformational change from which we never go back.

The following sections describe, briefly, a few leadership tools to consider. There are many, and we are simply presenting a few.

Accept Influence

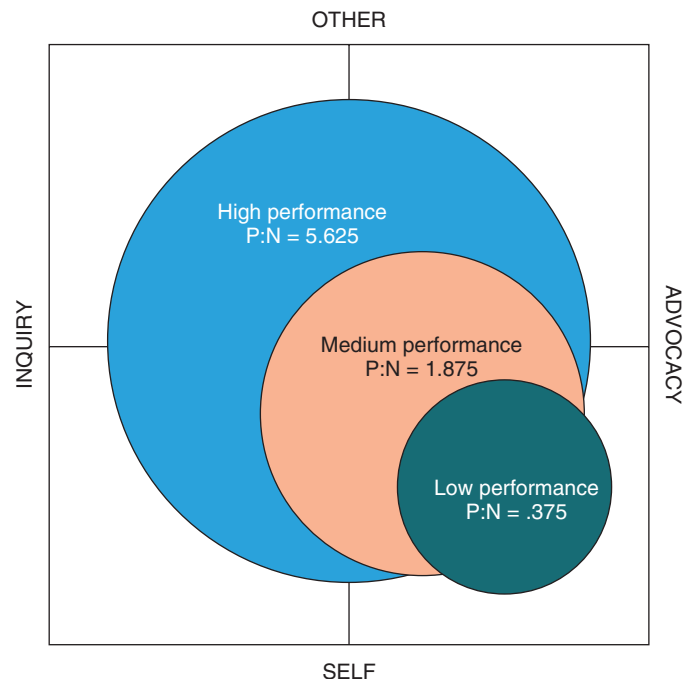
In his work with couples, Gottman described (for his interview with the *Harvard Business Review*) the ability to “accept influence” as one of the most important elements for creating healthy relationships.⁴⁶ We have found this to be especially effective for medical teams. Accepting influence invites all the members of the team to be engaged and valued and to participate. By nature, leaders who accept influence have found a way to abolish contempt and to “push the up button” as they create joy and resourcefulness for their team, as well as a culture that promotes learning, growth, and change.¹ Accepting influence is a cultural change as much as it is a leadership tool. Imagine that in your organization you have a saltshaker full of “yes” crystals that you can sprinkle around liberally: “Yes, that is a good idea. Let’s try it.” “Yes, please keep calling me when you have concerns.” “Yes, that would be great if you would present that information at our next conference.” “Yes, I appreciate your thoughts on this.” “Yes.” “Yes” creates a different culture than the more typical “No” culture, where the saltshaker sprinkles around: “No, we don’t do things that way around here.” “No, when I want your opinion, I’ll ask for it.” “No, that is not something we’re going to try.” “No, I don’t want your help.” “No, I don’t really care what you think.” Which culture would feel more attractive to you? Furthermore, when we hear (or even feel or sense) “no,” it often invites implicit memories of not getting our needs met. Consistent “no” might lead members of a team to give up and stop trying because trying will only bring on another “no.” Leaders who emphasize accepting influence can do this in numerous ways—allowing others in the system to make suggestions and then taking those suggestions, even (especially) when they are different than the cultural “norm.” This indicates to the team members that change is valued and ideas are respected.

There is a very instructive scene in the movie *Master and Commander* with Russell Crowe. He is the captain of a ship and is called to the deck because the person on watch “thinks” he saw an enemy ship through his spyglass. “You think you saw it?” asks Crowe. “Yes, I think so. I can’t be sure. It was only for a moment—through the fog.” Crowe then asks another member of the crew if he saw it. “No, sir. I didn’t.” Now this is a situation that would be ripe for contempt (disdain) and dismissal of the experience of the person in the minority opinion—in this case the person who “thinks” he “might” have seen something. In some dissonant teams there might be a sneering diminishment of the crew member who “thought” he saw something “only for a moment,” unconfirmed by a more “trusted” team member. But Crowe does not take the bait. Instead he says, “Well, you did the right thing.” (That is a way of sprinkling a “yes.”) “Go back to your posts. Thank you.” (another “yes”) Then he (the captain) begins looking to verify if

there is an enemy ship. He sees it and provides the warning in time to save the crew—all because he “accepted influence.” We can all do this. In a presidential address to the Southern Thoracic Surgical Association, a virtually uninterpretable photo of a cow is displayed by the speaker.⁴⁷ Only a few members of the audience even recognize it for what it is. If the leader simply ignores their perspective because he or she does not see what they see, then he or she misses out on valuable information because when the photo is redisplayed without the confusing background, the cow is readily apparent and can be seen by everyone in the audience. Accepting influence is a powerful tool for a leader to introduce into the system. It gives permission for people to speak up without fear of being ridiculed, ignored, or dismissed, and it allows the system to be greater than the limitations of any one person. If only one person sees something and the rest of the team is willing to accept the reality that someone is seeing something they themselves have not seen and they become curious to know more about what was seen and how they, too, might be able to see it, then the entire team becomes more powerful. Whole brain leaders accept influence because they genuinely value the perspectives of others, and they make their teams powerful as a result.

Be Ratio Minded

In an elegant investigation of the role of positivity and connectivity for business teams, Losade and Heaphy, from the University of Michigan School of Business, described the interrelationship between a variety of parameters to quality of performance.⁴⁸ Connectivity (an essential trait for whole brain leaders) became a control parameter that was linked to various ratios that were associated with whether the teams performed at a high, medium, or low level. A graph of their findings is displayed in Fig. 1.1.



• **Figure 1.1** Emotional space projected over Inquiry/Advocacy and Other/Self. (Modified from Losade M, Heaphy E. The role of positivity and connectivity in performance of business teams: a nonlinear dynamic model. *Am Behav Sci.* 2004;47:740-765.)

TABLE 1.3 Team Function Ratios

Ratio	High	Medium	Low
P:N	5.6:1	1.8:1	1:20
I:A	1:1	2:3	1:3
O:S	1:1	2:3	1:30

P:N, Positive versus Negative; I:A, Inquiry versus Advocacy; O:S, Other versus Self
 From Losade M, Heaphy E. The role of positivity and connectivity in performance of business teams: a nonlinear dynamic model. *Am Behav Sci.* 2004;47:740-765.

What is remarkable about their findings is that the increasing ratio of positive to negative emotions (often referred to as essential for high performance) is interrelated to the ratio of “other-focus” versus “self-focus” and to the ratio of “inquiry” (curiosity about the perspectives of others) versus “advocacy” (fixed commitment to one’s own perspective). The remarkable association of these three ratios to performance is displayed in Table 1.3.

Positive Versus Negative. The ratio and importance of positive to negative has long been emphasized by some organizations as crucial to high performance. What is more difficult to understand is that the relationship between positive and negative is very complex. Some teams have stated that it is easier to feel positive when things are going well and that therefore this ratio is really the result of how well the team is performing, not the other way around. However, Losade and Heaphy’s research, as well as research by Gottman,^{21,49} Fredrickson,^{19,50,51} and others has demonstrated that it is actually the ability to create positivity that far exceeds negativity that leads to the better outcomes for teams. This is a ratio that is generated by whole brain leaders and in its most mature forms, is associated with high performance. The actual desired ratio varies from 3:1 (Fredrickson) to 5:1 (Gottman) to Losade and Heaphy’s 5.6:1, likely depending on the type of team and what is being measured. However, three things are important to take away from this research. The first is the power of negativity. It takes much more positive to overcome the negative to produce high performance. The second is the absolute necessity for negativity to be present. Negative experience is important to acknowledge in a system. Without the negative there is a risk for false harmony,⁵² and this would ultimately eradicate any credibility to positivity. Finally, from Losade and Heaphy’s work is the critical interdependence of P:N with O:S and I:A. In the figure (see Fig. 1.1), P:N increases as the axis moves to the upper left quadrants (“other-focus” and “inquiry”) and away from the lower right quadrant (“self-focus” and “advocacy”). High performance is a complex result of tools that whole brain leaders can employ to create more space for the perspectives of others (versus considering only their own self-perspective to have merit) as well as inquiring (with curious exploration, as one would for complex adaptive systems) to learn more about the opinions, perspectives, and knowledge of others rather than constantly advocating their own beliefs (and limiting the team to only what they know or believe). There are numerous techniques that leaders who are aware of these ratios can employ to improve performance of their teams.

Other Versus Self. A few things that leaders can do to improve the O:S ratio include cultivating connections among team members. One way to do this is to expand awareness of who the “others” are and appreciation for the wide array of talents, interests, and passions that we each bring to our teams. In our work with teams,

we have sometimes referred to this as “attunement” (Dan Siegel would call this “mindsight”).^{1,28} Typically in our professional cultures, we refer to each other with titles (e.g., professor and chief of cardiothoracic surgery, nurse manager, director of in-patient services, lead perfusionist, assistant professor, staff nurse, chief executive officer, grand master), and these titles are often displayed on our name badges as if that defines who we really are. We have introduced to some teams the concept of slash IDs—that is, after our official title, there is a slash and then the rest of who we are, such as avid golfer, fisherman, reader, sports fanatic, and father of five children; or dog lover, cook, and stargazer—anything that tells our team we are more than a title. We have seen people actually inadvertently try to accomplish this when they have placed photos of their children or pets over their own on their name badge. The slash ID simply expands this to provide a larger window into the world of those wonderful “others” who are on our team. Another way whole brain leaders validate the perspectives of others is by accepting influence and cultivating a culture that invites engagement by all the members of the team. Finally, whole brain leaders validate the value of others by both “making” and “accepting” repair attempts. There has been a lot of work demonstrating that our most positive mentors have been the ones who have supported and nurtured us when we made mistakes. Mistakes made in an environment of support and caring are commensurate with learning.⁵³ In our systems we encounter errors, and sometimes this leads to “ruptured” relationships. One of the most powerful tools for healing these ruptures is to offer a repair attempt (a genuine, sincere apology), and more important than that (particularly for the leader to model) is to accept the repair attempt with compassion and understanding that ruptures and errors are a necessary part of our learning and growing processes. The power of an accepted repair is enormous, and the damage from a cursorily dismissed repair is equally important to appreciate. When a team member musters the courage to offer a repair, we serve our teams by stopping and simply noticing that this tender moment is an opportunity for us to heal (when we accept the repair with kindness and sensitivity) and with that healing, move forward to our next challenges.

Inquiry Versus Advocacy. There are many ways a leader can cultivate inquiry. One of the most powerful is to invite learning into the team. Carol Dweck has spent a lifetime describing the difference between learners (growth mindset) versus knowers (fixed mindset). Her work is beautifully portrayed in her book *Mindset*,¹⁷ and we have referred to it in previous publications.^{1,11,53} All of our teams are rich with talented, knowledgeable, capable, and passionate members who want the same thing: to do a great job taking care of sick patients. Each team member brings a unique set of information, experience, and ability. Whole brain leaders recognize that every one of us is an expert in something, so we are not afraid to ask for advice or for help. Inquiry is manifested as genuine, curious exploration to understand the perspectives and actions of another. Too often on medical teams, we observe inquiry as “inquisition”—the grilling of someone (who likely is about to be criticized, blamed, or disdained) to demonstrate that they are wrong—as opposed to genuine curious exploration to try and understand another’s perspective. We can—should—imagine how to ask questions that help us understand rather than accuse, embarrass, or destroy. This is a difficult technique to learn. However, with commitment, training, and practice, whole brain leaders can achieve conscious competence and uncover new ways of connecting to their team member’s ideas and to each other.

Learning is hard. We get stuck in schema (our strongly held belief in something), and then we evaluate information as either

correct (it validates our belief) or as incorrect (it contradicts our belief). Ironically we can often find validation in the literature to support our strongly held beliefs; there is almost always a study to support or to contradict what we want to believe is true. Inquiry permits us to practice finding alternative information and other ways of managing a difficult problem. Inquiring leaders expand rather than contract the scope of their team's repository of possibilities and create opportunities that are flexible, adaptive, coherent, energized, and stable. In this sense, whole brain leaders promote the very nature of complex adaptive systems and permit growth, change, and learning, and with that, joy and positivity that lead to high performance.

Awareness of the impact of positivity, inquiry, and valuing the experience of others is a key ingredient for developing team resonance versus dissonance. Teams have an emotional culture⁵⁴ that whole brain leaders are attentive to. Emotional culture influences employee satisfaction, burnout, teamwork, and even hard measures such as financial performance and absenteeism. Positive emotions are consistently associated with better performance, quality, and customer service. Negative emotions such as group anger, sadness, fear, and the like usually lead to negative outcomes, including poor performance and high turnover.⁵⁴ Most people can generally distinguish as many as 135 different emotions, and even when this is occurring at a level below conscious awareness, these emotions can greatly affect how we feel or behave. We are all greatly influenced by what is happening around us through our mirror neurons.⁵⁵ Our ability to “attune” to the energy in our environment is what has helped to keep us “safe” through evolution. Notice your ability to be aware when you walk into a room of what the “energy” is in that room—is it safe, or tense, or joyful? Whole brain leaders remain attuned to and understand the importance of emotions such as joy, love, anger, fear, and sadness. These emotions become a valuable “dipstick” for team performance for leaders who are able to cultivate access to them.

Create Vision (Discover the “And”)

Some of the best work we have encountered on teamwork relates to the importance of discovering the shared purpose and meaning for the team.³⁰ There are many ways for leaders to do this, and in the most effective circumstances, the shared mission is real and meaningful for all team members. This means that leaders cannot simply insert their vision as the team vision. The team vision needs to be crafted and constructed through exploration and understanding of what the organization is uniquely positioned to produce and what the team members value. All programs that deliver care to children with critical heart disease want to be “excellent,” but excellence is a very general word and can manifest differently in a variety of programs. Some programs may define excellence as uniqueness, emphasizing techniques or procedures that they offer and in which they truly excel. Others may point to the volume of cases they perform and their outcomes for those cases (measured as Society of Thoracic Surgeons outcomes). Other programs may consider the nature of the procedures they perform and how they produce outcomes with best long-term quality of life. Finally, some programs may consider excellence to be manifested as being a truly great place in which to work (e.g., a J.D. Power top 100 place to work). Collins addresses this in his book, *Good to Great*, when he describes the “hedgehog principle.” Basically, the hedgehog is really good at rolling up into a ball to protect itself. No animal is better at protecting itself in this manner from being eaten by

predators. Collins encourages organizations to also discover what they are uniquely positioned and resourced to be great at. Every organization, every team, can be exceptional at something, but discovering that something takes time, effort, and whole brain leadership. We like to think of it as “discovering the *and*” as portrayed in this link (<https://www.youtube.com/watch?v=srHDgimlgTQ>). We all want and expect to be excellent. Be aware that excellence is different than perfect. Excellence is a process that we can control. Perfection is an outcome that is not only out of our control but also impossible to attain. Wherever you see a commitment to perfection, as opposed to excellence, you will find shame and often the consequences of shame, which include blame, dishonesty, and unhappiness—all leading to poor performance. Discovering the “and” invites teams to be more than excellent and to encourage development of the team's “hedgehog product.” It is a way for a team to develop uniqueness that is authentic and linked to its core strengths and talents. These teams discover how they are both “excellent at providing children's heart care” *and*. . . . The “and” is what else they do or offer that is unique and that distinguishes them. Great teams discover this additional area for performance around which they are able to be truly great. Whole brain leaders mine for uniqueness and authenticity to help craft organizational excellence by harnessing the strengths of the organization to a shared mission and purpose that is meaningful and achievable for the team. This generates *system esteem* and ultimately high performance.

Commitment

No matter where you work and what team you work with, the very nature of delivering care to neonates, infants and children, and adults with complex congenital heart disease is hard, unpredictable, and fraught with challenge. Plans do not always work out the way we hope, the team may encounter “clusters” of bad outcomes, or fractures in relationships from disagreements. The major difference between resonant and dissonant teams is that resonant teams find a way to work through these difficulties as a natural part of being in relationship. Members of resonant teams know—they have trust—that no matter what, their team will stand by them. Team members remain *committed* to the team and to each other, even (especially) when times are challenging. Ultimately, the best teams find ways to work through these times without destroying each other or disintegrating the team. They look at problems as challenges that all members can address, not as people who need to be “fixed” or removed. Research on relationships has emphasized the importance of commitment,^{56,57} and teams are complex, adaptive relationships. There is likely no problem a team cannot solve if the team members view the problem as the challenge as opposed to each other as the challenge. Unfortunately, when caught up in the “amygdala hijacking” of intense difficulties, people tend to revert to some of their more primitive “survival” styles (exhibiting their strengths as overused) such as those outlined as dissonant styles earlier in this chapter, and most commonly this appears as blame (others do not count, “I need to protect myself”) or super reasonable (people do not matter—only patients matter—which by the way is wrong. People do matter, and if we do not attend to our ability to work well together and support one another, the patients will suffer). However, you may recognize any or all of the dissonant coping styles, and simply being able to recognize them might be helpful. These styles tend to appear during times of stress, and they can also be simply termed “stress stances”—they are postures we exhibit when we become anxious and stressed.^{26,58}

Whole brain leaders first need to recognize within themselves which of these coping styles they are most likely to adopt and simply acknowledge that when they are beginning to use this style, it is an indicator that they, too, are feeling stressed. It is a very useful *early warning sign*. They may also recognize these coping styles in members of the team and know that those team members are feeling stressed. If the team can become educated in this phenomenon, then the team can likely move from unconscious to conscious incompetence. (Nothing changes—the stressors are still present—but they can now be named [what we name we tame] and acknowledged—not as something “wrong” with people, but rather as indicators that these team members feel stressed or anxious.) Tools for managing these situations are abundant and can be cultivated by whole brain leaders who appreciate the reality that their teams are composed of people and that people have needs and emotions and that people are not machines and cannot be managed like a mechanical system.

Among the tools that we have found helpful is to *solve the moment, not the problem*. It is often likely that the problem is bigger than the moment and will require an energized, engaged, and fully resourced team to be curious and open to potential solutions. (Dan Siegel refers to this state as COAL—Curious, Open, Accepting [the problem is the problem and it is here; the root of unhappiness is wanting things to be different than they are], and Loving [meaning have compassion for oneself and others on the team as learners, who, when they can, will try to do better].) The moment is more manageable and can be addressed with dialogue that simply acknowledges that the members of the team are wishing for something to be different.

One way to dialogue is to learn techniques for Nonviolent Communication.²⁵ These techniques can transform the way members of a team converse with one another around difficult situations. There are other methods for communicating that are taught in workshops on *Crucial Conversations*, *TeamSTEPPS*, *Cockpit Resource Management*, and a variety of communication tools. Regardless of which ones the team chooses, going through these trainings together is a growing and learning process that can be more valuable than the techniques themselves. Regardless of which techniques the team chooses to learn, however, the most important tool to implement is genuine caring and compassion for each member of the team.^{59,60} Without this level of caring, tools are simply techniques that have no magic or soul.

Many problems that occur in our profession are unavoidable—patients bring us incredible challenges, and not all of these challenges are surmountable. All our team members come from differing backgrounds (cultural, family, and professional training). As leaders, we can help our team understand this and try not to take it personally. We can begin to see our organizations, not as problems to be solved, but rather as mysteries to be explored. When we fail, it is not because we are bad doctors. We simply had a bad outcome. This is how teams can try to stay connected. Commitment is staying connected as a team: through better and through worse, through sickness and in health, through paralyzed hemidiaphragm and recurrent arch obstruction.

Promote Work-Life Balance

Many of us trained in a time of relentless emphasis on work. It still is commonplace to attend a medical meeting and have a colleague ask, “Are you busy?” We rarely respond by saying, “No, I’m trying to spend more time with my family.” It is a cultural value in our profession to be busy. How often do you think of taking a day off to spend doing something unrelated to work? And when you do, how do you feel about it? Guilty? Refreshed? Embarrassed? Secretive? Just notice. Whole brain leadership requires the ability to access emotions (attuning to both one’s own emotions and the emotions of the team—mindsight) and to value them as important and meaningful. There is a younger generation arriving at our workplace—physicians and other health care professionals who may not share our cultural value of “busyness” as the proper spelling of our “business.” Leadership for the future will likely need to find a way to tap into flexible, adaptive, coherent, energized, and stable ways to link this emerging culture with our goals for our teams. There is ample research documenting that work and life cannot be “balanced,” but they can be *integrated* through *choice* into a life that is intentional, rewarding, and perfectly suited to how we want our individual lives to be. Leaders for the next generation of health care, particularly in the high-stakes, high-stress environment of managing patients with critical congenital heart disease will be obligated to emphasize ways to integrate work with life in some nonformulaic, individualized manner that attunes to the three elements demanding our attention mentioned at the beginning of this chapter: Self, Others, and Context. All three are valuable, important, and irreplaceable. Honoring the needs of each creates balance, and ignoring any to the repeated exclusion of one over the others will create dis-ease. Whole brain leadership is a learning process that begins (and ends) with cultivation of the self, appreciation for others, and remarkable diligent attentiveness to context.

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