



**PRESENCE-BASED
COACHING®**

Presence and Resilience

by Doug Silsbee

Abstract

Resilience, defined as *the capacity to be resourceful and creative, to make choices, and to take effective action no matter what is going on*, is a capacity crucial for effectiveness as an academic health care leader. The leader's willingness to exercise agency in maintaining his or her health, perspective, flexibility of thinking, and capacity to respond to the unforeseeable will translate directly into effective organizational leadership.

Drawing from extensive conversations with health care leaders and others in challenging circumstances, five key elements of resilience are outlined, along with probing questions that encourage the reader to identify specific strategies for building resilience over the long haul.

These five elements are supported by a sixth: the underlying capacity for present-moment awareness and choice. It is this meta-competency that provides access to the other five. The chapter concludes with the recommendation that the reader commit to a strategy for developing resilience, and offers Tips and Pitfalls for this strategy.

The Need for Resilience

A central question is now in front of us: How can the academic health care leader intentionally build resilience as a leadership capacity?

In an effort to answer that question, my colleague Bev Wann and I have spoken with scores of individuals over many years. These conversations have included dying patients, nurses, physicians, and Chief Executive Officers (CEOs). More far-reaching interviews have also included grass-roots development leaders in Africa, Special Forces trainers, people who thrived despite growing up in desperate slums, and remarkable people from many walks of life who seem able to maintain their focus, energy, and commitment no matter what is going on around them. From these conversations, we have identified five core elements that have surfaced, over and over, as essential to resilience.

We have taught these elements to health care, business, government and non-profit leaders, internationally and throughout the US. Consistently, the feedback has been that these lessons, drawn from extraordinary people at the edges of human experience, are also relevant to the "rest of us". We have seen that, with this map of the territory, a reasonable on-going commitment to developing resilience has tremendous pay-offs in effectiveness, energy, optimism and persistence.



Physicians, health care leaders, and hospital administrators are buffeted by changes as the industry undergoes seismic shifts in response to ballooning costs, the Affordable care Act, accelerating competition and consolidation, new technologies, and new threats such as pandemics and antibiotic resistant bacteria. Stress and overwhelm can seem the order of the day.

Developing a personal capacity for resilience, while it does not immediately change the context that produces the stress in the first place, must be an essential component of any leader’s strategy for staying effective in a tumultuous environment.

Five Elements of Resilience

The five central elements that can serve as focal points for developing resilience are: Purpose, Perspective, Partnerships, Pro-activity, and Practice. Each covers a lot of territory. The power of each element is enabled by a sixth: the inherent capacity to choose where to focus and direct one’s attention. Energy and action follow attention and awareness. It follows that choosing where a leader places his or her attention is at the core of maintaining a capacity to be resourceful and creative.

The Six P’s of Resilience

Presence Developing the capacity to direct and focus attention.

Purpose	Maintaining a clear and unwavering focus on who and what the work serves.
Perspective	Choosing, from a range of possible perspectives, the ones that are maximally freeing.
Partnerships	Creating alliances with those who share values, goals and purpose, and can advance the work.
Pro-activity	Focusing on what can be done, rather than on obstacles, and staying in action.
Practice	Engaging in consistent and supportive physical, fun, and bodymind practices that are restorative.

We define resilience as “*the capacity to be resourceful and creative, to make choices, and to take effective action, no matter what is going on.*” In essence, this capacity involves making a conscious choice to exercise agency and to manage our attention independently of our context. In the language of Jewish psychiatrist and author Viktor Frankl, “the last of the human freedoms is to choose one’s own



attitude, regardless of the circumstances.” While Frankl came to this realization while surviving three years in a Nazi concentration camp, his hard-won and liberating insight is universal, and applies in today’s complex and pressure-laden academic medical center. Resilience is, in effect, the cultivation and maintenance of this sometimes elusive but always relevant understanding.

The healthcare leader is working in a context of competing commitments. Clinical, teaching/mentoring, administration, and research responsibilities each provide unique challenges. Each is demanding, collectively they can feel overwhelming.

A traditional stress management approach offers tactics such as breathing, exercise, conversations, time and priority management as ways to reduce and manage stress. While useful, these are often responses to specific symptoms of overload and stress. Stress management is most often a set of competencies targeted at the squeakiest wheel of a busy professional’s work-life. This approach is different from a comprehensive and lifelong strategy for building the underlying capacity for resilience itself.

Developing the meta-competency of resilience enables the leader to respond to life’s curveballs with consistent creativity, resourcefulness, and leadership presence. Like a health care intervention focused on underlying causes rather than treating symptoms, a resilience strategy is profoundly developmental, rather than tactical. It produces long-term effectiveness and satisfaction, rather than simply short-term comfort and relief.

Resilience requires practice. The five elements are entry points. Developing a personal strategy for resilience that incorporates these multiple elements will much more reliably support a leader’s capacity to stay creative and resourceful.

Purpose

*It is time we steered by the stars, not by the lights of each passing ship.
- Omar Bradley*

As a consultant I worked for years with the American Red Cross blood collections organization. Frustrated by demanding and unpredictable schedules and by detailed, technical, and constantly changing regulations, nurses and other staff would often vent their feelings to me.

Yet, when I asked people why they did what they did, their eyes came alive, and they said “I save lives.” It was very clear to each person at the Red Cross that, while their specific job might be drawing blood, working on a loading dock, recruiting blood drive sponsors, or testing blood in a lab, ultimately they were providing life-saving blood to people in real need.

When Bev and I spoke with people from all walks of life about who or what is being served by their work, as distinct from talking about the work itself, they become more energized and passionate, they light up, and a new vibrancy comes into their voice. The difference is self-evident.

Resilient leaders are connected to purpose. They have identified a purpose that is personally meaningful and resonant, and they find ways to embody that purpose by putting it into action on a daily basis. Purpose becomes an organizing principle that energizes and guides them. Ask yourself:

- What is my purpose?



- For the sake of what do I do what I do?
- How intimately can I articulate the connection between what I do, and who is being served by what I do?
- What do I do daily to remind myself of that connection? (e.g., *In the bowels of the Ronald Reagan Building in Washington, DC, senior leaders for the US Agency for International Development have large photos of the children in poor third world villages that their efforts ultimately serve.*)

Perspective

We can't control the world, but we can control how we think about it.
- Walter Mischel

Resilience results from the recognition that our understanding of our worlds, no matter how real and solid they appear to be, is largely subjective. To be sure, there are stubborn facts with which we must engage in the course of our daily life. Yet, we have much more flexibility in how we engage with those facts than we often recognize.

Lucy, a friend of mine, had ovarian cancer. She came to see her illness as a “training partner.” In this perspective, the difficult decisions, physical pain, and fear she faced every day became opportunities for Lucy to practice self-awareness and active engagement in her own healing process. Recognizing that her time might be very short, she began doing things she had always wanted to do and speaking more honestly to the people she loved. She repeated over and over that her life-threatening illness helped her discover a great vibrancy and joy in life that had not been nearly as accessible before her illness.

Our attitudes, and the filter or lens through which we see and interpret what is in front of us, are enormously subjective and open to change. Resilient leaders actively choose liberating and energizing perspectives over ones that are disempowering and constrictive. With discipline, time, and practice, we can internalize liberating perspectives so that they become our truth. Out of this newborn resilience comes optimism and the ability to see creative opportunities in the dimmest of circumstances.

Frankl's resilience, derived from the internal locus of control that his wisdom represents, was instrumental in his inspiring transcendence of one of the most traumatic experiences that a human can endure. Lucy's resilience was her own discovery as well, but draws from the same principles. Any set of challenges can, if seen as such, serve as the practice opportunity for a choice of perspective. Resilient people understand that a generative perspective is theirs for the choosing. A leader must select his or her perspective wisely, as over time it becomes truth. Ask yourself:

- What perspective do I currently have on a situation that I experience as limiting or frustrating?
- What alternative perspectives are available for this same situation?
- What evidence can I find to support each of these other perspectives?
- Which perspective is the most liberating, energizing, and resilient?



Partnerships

If we are together nothing is impossible. If we are divided all will fail.
- Winston Churchill

Humans are by nature social animals; we function in relationships. Working skillfully within the web of relationships in which we exist is key to getting things done and to leading a fulfilling life. Resilient leaders cultivate partnerships with people who can help us accomplish what we're after and help us maintain our energy and optimism. Resilient leaders also find strategies for minimizing the negative effects of relationships that drain us.

Rick is a Chief Medical Officer in the late stages of a long career in a large Northeast US hospital system. He was tiring of the unrelenting administrative load, and his clinical work was no longer fresh. With the encouragement of his CEO and several other clinicians, and based on observations that many system leaders were high individual achievers with poorly developed leadership and interpersonal competencies, they established a pioneering Physician Leadership Development Program (PLDP), focused on cultivating the capabilities of up-and-coming leaders.

Rick describes the process as providing rich learning. Facing initial stiff resistance, he found common cause with other key leaders and built partnerships of shared interests. With more widespread ownership, other influential leaders came on board, including some high profile clinicians who initially disparaged the initiative on the grounds that the medical meritocracy was a proven means for determining future leadership. Having shared "skin in the game" for this initiative built a collective ownership of the PLDP process and catalyzed a much more dynamic and collaborative culture. The PLDP has been a model that has since been replicated elsewhere.

With respect to his own leadership, Rick has also benefited personally from this inspiring late career initiative that was both challenging and developmental. Ask yourself:

- Who shares my interests in a challenging situation?
- Which relationships provide support and increase my energy?
- What helpful support or resources could I request?
- Of whom might I make this request?

Pro-activity

*God, grant me the serenity to accept the things I cannot change,
the courage to change the things I can, and the wisdom to know the difference.*
- Serenity Prayer

Charles, now in his late 20's, grew up in the slums of Nairobi. When he was a young child, he lived with his four siblings and parents under a few sheets of plastic draped over sticks stuck into the dirt. Later, they moved to a corrugated iron shack. When his parents died from AIDS, he had to take care of his siblings by whatever means were available. Over the years, starting with cutting hair in a tiny barbershop at age 11, he found ways to bring in money. Other friends and a brother didn't make it, dying violently or surrendering hope to endemic addiction, prostitution, and crime. Through grit and

*Creative Commons (CC BY-ND 4.0) License by Presence-Based Coaching.
See presencebasedcoaching.com/permissions.*



persistence, Charles transcended his conditions, and now supports his siblings through an entrepreneurial mashup of making jewelry, driving taxis, fixing electronics, selling rugs, and hustling odd jobs.

Staying in action as an active participant rather than going along as a passenger is a key to resilience. Pro-activity requires identifying the actions we can take that are most likely to bring about results, and then taking them. As many cancer patients can testify, maintaining some sense of control is key to their spirits, and ultimately to healing.

Pro-activity is the antidote to “learned helplessness¹,” a debilitating psychological state in which a person comes to believe that whatever he does will not make a difference. We have seen this condition on the factory floor, among highly regulated health care workers, in resource-deprived communities around the world, and in the faces of both cancer patients and their physicians who sometimes feel overwhelmed by their ability to make a real difference.

Pro-activity requires accepting the things we cannot control and maintaining the attitude that in any situation, we can find something that we can control, i.e., some action we can take. Focusing on what we can do is far more empowering and enjoyable than paying attention to all the reasons we cannot do anything. Ask yourself:

- Which facts of my challenging circumstance is it time to simply accept?
- In what circumstance do I tell myself there’s nothing I can do, when in fact I do have real choices?
- What is a simple action, right in front of me that I haven’t let myself do?

Practices

*To keep the body in good health is a duty...
otherwise we shall not be able to keep our mind strong and clear.
- The Buddha*

I spoke recently with Ruth, a 65 year old academic clinician in a large hospital system. Ruth is a marathon runner, completing some three or four marathons a year. She has no interest in breaking records, but clearly recognizes that her extraordinary health, vitality, and resilience are direct benefits of the rigorous training that marathons require. She also speaks eloquently of the perspective shift that is required at about the twenty mile marker when every muscle in her body wants to quit, and yet there are always deeper wells of persistence from which to draw. This perspective shift serves her equally well when her combination of clinical, teaching, and mentoring responsibilities becomes overwhelming. In fact, when this happens, she thinks about her running, taps into the same well of determination, and remembers that all marathons have an ending.

Some practices are self-evident. Regular exercise; time to read, relax and play; and a decent diet are widely recognized as being restorative. Other practices such as weekly quality time with grandchildren, dates with loved ones, or walking the dog also can recharge the emotional batteries. The key for health care leaders is to recognize that their capacity to lead well and to heal others depends largely on maintaining their own health, stamina, and resilience.

***Creative Commons (CC BY-ND 4.0) License by Presence-Based Coaching.
See presencebasedcoaching.com/permissions.***



Resilient leaders have a strong set of self-care and health maintenance practices that are habitual. Ask yourself:

- What do I do on a regular basis that is restorative?
- What routines have I used in the past that were consistent, released stress, and increased my vitality and energy?
- What practice can I engage in, starting now, that will support my resilience?

The Sixth Element: Presence

The mind is everything. What you think you become.
—The Buddha

I spoke with Frank, an F-16 pilot, about resilience. The joystick in an F-16 cockpit carries out more than 100 different functions, depending on combinations of stick motions and buttons. Training includes aerial dogfights where the pilot takes on up to 17 “enemy” aircraft simultaneously. There is no time for thinking: a pilot must become so intuitive, present, and at one with his extraordinary machine that the plane is an extension of his body. In a very real sense, the nervous system of the pilot and the controls of the plane become one interconnected system. The pilot’s quality of presence coupled with the extraordinary maneuverability of the F-16 design allows the pilot to get inside an enemy pilot’s decision loop, creating such confusion that he quickly has the upper hand.

Neuroscience research is showing that repetition of a behavior or action, with full attention, leads to a rewiring of the brain. This neuroplastic change results in the embodiment of new neural pathways associated with habits, behaviors, and resilient states that then become increasingly available to us. The more we repeat a particular action or behavior, like calming ourselves in the middle of chaos, or choosing to speak up when we are afraid, or exercising a new action in a difficult situation, the more that behavior becomes part of our repertoire, becomes part of what is “normal” and available for us.

Similarly, resignation, overwhelm and learned helplessness are in fact trained habits. They are perspectives based on a story about the world, rather than an objective description of the world. Repeatedly telling ourselves that we have no choice embeds this belief more and more deeply until it becomes an unchallengeable truth; our very habits then prevent us from seeing the options that are available.

We can identify and practice that which builds resilience, creativity, and resourcefulness. Just as we can build our abdominal muscles through crunches, we can build resilience through practices that exercise and develop our attention and that enable us to be increasingly self-generative in work and in life. We can practice a particular perspective that is enabling, or practice making requests to build stronger relationships and support. We can practice directing our attention to something that is calming in the midst of conflicting demands.

This capacity for presence, for choice in the heat of action, is trainable. A tremendous body of research has been developed over many years about the physiological and resilience benefits of mindfulnessⁱⁱ and bodymindⁱⁱⁱ practices, such as meditation, yoga, tai chi, and martial arts. These practices, through



repetition, build a new capacity to steady and direct our attention to reliably lower blood pressure and reduce symptoms of stress^{iv} and to develop the inherent capacity to access creativity and resourcefulness.

Further, since the human nervous system is capable of tremendous change and growth throughout our entire life span, these practices establish new neural pathways and default areas of activity in the brain. In essence, body-mind practices are reliable ways to build the underlying physiological support for resilience that allows a physician or first responder to stay calm and effective in the face of overwhelming trauma, an administrator to artfully and effectively facilitate a contentious strategy meeting, or a nurse to calm a panicking patient through her reassuring voice.

Bodymind practices have benefits when done consistently for as little as a few minutes a day.^v These practices produce the present-moment awareness that is central to leveraging the previous five elements. Presence reliably increases our access, over time, to greater resourcefulness and creativity, awareness of new possibilities, and increased energy and aliveness. In short, presence directly produces resilience itself. Ask yourself:

- If these claims might be true, what are the potential payoffs for me?
- What experiment might I design to research this for myself?
- How can I integrate a simple bodymind practice into my daily routine?

Conclusion

The bottom line? Resilience is a birthright. No combination of complexity, urgency, or competing commitments can deprive an academic physician, hospital administrator, or clinician of this inherent capacity. For certain, some circumstances are more challenging than others. Yet the human is well-designed to be resilient, creative, and resourceful, and these challenges can be seen as the very playing field upon which resilience can be developed.

Tips and Pitfalls

- It is a trap for the leader to think that current stressful circumstances will pass and things will go back to “normal.” More likely, this IS normal, and the leadership context is highly likely to get more chaotic and stressful in the future. The pitfall is to simply endure or manage stress symptoms “for now,” postponing a more fundamental approach.
- Leaders cannot manage themselves through developmental challenges. New technical skills and more efficient processes can alleviate immediate conditions. However, these are short-term fixes. The deeper developmental questions will remain, and the leader can choose to take on the developmental work of building capacity now, or wait until even more challenging circumstances make it even more difficult. Sooner or later, the investment must be made in the development of the self.
- A powerful perspective is to see that the very challenges and stressors that can seem overwhelming, in fact, create the rigorous conditions that require the leader to evolve, to



develop, and to move to a new level of leadership presence and resilience. It is possible to reframe these challenges as catalysts for development.

- Recognize that the investment in resilience is a lifelong process, not a short term response to a crisis, though it might begin with the latter.
- Develop a strategy that includes several of these elements, and includes at least one bodymind practice that will be consistent over time. Revisit and update this strategy periodically so that it stays fresh and front of mind. The payoffs are enormous, but it will also take some investment in conscious attention.

**This chapter is excerpted from Anthony J. Viera and Robert Kramer (Eds):
Management and Leadership Skills for Medical Faculty.
Springer, 2016.**

-
- i Seligman, Martin, Learned Optimism: How to Change Your Mind and Your Life. Vintage, 2004.
- ii Kabat-Zinn, Jon: Full Catastrophe Living. Bantam, 2013.
- iii Strozzi-Heckler, Richard, Leadership Dojo. Silsbee, Doug, Presence-Based Leadership: Cultivating Self-Generative Leaders Through Body, Mind, and Heart. Jossey-Bass, 2008.
- iv Hanson, Rick: Hardwiring Happiness: The New Brain Science of Contentment, Calm, and Confidence. Harmony, 2013
- v Davidson, Richard: The Emotional Life of Your Brain. Plume, 2013.