



PHYSICIAN LEADERS AND FOLLOWERS

“Learn to Listen, Listen to Learn.”

BY JAMES A. RICE, PH.D., FACHE



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PHYSICIAN LEADERS AND FOLLOWERS: “Learn to Listen, Listen to Learn.”

Most doctors don't go into medicine intending to become leaders. Yet, as collaborative approaches to medical care have proliferated over the past decade, more and more physicians are entering the ranks of medical leadership. Here's a recent sampling of leadership roles filled by physicians: clinical department chair, clinic CEO, vice president of medical affairs (in a hospital or a hospital system), quality improvement project leader, clinical service line manager, chief quality officer, chief medical IT officer, hospital or health system CEO, health plan CEO, county

health officer, state commissioner of health, TV health anchor, medical technology entrepreneur or CEO.

The diversity of new ways to make a difference in medicine is a seductive draw for physicians, particularly those in their early forties to late fifties. This shift toward leadership has come about partly from frustration with their inability to control key facets of their practices and careers, but mostly out of a desire to leverage their understanding of the unique art and science of medical care in order to make a

bigger difference in the health and quality of care for more patients and communities.

The author's recent study of physician leadership (“Leadership Insights,” James Rice, Cambridge University School of Management,

Cambridge, England), combined with a national web survey, and a series of interviews conducted this past summer with regional physician leadership experts, has yielded practical insights on what physicians can do – and what they should avoid doing – to optimize their effectiveness as leaders in their organizations. The study and interviews also suggest a significant role for “physician followers” – those who prefer to support rather than lead – in contributing to a productive and continuously improving clinical workplace and practice.

Evolve, Don't Jump

The interviews indicated that physician leaders fare well when they evolve gradually, rather than jumping cold, into a senior leadership role. Carefully designing and managing a transition from “physician clinician” to “physician leader” results in both longer-lasting success and less resistance from colleagues. Initial leadership roles – as a quality project team leader, compensation committee chair, clinical department



chair, or board member – can offer important lessons when taking on a higher-level role later, e.g., as a clinical service line manager, vice president, or CEO.

Most of the physician leaders interviewed said that they also found it helpful to continue seeing patients, at least initially, as they made their transition to various leadership roles. This strategy not only helped them retain credibility with their colleagues, but also helped them stay connected with the frontline wisdom about what was really needed and what might (or might not) work best for enhanced clinic or hospital performance.

Dealing with Colleagues

It's not just a cliché: life at the top really can be lonely. Some physician leaders reported asking themselves questions such as, "Why am I here?" "Who can I ask about how to approach this challenge, without looking like a fish out of water?" "If I cannot do the task or project myself, how should I best mobilize a group to help get the work done?" "I worked on my own time to get this mini-MBA; why do I still feel like I don't have many of the answers, just more questions?" and "How can I shake this fear at 2 a.m. that I might fail in this new role, and what will

that mean for my family's well being, the organization's success, and my own pride?"

Such anxieties and insecurities are common among fledgling physician leaders, yet colleagues may not be aware of or acknowledge those feelings. Indeed, the inherent challenges of moving into a leadership role are often compounded by physician colleagues who hold back support or even openly resist the new leader's overtures for collaboration and change.

In interviews, physician leaders recalled that colleagues had occasionally turned on them by saying, only half-jokingly, "He abandoned us to go over to the dark side" or "She's joining the suits." The often-unstated assumption is that "when you leave us, you leave our values. Soon you will not be patient centered." By becoming guarded around the new leaders and holding them to higher standards of results than other leaders, physician colleagues may unwittingly undermine their leaders, bringing

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ask Themselves:

*What will failing in
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organization's success,
and my pride?*

about a self-fulfilling prophecy of physician leader failure.

For physician leaders, earning the respect and trust of physician colleagues is both a critical and daunting task. In

the book In Search of Physician Leadership (American College of Physician Executives, 1998), author Wes Curry notes: "It is often stated by physician executives that their most difficult tasks are convincing physician colleagues that they are still physicians, and non-physician management colleagues that they deserve to be viewed seriously as managers. An absence of solid leadership skills will only increase the skepticism of both sets of colleagues."

Several years ago, physician leaders from the Kaiser Permanente Medical Group shared their experiences in a roundtable discussion of how physician leaders are viewed by other physicians and staff. Insights distilled from the discussions highlight three key conclusions:

- Physicians usually are already perceived as leaders, whether

they want to be or not, and therefore they must more consciously cultivate effective leader attributes. Underscoring this finding, in a recent interview a chief medical officer in Minnesota noted that informal physician leaders may play at least as important a role in their organizations as physicians in formal positions of authority (Stratis Health Quality Report Update, March-April 2005).

- Even with all the frustrations of care maps and process improvement teams, physicians still largely determine the pace of workflow. Therefore, it is imperative that physician leaders learn more about the skills and tools of group process while still recognizing the centrality of the physician-patient encounter.
- Physician leaders will be significantly more effective, and rekindle the fun of medicine, if they more actively and creatively cultivate physicians as colleagues, that is, if they “earn” physician followers.

Several interviewees stressed that physician leaders must “listen to learn, and learn to listen – just like we were taught in our early history and physical exams,” in the words



of one physician. In all industries, it has become clear that real leaders must master the “softer” variables of group process, motivations, communications, trust building, and listening. While situations vary, requiring different styles and approaches, physicians who consistently treat colleagues and staff with respect and dignity will find their manner infectious.

“Physician Followership”

Much has been written in physician journals – and discussed in physician lounges of hospitals and clinics – about the scope and nature of physicians who have moved from physician clinician to physician leader. In contrast, little is known about physicians who choose not to lead. “Physician followership” is an important but underexamined aspect in the chase for continuously improving organizational

performance. [A recent Google search found 48,600 results for “physician leaders” and “physician leadership,” compared to 37 results for “physician followers” and “physician followership.”]

More insight is needed into why physicians choose to resist or to support physician leaders, in part because, in reality, most physicians play both roles.

A doctor may serve in a leadership role within the clinic or practice plan and in a follower role within the hospital system or health plan, or may exhibit leadership in a patient consultation and followership in the clinic’s management.

Today, in the leader-follower partnership, physician followers play as important a role as the peers who lead them. In the follower role, physicians can support the

relationship by:

- Giving physician leaders the benefit of the doubt. Assume they really do still care about patients and physicians, but have taken on new accountabilities and scope that encompass what is best for the long-term vitality of the system or enterprise as well as the patient or physician group.
- Avoiding making jokes about “going over to the dark side” or “being one of the suits, instead of a doctor.”
- Being receptive to getting engaged to help frame the problems, but also to exploring, with an open mind, alternative ways to resolve problems.
- Being supportive, but not hesitating to challenge leaders by asking tough but fair questions about their plans, projects, and progress.
- Helping colleagues continue their mastery of the “soft” motivational and emotional dimensions of leadership.
- Accepting opportunities to be an effective, situational leader themselves.

Beyond Charisma

One of the most powerful insights

I have seen regarding the essential focus of effective leaders came not from an accomplished, street-smart entrepreneur or leadership guru, but from the leader of a women’s co-op selling chickens in rural Zimbabwe. Her observation was this: “If you want to get the work done with and through others, you must touch their spirit or hearts; then they will move their minds. If you move both their hearts and minds, their hands and feet will follow.” [cited in “Leadership Insights”; the full report is available at www.IHStrategies.com in the Knowledge Center.]

Earning followers requires more than spreadsheets and organization charts, and goes beyond being a charismatic visionary. Physician leaders must also engage their colleagues and staff in the enthusiastic pursuit of measurable results that advance their organization’s services for patients and communities. Engaging people in the pursuit of peak performance means listening to all stakeholders to better understand their needs, their capabilities, their ideas for process improvements, and their observations about obstacles to success and how best to overcome such obstacles.

To be effective, physician leaders must remember that to move their followers’ hands and feet toward a

desired vision, they must first move their hearts and minds. The health and well-being of our patients and medical organizations depend upon it.

Some aspects of this paper were excerpted from an article by the author in Minnesota Physician.

About the Author:

James A. Rice, Ph.D., FACHE, is Practice Leader of Governance & Leadership Services within Integrated Healthcare Strategies in Minneapolis. This paper first appeared as an article in the Minnesota Physician Magazine.

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Integrated Healthcare Strategies Marketing Department

Phone: (800) 327-9335 Fax: (612) 339-2569

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