

Lessons Learned Through Leadership

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INTRODUCTION

This article identifies a number of principles that I have adopted when assuming leadership roles. They evolved from experiences that suggested that they would help me to be more effective in these roles. I have found through using them that they are indeed helpful to me as a leader and to the organizations that I lead. When comparing notes with other leaders, I find that they seem to apply to others as well.

LESSON 1: ALLOCATE SUFFICIENT TIME FOR LEADERSHIP

This suggestion would seem to be self-evident, yet I personally and others whom I have observed have underestimated the amount of time that some leadership positions require. Failure to allocate enough time creates problems when leaders find that they do not have the time to meet the requirements of their positions. With insufficient time for leadership, organizations fail to operate smoothly and to meet their goals; the leaders and others concerned for the organization develop anxiety over its ability to function properly. Often members of these organizations develop alternative patterns of decision making that bypass the unavailable leader. This leads to problems in communication and a dysfunctional organization.

Leadership requires the allocation of both planned and contingency time, that is, time to address unexpected problems promptly. These unexpected problems can occur anytime, and often at extremely inopportune times. Leaders need to allocate regular time periods to their leadership responsibilities, but must have flexibility in the rest of their schedules to address these contingency problems. I suggest that leaders explicitly evaluate at intervals the amount of time that they need to allocate to their leadership responsibilities. This exercise is useful in planning their schedules even if the amount of time that they project is beyond that which they will be able to provide. Sources of information for these projections can be from others who have had similar positions and from the experiences of the leaders making these projections. These projections of needed time should include more than the absolute minimum, but, because of external constraints, usually do not include all of the time that leaders would like to have available. There is a significant margin between the amount of time that would be ideal and that which is satisfactory for leading organizations.

LESSON 2: LEADERSHIP REQUIRES A DIFFERENT MINDSET

As clinicians, researchers and educators, we strive to perform as close to perfection as possible. We evaluate ourselves and our colleagues by assessing how short we are from achieving perfection, even though we are usually fairly close. In this process, we often fail to acknowledge that we have successfully achieved most of what we hoped to do. Examples include the reviews of our papers before publication or the assessment of our performance on the cases that we present at grand rounds. It is important that we strive to provide the best of clinical care or the most accurate of new information to share with peers. Through our certifications, training, and experiences, we have demonstrated that we are able to achieve high levels of technical competence. We come to expect this level of performance from ourselves, and almost uniformly reach it unless we try to do too much with the time that is available to us. I believe that this expectation exists in all high-level technical professions, not just among physicians or health care professionals.

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Leaders, on the other hand, must become able to accept that not all of the areas for which they are responsible will achieve levels comparable to these technical standards. The resources available to organizations are finite and, in my experience, never enough to accomplish every aspect of their mission and goals. Some of these limitations include the time and commitment of the leader, the skills of those comprising the workforce, political realities, and monetary resources. The role of leaders in these circumstances is to prioritize the allocation of resources in ways that maximize the achievement of the organizational missions and goals. Some of the organizations' activities will need to meet the high standards of technical experts, such as any clinical care that they provide or the accuracy of their accounting. Other activities may be only partially accomplished or not supported at all. For example, organizations may restrict the number of sites where they provide clinical services, or they may provide only limited support to some functions, such as marketing or development.

It often is difficult for clinicians and other technical personnel to make the transition to organizational leadership because they cannot adjust to the reality of accepting the less than perfect. Their natural compulsiveness served them well in the clinical setting, but interferes with the flexibility that they need to be effective leaders. Ernie Johnson, MD, AAPM&R past president and former Chairman of the Department of Physical Medicine and Rehabilitation at the Ohio State University, told me when I was a resident that leadership was "the art of the possible." My experience is that leaders need to internalize this concept, be comfortable with what they are doing, and thus make the best decisions for their organizations.

LESSON 3: DELEGATE TO ACCOMPLISH MORE

Leaders have only a finite amount of time to address all of the issues of their organizations. If they fail to delegate, they limit the scope of their organizational roles to that which they can personally accomplish. I have seen departments with limited accomplishments because their chairs have failed or been unwilling to delegate functions to their staff members. There are a number of reasons for this.

In one situation that I observed, the chair of a department believed that faculty members would naturally assume greater responsibility and expand their activities if the chair modeled for them the clinical activities that the chair wished them to do. This approach failed because the chair did not give the faculty members explicit instructions, so they were unaware that the chair did not personally wish to provide the clinical services. They actually thought that the chair was doing a very good job and did not wish to intervene. In this case, the chair failed to understand that modeling without delegation instructions was insufficient.

I have observed other departments in which the chairs performed far more clinical services than were compatible

with their being able to accomplish many of their expected responsibilities. These chairs believed that they were particularly skilled at these services, and did not believe that others could accomplish them at the same level. They allowed their compulsiveness to restrict their delegation, thus overworking themselves, restricting the scope of their departmental activities, and limiting opportunities for their faculty members to develop additional skills.

Delegation sometimes does not occur because leaders have concerns that highly effective and accomplished junior colleagues will receive recognition that these leaders fear will overshadow their own. They may believe that these accomplished junior colleagues threaten their ability to retain their leadership positions. This fear is almost always unjustified. Leaders receive recognition for the development of their colleagues, and credit for the accomplishments that these colleagues bring to their organizations.

Some leaders limit their delegation because they have concerns that the process will take more of their immediate time than they wish to provide. Delegation involves providing initial instructions, monitoring for progress, and giving additional instructions if there are needs for improvement. However, this initial time investment almost always leads to more effective colleagues and better understanding of how to deliver those services. Delegation implies a willingness of chairs to accept some mistakes without prejudice and to use them as opportunities for all to learn. It is important, however, when delegating not to put faculty members in the position of causing harm to patients.

The same principles apply when leading professional associations. Delegation allows leaders to expand their efforts through involving others. It also provides the opportunity to have diverse input when considering decisions, especially when organizations delegate responsibilities to task forces and committees. However, leaders continue to have the responsibility to ensure that their organizations either make necessary decisions within required time frames or provide timely reports. Their responsibility continues even if they have delegated these functions.

My experience with task forces and committees has been variable. Some get prompt responses from all of their members, and compile their recommendations or reports within their assigned time targets. Others have difficulty getting responses from their members, and, as a result, fail to provide their reports when they are needed. I believe that, in these situations, leaders must provide the expected product, using the input that they have available, even if it is limited or absent.

LESSON 4: IT IS ABOUT THE ORGANIZATION, NOT THE INDIVIDUAL LEADER

Organizations exist to accomplish their missions or purposes. These now are usually explicitly written to guide the efforts of organizations toward focusing on the reasons for

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