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# Leading article: How can I optimise my role as a leader within the surgical team?

B. Green [a], D.A. Mitchell [b], P. Stevenson [c], T. Kane [d], J. Reynard [e], P.A. Brennan [f,*]

[a] *Department of Gastroenterology, Torbay Hospital, Torquay, UK*
[b] *Department of Oral & Maxillofacial Surgery, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, UK*
[c] *Airbus A330 Senior Training Captain, London UK*
[d] *Department of Orthopaedics, Queen Alexandra Hospital, Portsmouth, UK*
[e] *Department of Urology, John Radcliffe Hospital, Oxford, UK*
[f] *Department of Oral & Maxillofacial Surgery, Queen Alexandra Hospital, Portsmouth, UK*

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**Abstract**

Leadership is uncommonly taught formally at any level in surgical training, and is not often evaluated formally either within assessment programmes or during appraisal. Good leadership skills in oral and maxillofacial surgery (OMFS) include professionalism, technical competence, motivation, innovation, ability to communicate, resilience, and effective teaching. They also include the recognition of when and how to "follow" when appropriate. Such skills can be developed through experience, observation, and education using a framework that can include mentoring, coaching, and feedback. This review provides some guidance in how to improve leadership skills in OMFS, which we hope will to improve the quality of training and care of patients.
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## Introduction

Leadership is a process of social influence in which a person can enlist the help and support of others to accomplish a common task.[1] Successful leaders set suitable goals for their teams and have a vision of the future.[2,3] They also recognise when and how to step aside temporarily to allow a more appropriate leader to take over when they do not possess the necessary skills. High quality leadership among health professionals is crucial for the effective working of a healthcare system.[4] Traditionally, leadership in clinical practice needed excellence in areas including care of patients, education, and research. Within the surgical specialties there have been various developments including technological innovations, changes in training requirements, multidisciplinary collaboration, financial changes, and the redistribution of working roles.[1,5] There was also a rarely mentioned but inherent belief that sometimes extraordinary interpersonal behaviour was a mark of "a great surgeon". Numerous examples within and beyond surgery have shown this to be wildly exaggerated. Current leadership therefore needs to be in line with changes in healthcare and human behaviour, evolving technology, and the needs of patients. In this paper we have assessed the role of leadership in surgery.

## Definition and concept

There are many definitions of leadership that offer insight into the social context in which they were conceived rather than the essence of what good leadership actually is.[6] Describing

* Corresponding author. Tel.: +44 2392 286736; fax: +44 2392 286099.
*E-mail address:* Peter.brennan@porthosp.nhs.uk (P.A. Brennan).

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leadership alone is difficult, in that abstract terms are used that are not easy to apply to the clinical setting. [1,3] Leadership is one of the most widely studied sociological concepts. For over 100 years it has been described in terms of the many conceptual models that include participative, action-centred, adaptive, contingency, and behaviourist.[7–10] Leadership research can be characterised as illustrating a linear transition from an understanding of leadership in terms of the innate attributes and behaviour of leaders to the understanding of the importance of the leaders' relationship with their followers.[11]

Many of these qualitative social science models fail to grasp the complex and complicated paradigms involved in leadership in real life, whether they are high-risk industries, clinical, or military.

## Attributes of a good surgical leader

In the past, criteria for leadership were based on quantitative measures that included a surgeon's personal achievements, which were often narrowly focused and to some extent egocentric.[12] Surgeons in leadership roles need to have skills in many areas depending on the role being provided.[13] The histrionic (but forgiven) "great surgeon" model evolved from the polymaths, confidence tricksters, and craftsmen that preceded them.

Elements of a contemporary skill set may include being able to see services from the patient's point of view, to streamlining care by eliminating unnecessary steps, and matching demands for services with capacity as well as meeting the employers' perspective of an efficient and cost-effective service. These measures are based on the leaders' ability to learn and help others succeed, which is more difficult.[13]

One study found that while great leaders need to have expertise and be result-orientated, they should also exemplify a set of personal qualities and attributes.[14] Based on this research, certain qualities and attributes have been proposed for different types of leadership, and many good leaders will have many of them (Table 1). [1,15–18]

The UK health service, like those in the devolved nations and most others in the developed world, requires a workforce that is capable of leadership and has a capacity to take the service forward and deliver results at local, regional, and national levels.[1] In surgery there is often a desire to maintain the status quo as opposed to adopting or adapting new practices, although we can be prone to gullibility over new technology and instrumentation. Developing high-quality leadership is essential to ensure that quality continues to improve. This can range from changing something in one's department to influencing policy nationally. [1,19]

## Clinical challenges for leaders of OMFS teams

The potential impact of an individual clinician will usually vary depending on their role within the hospital and unit, and their seniority. Consultants have more responsibility to deliver services, and so require strong leadership to underpin the application of their clinical management skills, which are used daily when dealing with the team and liaising with other colleagues in their Trust.[1] There has recently been a shift towards disease-focused care of patients, so that surgeons work as part of a multidisciplinary team (MDT).[20] This may influence their responsibility for coordinating care and operating lists, which are managed in many hospitals by managers or coordinators of multidisciplinary teams.[20] Leaders will be accountable for managing the departmental costs while maintaining high quality care. With ever increasing advances in technology and spiralling costs this can sometimes be difficult.[4]

It has been obvious for many years that there is a substantial mismatch between authority and accountability in the NHS in the UK, [21] and this is appearing in healthcare systems in Europe and the US as well. A huge, unanswered question is how to lead in a system where those who have authority have no accountability and those who have little authority are blamed for everything. This is a disastrous failure of the system.

## Challenges for healthcare organisations

The implementation of major healthcare reforms in the NHS to reduce or maintain costs, (including the new junior doctors'

Table 1
Summary of qualities of leadership.

| | |
|---|---|
| Professionalism[15] | Leaders must be role models for their teams, take personal responsibility for their actions, provide high quality care, and educate future generations. |
| Innovation [1] | The leader may have to look beyond his or her immediate team or discipline for new ideas and concepts. This requires embracing change and any new ways of working before most colleagues have done so. |
| Teamwork[16] | The leader must be able to establish a team of people with complementary talents, create common goals, and share responsibility for completing them. Leaders have to encourage individual members of the team to act to the best of their ability. This is a relevant strategy in both aviation and healthcare, where several different professionals may share responsibility for complex decisions. |
| Communication skills[17] | Leaders must be able to make things happen, share knowledge, and strengthen relationships if they are to be clear about the purpose, strategic vision, and expectations of the team. |
| Emotional competence (emotional intelligence)[18] | Leaders should be able to recognise and understand other people's concerns so that they can develop beneficial connections and build up trust within the team. This indicates empathy, self-regulation, self-awareness, social skills, and motivation, which can be developed to improve the leader's performance. |

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