

“From God to Coach: The New Physician Leader”™
Presentation Summary

Manya Arond-Thomas, M.D.
Principal, Manya Arond-Thomas & Company
Phone: 734-480-1932 Email: manya@arond-thomas.com

We are now in an age when physicians must re-think their leadership roles if they are to be influencers and shapers of the health care delivery system. The heroic model of medicine, in which physicians were expected to always have the answer and to be right, is fast becoming irrelevant, yet most physicians are still trained to think and act from this model. The passing of this model is being driven by changing societal/customer expectations, unlimited patient access to information, out of control health care costs, and oversight by third party payers. If we view the current state of physician leadership through the lens of the widely known Employee-Customer-Profit Chain model, we can see a very strong business case to be made for developing a new kind of physician leader.

Research has shown that organizational climate (how people feel about working at an organization) affects employees' predisposition to satisfy customers and can account for 20-30 percent of business performance. Furthermore, 50-70% of how employees perceive their organization's climate can be traced to the actions of the leader(s). One has only to spend a little time perusing the literature to find multiple studies documenting the negative effects of physician behavior on employee and customer/patient satisfaction, which in the Employee-Customer-Profit Chain model, then drive negative organizational and business results. The source of physician liability described in the literature is found primarily in under-developed social and interpersonal skills including empathy, skillful communication, building bonds, partnering and collaboration.

These counterproductive physician behaviors translate into costly employee turnover, interpersonal conflict (of which there are multiple dimensions that can be monetized), and are a major factor in malpractice liability. Therefore, there are 3 sources of lost, thus untapped, revenue that would be afforded by a focus on a new physician leader development strategy. The new leadership strategies would reduce employee turnover, increase customer/patient satisfaction, and offer a huge potential for reducing malpractice liability and ultimately reducing malpractice premiums. Such strategies would, therefore, redress the common sabotaging behaviors currently practiced, albeit unintentionally, by physicians.

Why the dearth of physician leadership? There are a number of contributory factors:

1. Physicians don't see themselves as leaders, but rather as applied scientists. Although they may want to excel as scientific leaders, they haven't been trained to see themselves as functional leaders in the health care delivery system.
2. Historically, physicians were granted leadership status by virtue of their knowledge and

expertise, which was consistent with the heroic model of medicine. However, this model is becoming less and less effective in serving patients' needs and expectations and other stakeholders grappling with the complexity of problems in health care.

3. The field of leadership has defined 3 areas of competence: technical skills, cognitive abilities, and abilities combining thought and emotion, known as emotional intelligence. Technical and cognitive competencies that define scientific excellence are not the same as those that define leadership excellence.
4. Research in the study of Emotional Intelligence (EI) has shown that technical and cognitive skills are only entry or threshold skills for professions like engineering, law, and medicine. It is competencies associated with EI that have been shown to differentiate outstanding performers from average performers.

A physician leadership model must be based on a new paradigm, in which we understand that all physicians, despite the loss of autonomy if not status that they may have experienced, are in reality, "on-the-ground" leaders with significant power in and influence on the system. As leaders of the medical organization, they are responsible for the results obtained with other healthcare employees, as well as with patients. In reality, the physician is the leader of the "customer-care team." Yet, how many physicians see themselves as leaders?

Thus, we must make a paradigm shift in understanding the leadership role that physicians can have. And we must recognize that the characteristics that distinguish outstanding leaders from average performers derive not from technical and cognitive competence but from emotional competence and skillful relationship management. *This shift requires moving from the heroic model of medical training and shifting to one based in competencies of emotional competence, collaboration and teamwork, and a coaching approach that supports an environment where others can grow and develop a sense of empowerment.* The good news is that adults can develop emotional intelligence abilities through developmental activities encompassed in training and coaching.

Grounded in these competencies, physicians can renew their sense of well-being, regain their influence in a way that renews people's trust, improve their relationships with other health care partners (colleagues and administrators) and with patients, and improve the bottom line business results. Within this new paradigm, physicians can become more effective leaders, maximize the influence they have and the contribution they can make as professionals who have contact with every part of the healthcare system.

Great leadership, whether one-on-one or in groups is founded in the skills of *Relationship Management*, one of the four domains of emotional intelligence. Relationship Management is the set of competencies necessary for any organization to learn and to thrive: influence, inspirational leadership, conflict management,

teamwork and collaboration, developing others and being an effective change catalyst.

Leaders who demonstrate emotional competence in relationship management, not only promote a resonant climate that frees the best in people, but also set cultural and team expectations for what is expected and appropriate. Emotional competence is the foundation of great leadership. However, it must be complemented by:

1. A coaching approach and leadership style that helps other develop. Coaching is one of the most powerful methodologies for building leadership capability and for developing emotional competence, thus building capability in a system. A coaching approach is invaluable in generating conversations that accelerate learning and facilitate better results, whether with other health care colleagues, peers, or patients. In a coaching culture, quality and speed of decision-making improves, conflict is reduced (and with that, malpractice liability), all of which contribute to better bottom-line business results.
2. An understanding and practice of teamwork and collaboration, including the role of emotional intelligence in the development of high-performing teams. Solving the complexity of the problems in health care today requires the integration of many divergent points of view and the effective collaboration of many individuals. However, often we do not realize the potential of effective collaboration to solve these critical problems.

Physicians must be given the opportunity to develop and expand their leadership styles beyond the directive and pacesetting styles that were prized in the practice of heroic medicine. While sometimes appropriate to the operating room or the emergency room, these styles alone do not serve the many leadership roles that physicians otherwise find themselves in.

The antidote to the traditional paradigm of isolating physicians in an heroic role, leading to counterproductive behaviors and negative organizational/business results, lies in training them in emotional competence, teamwork and collaboration skills, and an empowering coaching approach. Understanding the powerful role of thought and relationship skills in the workplace – Emotional Competence - sets the best leaders and the best teams apart from the rest.

Manya Arond-Thomas, M.D., is the principal of *Manya Arond-Thomas & Company*, a consulting business that provides executive and team coaching for leadership development and organizational effectiveness. Trained initially as a physician, Manya brings a 25- year wealth of experience, training and education in human and systems development to her work as a coach, consultant and trainer, and facilitator. She is a Certified Business Coach, and is trained and certified in a number of behavioral and organizational change methodologies and business assessment instruments. For more information, contact her at manya@arond-thomas.com or 734-480-1932 in Ann Arbor, Michigan.