Reflections on leadership for diverse practice

Deborah Saltman

TO PROVIDE OPTIMAL CARE for patients within the evolving and complex healthcare systems, general practitioners need to exercise a range of leadership styles. There are many models described in the literature, but most of them fall into one of six categories: transformational, transactional, autocratic, laissez-faire, task oriented and relationship oriented.[1]

These styles have all been described in a leader–follower format best suited to the convergent, hierarchical, hospital environment that was part of all our learning experiences. Recent research highlights how inappropriate these styles are for achieving optimal outcomes in non-hierarchical settings such as general practice.[2]

Over the past two decades I have been exploring alternative ways of looking at healthcare leadership through the lens of both the individual and the environment. I have been invited to conduct workshops in leadership skills of diverse groups of participants on all continents except Antarctica. My experience confirms that the major leadership models do not always sit comfortably with non-hospital, women and diverse populations of clinicians.[3]

After each workshop, participants, now numbering over 1500, have reached out to me and sought my advice on a range of leadership issues, including job title, remuneration, responsibility, toxicity in the work environment and pivoting to new positions.

These individuals work in various settings ranging from conventional, hierarchical institutions such as large hospitals to contemporary, community settings such as group practices, primary medical practices and socially responsible organisations. Despite the differing institutional philosophies, the main drivers for these healthcare professionals in seeking leadership positions were largely the same: remuneration and autonomy. In addition, healthcare professionals working in conventional, hierarchical institutions mentioned title as an important component for their leadership aspirations, whereas contemporary, community workers were unconcerned with titles but rather craved respect.

Counterintuitively, some participants provided feedback that the sessions were too directed to developing leaders and failed to address healthcare workers who say they do not want to lead. This led me to explore why attendees who were drawn to leadership workshops would not want to lead. What has evolved is a recognition that the conventional, and even the contemporary, styles of leadership that have been described in the literature do not match with the aspirations of some participants.[3]

My research population over the past six years has derived from interactions with participants in a top US medical school's women leadership program. I have contributed to the course since its inception.[4] The course is run annually and attracts participants from all over the world. Most recently it has been conducted virtually.

With ongoing input from the participants, I have developed a new way of looking at leadership that encompasses a range of styles from the subtle to the radiant. The subtle, under-recognised leadership that brings reluctant participants to a leadership workshop I identify as 'lateral leadership'. It is a considered and understated style, hence cited by participants as a lack of interest in the more visible styles of leading. Lateral leaders work through their deep knowledge of practice and their institutions; they have often been working there for years. Lateral leaders often display reticence to being singled out, which can be misinterpreted as not wanting to lead. Quite often these leaders are the junior partners, senior associates and part-timers in general practices. They might not be viewed as leaders by either themselves or their organisations, but they are placing their stamp on their offices and programs.

Another style, which I call 'enabling leadership', is more visible. It was once at the forefront of general practice leadership styles, and is now losing ground. This is a style that creates groundswells of change. Successful enabling leaders are often visionary and innovative. Like lateral leaders, they are still committed to working with and around organisations, but the organisations are usually smaller, more agile and differently structured. Enabling leadership is the kind of leadership we are losing in general practice as smaller practices are absorbed into more complex structures, often stifling innovation in order to achieve greater financial and structural stability.

General practitioners with unique or niche interests fall into this category.

Enabling leaders also operate outside the four walls of the surgery, and often work with individual general practitioners, who might be stuck in larger organisations. As mentors, supervisors and coaches, they can initiate waves of skill enhancement and confidence. If done properly, this leadership style enables others to increase their leadership skills at their own pace and in their own direction. The World Organization of Family Doctors is an example of an enabling leadership organisation.

Leadership does not always have to be within organisations. Individuals can be solo or radiant leaders. Lone leaders operate by a more radiant kind of leadership; for example, emitting leadership light through social media. Radiating leaders function on several levels: through inquiry (asking leading questions), innovation (introducing new ideas), affirmation (by celebrating achievements) and finally synthesis (by making the connections for others, helping not to repeat mistakes). It is often a solo activity of high energy and short flame, but with great impact, nonetheless. Bloggers, podcasters, YouTubers, Instagrammers and TikTokkers are all examples of radiant leaders.

Leadership for diverse groups requires more than just recognition of and competency with leadership styles. Consequently, I have developed evolving content that covers both the personal aspects of leadership and the more tangible aspects, such as résumé preparation, job applications, committee skills and advancement.

Leaders must prepare and maintain their personal portfolios. The topics that rated most highly in the evaluations of these components of my sessions include:

- how to 'dress up' a résumé to accessorise it from an 'off-the-rack' look to a 'couture designer' style appropriate for each 'outing'; for example, including recent and relevant awards and honours and removing ones that have aged out, such as school performance
- how to select adjectives and adverbs to describe themselves that matched their style; for example, participants were asked to identify from a list which descriptors they felt comfortable associating themselves with and which they associated with male colleagues and finally those that had neutral connotations:
  - neutral descriptors: conscientious, dependable, diligent, hard working
  - male descriptors: accomplished, ambitious, confident, excellent, independent, insightful, intellectual, knowledgeable, outstanding, resourceful, skilled, successful
  - female descriptors: attractive, caring, compassionate, helpful, interpersonal, tactful, warm
- how to choose references, referees and, best of all, write your own references
- how manage committee work; for example, knowing what positions to hold in the committee (chair or minute taker, because both have power); knowing when a committee should disband or you should leave (no funding, completed outcome or key decision makers stop coming to meetings); and how to effectively run face-to-face and virtual committee meetings
- how to read a job advertisement to look for cues to the leadership style the employers are looking for; for example, below are two advertisements for the same job title that I use in the workshops to highlight differences:
  - Version 1, which I call contemporary leadership: 'Our clinic is devoted to providing a great work/life balance and compensation package. The successful applicant will support and assist with departmental procedures so that work progresses more efficiently. They will connect and develop relationships with a variety of service providers (eg other businesses).'
  - Version 2, which I call conventional leadership: 'The clinic boasts impressive salaries, allowing our employees financial independence. The successful applicant will organise and monitor tasks and processes so that work progresses more efficiently. They will interface with external parties (eg other businesses).'
- how to continue to climb your leadership ladder; for example, how well are you networked with people higher up in your management chain; and which positions are most helpful to you professionally and personally (eg alumni coordinator, cancer centre fundraiser, school board member)?

In reality, all around us in general practice there are different types of leaders who incorporate personal style into their day-to-day work. Many of these leaders are yet to find ways to showcase their work and have it recognised or rewarded appropriately.

Author

Deborah Saltman AM, MD, MBBS, FRACGP, MRCGP, FAFPHM, Honorary Professor, the Centre for Future Health Systems, UNSW Medicine & Health, Sydney, NSW

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Correspondence to:
debsaltman@gmail.com

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