

How to Be a Leader When You Are Not “the” Leader

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You can grow your influence and help your organization succeed by applying this one leadership concept.

It's 10 a.m. on a Thursday. You are running 45 minutes behind in seeing patients, you have a mountain of paperwork on your desk, and your staff is on edge because patients are complaining about the wait time. At your performance review yesterday, you felt unfairly assessed because of lower than expected patient satisfaction scores, and physician leadership is now saying you need to improve your quality metrics. Your morale, like staff morale, is not the highest, and you feel something needs to change. Frustration is setting in as it seems there is never enough time to do everything expected. You feel you are doing the best you can, and it's not your fault all of these things are happening. What more can you possibly do?

We've all been here at some point in our professional life as an employed physician. Whether you're now employed because you left private practice or your employed career started straight out of residency, you are probably not “the boss.” You're paid to meet or exceed expectations set forth by your organization's leaders.

Although your influence and decision-making may appear to be limited because you are not in charge, you can be a powerful catalyst for change in your organization.

A concept that has been helpful to me in my practice is “servant leadership.” In 1977, Robert Greenleaf described servant leadership as a “natural feeling that one wants to serve *first*. Then conscious choice brings one to aspire to lead.”^{1,2,3} The servant leader inspires others to grow as persons, thus making the organization better.

How can you be a servant leader? Here are three places to start.

Your staff

Before you even see a patient, your staff can set the tone for the visit. Consider the various ways they interact with your patients before you do – via phone calls to the office, during check-in at the front desk, or when collecting

vital signs. Your staff have performance expectations that their manager wants them to meet, and if you are adding unnecessary pressure, it will adversely affect your practice.

A better approach to bring about positive change is to consider what you can do for them to make their work more meaningful. For example, involve staff more by meeting with them regularly along with their manager. Ask them to take part in practice decisions, work with them on practice improvement projects, listen to their concerns, and seriously consider their recommendations. Talk to each one as a partner, not as someone you “order.” If you can help them grow and empower them, they will no doubt help your practice improve.

Your organization

In many organizations, the leadership is constantly pushing new programs, requirements, or quality improvement initiatives. Maybe a few months ago the focus was improving patient access, last month it was improving colon cancer screening rates, and now it is improving hypertension control. On top of this, it's time to start working on the next “meaningful use” stage. You are feeling overwhelmed.

What can be helpful during these times is asking why leadership is promoting a certain initiative. What is at stake from an organizational perspective? Are there financial implications for meeting these quality criteria? Perhaps organizational funding depends on quality performance metrics, or penalties may be levied for not meeting certain criteria. Your first instinct may be to complain, but it would be more productive to learn why the initiative is important and ask what you can do to support it. Offer constructive feedback, but don't just

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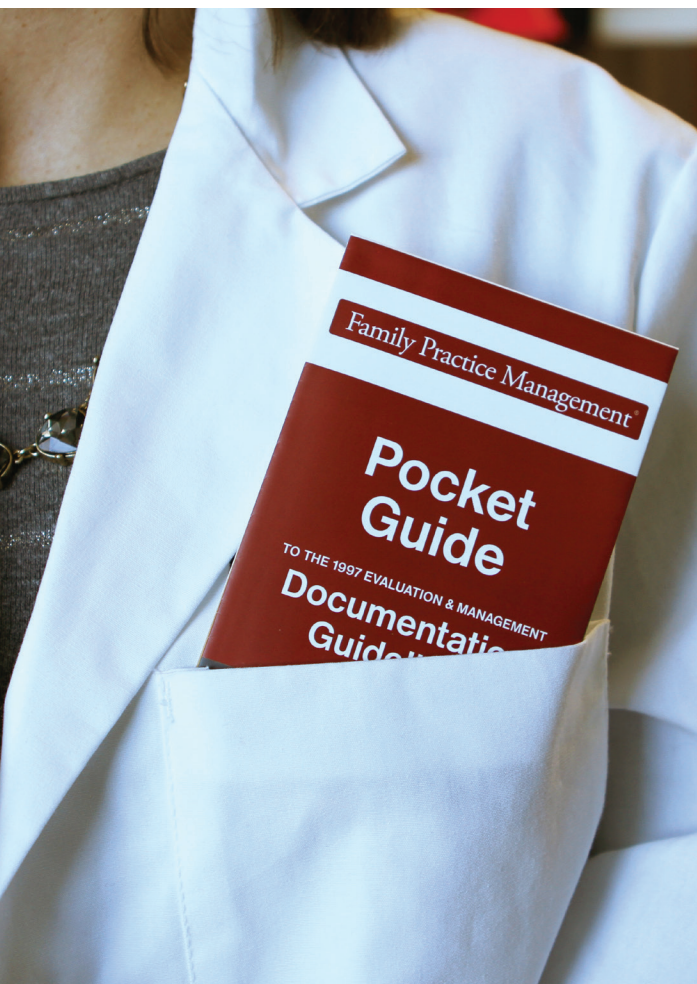
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complain; know the difference if you truly want to be a contributing member of your organization.

The patient

What is our industry ultimately about? Why are we practicing medicine in the first place? It's because we decided many years ago to serve our patients, and this servant-leader role is the most important one of all. Patients no longer favor the paternalistic practice of medicine. In this day and age, patients have greater access to information and may want to become more involved in and more informed about medical decisions. Part of our job is to help them filter through all the information, educate them, and partner with them to make the best decision. How we say things is just as important as what we say. Sometimes I ask myself how I would discuss a particular medical issue with a loved one, and it makes me rethink how I talk to my patients.

When you see your next patient, try this: Think about what you are going to say, and ask yourself if you are giving an order or offering a recommendation. Maybe the patient has an idea of what is causing his or her ailment, so consider asking for the patient's input. You can affirm the patient's thoughts or explain why you have a different opinion, and then together you can make the best medical decision. The more you invest in helping your patient become proactive in his or her care, the more your patient will learn to trust you and view your time together as meaningful, even if you happen to be running late.

Bottom line

You may be feeling overburdened, underappreciated, and powerless to make things better as an employed physician, but don't take the easy way out by complaining, withdrawing, or leaving. By adopting a servant-leader approach, you will gain the respect of those around you and help make your practice a better place to work. **FPM**

1. Greenleaf RK. *Servant Leadership: A Journey Into the Nature of Legitimate Power and Greatness*. Mahwah, NJ: Paulist Press; 1977.
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