



Family Physicians Are Leaders by Default

Leadership is heuristic, not algorithmic, but who manages uncertainty better than us?

In this issue of *FPM*, we talk a lot about leadership (see the articles on pages 15 and 44). Over the years, I've learned that good leaders have several things in common. They listen and value input. They have an ability to engage and influence others. And they work for the best interest of the whole organization.

You know what that sounds like a job description for? A family physician. The nature of what we do makes us leaders by default. Leadership is a skill, and like most skills it can be developed. But I'll let you in on a little secret: I don't like leadership retreats or leadership workshops. Recently, I was surprised with how negatively I reacted when I opened an email that started out, "Hello all! We hope you are getting excited and looking forward to our executive leadership retreat next weekend!"

No, I wasn't excited!

When one finds oneself with strong feelings on a topic, it's helpful to stop and look at the "why" behind the emotion. I learned that technique at the leadership retreat, by the way, after discussing a really good management book, *The Human Element*.¹ It explains why a good idea ("the fuel") might never get traction ("the friction") and how a leader learns to identify and overcome barriers. I won't spoil it, so go read it. But this sounds a lot like what we do with patients, doesn't it?

At the retreat, we also talked about techniques for having conversations when there are oppos-

ing opinions, strong emotions, and high stakes.² These "crucial conversations" can deliver powerful outcomes when done properly. You know who else has crucial conversations all day long? You guessed it: family physicians!

Now, you might be wondering, if I've learned so many helpful techniques at leadership retreats, then why do I hate them? Actually, hate is a strong word, and I'm being a little dramatic. I'm just not a fan of forced teamwork, and as an "extroverted introvert" I get exhausted with role-playing, icebreakers, and personal sharing sessions.³ These interactions are uncomfortable.

Again, this reminds me of what we do as family physicians. We've all had the experience of standing outside an exam room door getting ready to see a challenging patient. We take a deep breath, gather our thoughts, knock, and go in. We are trained to handle difficult and uncomfortable situations. It's what we do. When I walk out of those exam rooms, I usually say to myself "OK, that wasn't so bad."

As I drove home after my recent retreat, I said the same thing. And to be fair, we had some great conversations and developed some exciting strategic plans. So, introversion aside, what's my problem?

I'll reference one final leadership retreat book for the answer. In *Drive*, Daniel Pink describes two types of tasks.⁴ Algorithmic tasks are always the same, following a defined set of steps with a clear outcome. Heuristic tasks, on the other hand, have no defined steps and require creativity and problem-solving to come up with a solution. This distinction is important because while algorithmic tasks respond to extrinsic motivators

(e.g., monetary bonuses), heuristic tasks respond to intrinsic motivators — joy in the task itself. The reward is satisfaction in completing the task or solving a problem.

If I approach leadership as an algorithmic task, I'll be frustrated. But if I approach it as a heuristic task — and try to intrinsically enjoy the process for the sake of the process — my satisfaction increases, my anxiety decreases, and I get more out of it.

This is just like seeing patients. We get satisfaction from the process of helping them — seeing a patient walk into your office breathing easier after having quit smoking, or hearing that they could take that walk in the park with the grandkids thanks to the corticosteroids you injected into their knee. It's our intrinsic joy of the job that keeps us going, not the extrinsic rewards and "pay for performance" stuff.

So, while leadership tends to be heuristic and may cause discomfort and uncertainty, I can't think of anyone more up to the task than us — family physicians. **FPM**

James DomDera, MD, FAAFP
FPM Medical Editor
fpmedit@aafp.org

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2. Grenny J, Patterson K, McMillan R, Switzler A, Gregory E. *Crucial Conversations: Tools for Talking When Stakes Are High*, 3rd ed. McGraw Hill; 2021.

3. Kuijpers E, Hofmans J, Wille B. Stop telling introverts to act like extroverts. *Harvard Business Review*. Oct. 17, 2022.

4. Pink DH. *Drive: The Surprising Truth About What Motivates Us*. Riverhead Books; 2011.