



Neville Steer

Leading a practice

Tips from the toolkit 7

Leadership in a general practice is diverse and frequently subtle. Most leadership models have been developed around large organisations, military or government. These models do not transpose easily to a general practice. This article looks at some of the opportunities to give leadership in a practice. It is based on The Royal Australian College of General Practitioners' 'General practice management toolkit'.

Keywords: general practice; practice management



● 'The key to successful leadership today is influence, not authority'.

Kenneth Blanchard

Many articles have sought to distinguish management and authority from leadership. Clearly, in most general practices, the owners are in authority and can determine how resources will be used in order to maintain 'business as usual'. Leadership may come from the principals or others within the practice. Fisher and Sharp¹ in their book aptly titled, 'Lateral leadership – Getting it done when you are not the boss', discuss participatory leadership.

Leadership needs to accompany a sense of purpose to be meaningful. It is easier to identify a sense of purpose in the face of a disaster – the drive to survive is strong. When circumstances or behaviours exist which are tolerable, albeit not ideal, it can be harder to focus the energy required to produce change. What then can be the source of energy required to effect change? Motivations or passions can be personal and/or altruistic.

'One person with passion is better than forty people merely interested'. E M Forster

To provide effective leadership, it is important to start by increasing your understanding about

yourself. By considering your own skills, interests and personality, it is possible to examine how you can have an impact on the practice.

Influence

General practitioners seek to influence patients to act to improve their health and wellbeing on a daily basis. Patients are subject to many other messages and it requires skill and effort to influence and persuade patients. We can use our understanding of human behaviour to influence others in our workplace. Persuasion can be beneficent or maleficent. Persuasion becomes manipulation when the intent is concealed and the subject gains little or no benefit from the changes in behaviour. People manipulate by restricting access to information or providing misinformation. Leaders increase access to accurate information.

In their book, 'Influencer', Patterson et al² talk about the importance of focusing on specific behaviours in order to create change. They call these 'vital' behaviours. For example, if your practice is struggling to get doctors to embrace information technology/management, the one vital behaviour may be keyboard skills.

They also describe sources of influence as belonging to 'two do':

- ability ('can I do it?'), and
- motivation ('is it worth it?').

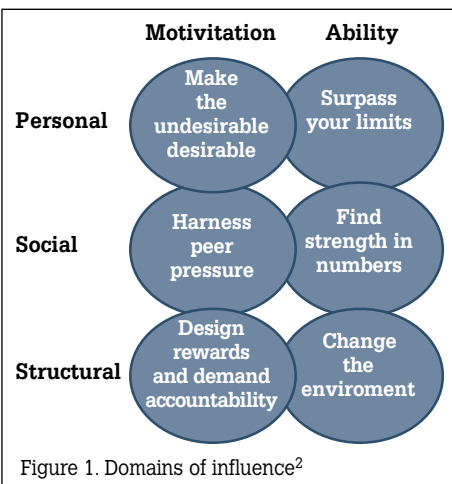
These domains are then examined from three perspectives: personal, social and organisational (*Figure 1*). This creates six areas in which influence may be exerted to change behaviours. Using multiple points of influence is more likely to effect change.

Harvard psychology professor Howard Gardiner recognises that influencing people to change their minds is not a sudden 'epiphany' but requires that you 'send your message many times to reinforce it in your listeners' minds' (*Table 1*). In addition, he recommends delivering the message

Table 1. Seven levers for changing minds³

Reason: You present all relevant considerations of an idea, including pros and cons
Research: You provide numerical and other information about your idea's ramifications, or data relevant to your idea
Resonance: You and your ideas are convincing because of your track record, effective presentation, and your sense of your audience
Representational redescription: You deliver your message in a range of formats, including stories, statistics and graphics
Resources and rewards: You draw on resources to demonstrate the value of your idea and provide incentives to adopt your idea
Real world events: You monitor events in the world on a daily basis and, whenever possible, draw on them to support your idea
Resistance: You devote considerable energy to identifying the principal resistances to your ideas (both conscious and unconscious resistances) and try to defuse them

in a range of formats such as telling engaging stories, graphic depictions with charts, humour, demonstrations and, most importantly, modelling with your own behaviour.



Change management exercise

As part of developing your practice's capacity to manage change, ask your colleagues to work through the following exercise together. (This exercise can also be used as a personal exercise.)

Practice exercise

The sole medical practice in a large rural town is working at capacity and is unable to meet the community expectations for semi-urgent appointments. The three doctors are all working full time and they employ a practice nurse. Patients are usually seen by their 'regular' doctor.

One of the doctors considers a solution to improve access for semi-urgent problems is to develop a different patient stream. In this 'semi-urgent list' she proposes that patients see the 'rostered' doctor in another area of the practice and that doctor is supported by a second nurse. Only acute and semi-acute problems are to be treated in these sessions. One of the doctors is resistant to the idea as he feels it is quicker to see patients that he knows already.

Consider how you might approach this using the six areas for influence illustrated in Figure 1.

Resource

Articles on leadership are summarised at www.racgp.org.au/leadership.

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