

SELF-AWARENESS LEADING A HIGH- PERFORMING CULTURE — TEN PRACTICAL LESSONS

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In this article...

These 10 tips — and a few more — can help physician leaders establish a high-performing culture in their organization.

PHYSICIAN LEADERS OCCUPY A UNIQUE POSITION in the development and sustainability of a high-performing culture within medical groups, largely because they typically are both leaders and providers of hands-on care.

The lessons that follow are meant to be guidelines for shaping physician leaders' leadership style and personal expectations for their role as leaders of healthy and productive cultures in complex healthcare organizations. They derive from physician leadership training¹ and direct leadership culture evaluation in medical groups.^{2,3}

These lessons are experience-based, research-supported, and intended for both emerging as well as seasoned physician leaders and are offered here for contemplation and thoughtful integration with the physician leader's personality and natural leadership tendencies.

1. **Don't fall in love with decision making.** If you make all the decisions, your world will get smaller at an accelerating rate. Practicing physicians are accustomed to making fast-paced decisions about their patients. They also are accustomed to people asking them to make decisions — perhaps hundreds per day. A physician leader's decisions require a unique tempo and context of perspective.

Emerging physician leaders especially fall prey to those people who come to them for their "wisdom and decisiveness." Beware the trap! The more decisions you make for others, the fewer they need to make for themselves. Your world of leadership can be reduced quickly to doing the

work (and taking the risks) of others. Save your decision making for what you consider the "big decisions."

2. **Focus on the welfare of the whole.** Physician leaders at times believe their primary duty is to protect "the team." This is often the case in emerging integrated health systems where the roles of physician leaders and the medical group are not well defined. In such cases, physician leaders must learn to walk a fine line between ensuring the good of the medical enterprise within the health system and the wellbeing of the system overall.
3. **Don't excuse or tolerate bad behavior of peers.** Often, the first big test of physician leaders is how they handle the bad behaviors of others. Remember that a leader's role is to safeguard the organization from all risk. Bad behavior puts organizations at risk in innumerable ways, and the staff is always watching to see how leaders address the behaviors of problem staff members who may be seen as a "protected class."
4. **Appear to be unflappable.** A true leader is someone who is perceived to rarely, if ever, over-react. A useful lesson is often learned the hard way: Nothing is ever as good as it seems or as bad as it appears unless it's life or death. Effective leaders keep their heads when those around are losing theirs.
5. **Do not fear vulnerability or fallibility.** No one expects leaders to be perfect or right all the time. In fact, leaders

will find that showing a little vulnerability, fallibility, and humility will prompt those around them to rally around them with assistance. This, in turn, will help them develop their leadership style.

6. **Listen more than you talk.** While this should be obvious, there are physician leaders who believe that what they say is far more important than what anyone else says. The numbers in this category are fortunately low, but they are out there. No one is critical of a good listener.
7. **Let people fail, so long as the costs are affordable.** Failure breeds development. Allowing people to fail responsibly, and with grace and dignity, shows that a leader is genuinely interested in the development of others; it enhances the self-awareness and sense of accountability of those permitted to fail.
8. **Know what it means to win.** Respected leaders have a firm grasp of what it means for their organization to be high-performing, and they hold all staff members accountable for standards of excellence. The organization's stakeholders want to know "where we're headed" and "where we are" in the journey — the mission and strategy. Leaders communicate the status of the progress toward those goals frequently and honestly.
9. **Realize that the most powerful tool is the leadership culture.** Every organization's culture exists by design or default. Colleagues, staff members, and patients assume the prevailing culture is what the leaders want it to be, for better or worse.

Lessons learned from the study of culture in medical groups⁴ demonstrate that (1) medical organizations are composites of standing cultures based on a number of factors: clinical sub-specialties, locations, and philosophies of leadership, etc.; (2) "siloeed" cultures that do not encourage collaboration and cooperation across clinical services departments will adversely affect patient care and organizational performance; and (3) the strongest predictors of staff members' evaluations of the state of the culture at work are factors relating to levels of trust in the leaders' willingness and ability to create a climate of accountability, fairness, and collaboration with other leaders for the good of the organization.

Few leaders failed because they spent too much time on the culture of the organizations they led.

10. **Carry a higher level of responsibility to the C-Suite.** Physician leaders' knowledge base is unique to their profession. Consequently, when collaborating with non-clinical leaders in the organization, physician leaders have the responsibility to bring that knowledge base to the table, even if they believe the others present are far more experienced as leaders and managers. Physician leaders may be uncomfortable "being the boss" until they learn that being a boss is easy; being an effective leader is much more challenging.

A JOURNEY OF RISK AND REWARD

Physicians new to leadership in medical groups or health systems often wonder where to start.

Begin a leadership plan by bringing clarity to the mission of the organization: Define the vision for the future of the organization in service to its patients; establish the values that will guide decision making and how patients and their families will be treated; declare the principles and expectations of the culture that will guide the behaviors of providers and staff, including "how we will treat each other"; and lay the groundwork for the standards that will define high performance objectives in the organization. The beginnings of organizational strategy follow. Get all that right, and you're off to a good start.

Effective physician leaders learn to be teachers, mentors, and coaches, especially for the non-clinician staff on the teams they lead. Non-clinicians, especially, appreciate physicians who take the time to create connections between the actual practice of medicine and the "manufacturing" and delivery of health services.

Effective physician leaders learn the art of effective leadership communications — the social psychology of communications in organizations, the art of "packaging" and delivering required information in a form and format that shapes attitudes and ultimately behaviors toward aligning goals to a mission and vision.

Finally, remember the Delphic maxim "know thyself." All leaders have limitations. Effective leadership is a journey of risk and reward decisions that affect many. Be too conservative and you won't attract and retain the best and brightest to your organization or to you. Play fast and loose, and you put careers and livelihoods at risk, including your own.

The key to the balance is to know when to seek counsel beyond your own. Good leaders are good, in part, because they are willing to ask, "What do you think?" many times before they make a decision. The worst that can happen is that those around you will be flattered that you asked.



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REFERENCES

1. Daniel K. Zisner, PhD, served as professor and department chair for the University of Minnesota's graduate programs in Healthcare Administration, School of Public Health. These programs included an international executive master's degree program, which was composed of physicians, other clinicians and practicing healthcare administrators.
2. Zisner, DK. Corporate Culture in Healthcare: Accountabilities of Governance. *Minnesota Physician*. 34(9):1, 10–11, 34.
3. Zisner, DK. The Science of Culture: A Look Inside Health Systems. *Minnesota Physician*. 34(10).
4. CulturePulse® is a proprietary leadership evaluation tool used in medical h-groups, health systems, and other professional services industries; Zisner, DK, and Utecht, BJ, Minneapolis, MN.