On Physician Relations

Overcoming Physician Leadership Limbo

Addressing the obstacles physicians face when transitioning from medicine to leadership.

The emerging healthcare environment requires far more physician leaders than has been necessary in the past. And when physicians move from a clinical to a leadership role, they tend to straddle both worlds at the same time, which can be tension filled as physicians navigate the differences between the practice of medicine and the practice of leadership. These changes are often a major barrier to the performance of physicians who are stepping into new leadership roles.

Many physicians entering the executive world for the first time may feel they are in the “land of in between”: letting go of old ways and working to master new ways. Unease in this dual leadership and clinical role will likely be felt for some time—until experience takes over.

For physician leaders, this sense of working in both realms is inescapable because the preparation and approach that makes for great medicine is, in many ways, 180 degrees different from that which makes for great leadership. This is not a question of problem individuals but simply the way the world works. Although unavoidable, this sense of unease can be managed to limit its impact on the leader’s performance.

These differences between the nature of medicine and the nature of leadership can often be silent killers that undermine even well-designed physician leadership development efforts. The differences in the sidebar on page 90 illustrate this point.

As these factors pile up, and many of them will be in play, they naturally create an extraordinarily difficult challenge of stepping from a clinical realm in which a physician has been successful into a leadership realm that is fundamentally different in its requirements. Unaddressed, that challenge often results in frustration, a lack of confidence, uncertainty, anger, diminished commitment and, ultimately, partial or complete withdrawal from the leadership role. These experiences are natural results of throwing someone into a new world under performance pressure.

Overcoming “The Land of in Between”

The key to minimizing the tension-filled experience of practicing in both worlds of medicine and leadership is to support physicians in the process of mastering the practice of leadership. Doing this effectively and rapidly requires a commitment on the part of physicians and a complementary commitment on the part of the hospital and system leadership. It is a partnership, with each partner bringing certain qualities to the table.

In addition to mastering the practice of leadership, physicians must bring many of the same qualities that helped them master the practice of medicine while dealing effectively with the leadership challenges that they have been assigned. Fortunately, physicians share some common strengths that provide a strong foundation on which to build leadership performance. For example, physicians typically:

- Demand credibility—then commit fully
- Are focused on the outcomes and used to taking responsibility for them
- Are highly intelligent and multifaceted
- Are exceptional learners
- Perform well under pressure and have been tested in the past
- Have high expectations of self and others
- Have a strong sense of purpose and significance

These personal strengths can be leveraged by developing the complementary leadership skills required by the new roles they are assuming.
The key is rapidly building the complementary leadership skills and not merely relying on the strengths that have served them well in the clinical realm.

**Committing to Physician Leaders**
Successfully helping physicians transition from clinical mastery to leadership mastery requires a direct and honest approach. The senior teams of healthcare organizations need to make the following statements to physician leaders and then back up these statements with credible, sustained actions. These commitments will apply in almost all settings, but the actions that follow will vary from system to system.

1. We understand the challenge of going from practicing medicine to a leadership position and commit to supporting you in that transition.
2. We will help you deal with the leadership vs. medicine differences as you begin to lead projects in order to shorten your learning curve and begin to attain positive outcomes quickly.
3. We will provide leadership development that is focused on you and your role.
4. We will draw upon what you brought to the mastery of medicine and deploy those qualities against the challenges of mastering leadership—and we will increase our own leadership capabilities as we learn from you.
5. We will address the barriers that may exist to your entry into leadership, including being welcomed into the existing leadership structure.
6. We will ensure that you have the relationships, information and other resources required.
7. If you are still practicing medicine we will be very conscious of protecting your time, so you can balance your leadership and clinical commitments.
8. We will track the experience and outcomes with you and respond collaboratively.

**Future Requires Physician Leaders**
Rapidly and successfully building the quantity and quality of physician leadership now required to deal with the profound changes in healthcare requires dealing effectively with how physicians transition between practicing medicine and practicing leadership. Physicians must truly commit themselves and bring their best to mastering the practice of leadership. At the same time, the organization’s board and senior leadership must commit to their physician leaders by putting a support infrastructure in place that minimizes the impact of this transition to leadership. This is a new challenge driven by the scale and scope of change in healthcare and one that will require sustained priority focus and creative approaches.

Gordon Barnhart is senior partner, physician leadership, O’Brien Group, Cincinnati. He can be reached at gordon@obriengroup.us. Michael O’Brien, EdD, is CEO, O’Brien Group. He can be reached at michael@obriengroup.us.

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**Medicine vs. Leadership**

<table>
<thead>
<tr>
<th>The Nature of Medicine</th>
<th>vs. The Nature of Leadership</th>
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</thead>
<tbody>
<tr>
<td>1. Prescribe and expect compliance</td>
<td>1. Lead, influence and collaborate</td>
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<tr>
<td>2. Short-term focus and results</td>
<td>2. Short-, medium- and long-term focus and results</td>
</tr>
<tr>
<td>3. Established procedures/ episodic care</td>
<td>3. Complex processes repeated over time</td>
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<tr>
<td>4. Relatively well-defined problems</td>
<td>4. Ill-defined problems</td>
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<tr>
<td>5. Individual or small-team approach</td>
<td>5. Larger groups crossing many boundaries/integrated approach</td>
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<tr>
<td>6. Being “the” expert and carrying all the responsibility</td>
<td>6. Being one of many experts and sharing the responsibility</td>
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<td>7. Receiving gratitude</td>
<td>7. Encountering resistance</td>
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<td>8. Having the respect and trust of colleagues</td>
<td>8. Garnering suspicion for being a “suit”</td>
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