



# HEALTHCARE LEADERSHIP IN MIDDLE MANAGEMENT

## PROFILE



### TEXT BY

## DR YAO FENGYUAN

Dr Yao Fengyuan is a consultant working in the department of Geriatric Psychiatry in the Institute of Mental Health. He is currently the project director for Aged Psychiatric Community Assessment and Treatment Service. He also oversees the code blue process in the hospital. He is a game junkie and likes to play role-playing games whenever he has free time.

### Legend

1. Code Blue Workgroup

Nowadays, with the myriad of subspecialty services and quality improvement workgroups in the hospitals, it has become difficult for me and my peers, senior residents and young consultants, to avoid administrative and leadership roles. We were trained to be good clinicians – the emphasis of training was not on how to manage administrative or human resource matters such as measuring cost-effectiveness of the service, monitoring staff workload, ensuring good staff satisfaction, motivating your staff, etc. I termed my peers and myself as the middle management because we are often the ones who have to implement the senior management's policy while taking the lead for a few teams.

Although I had attended a few leadership courses, I did not feel adequately prepared for the challenges of leading a team. It was through many trials, errors and much guidance from my seniors, that I found some approaches that worked for me.

## BE A GOOD CLINICIAN

The first step to being a good healthcare leader is by being a good clinician. Healthcare staff would generally respect good clinicians. In my opinion, this is the most important thing you need to accomplish before you can lead a team.

## GET YOUR HANDS DIRTY

To be a good officer in the army, you have to know everything that your soldiers have to do. You have to lead by example and be at the frontline with your soldiers to motivate them. Similarly, in the hospital setting, you often need to be on the ground with your team members. When I led a community multi-disciplinary team, I would offer to visit the patients with the case managers or help them talk to difficult relatives when they experienced difficulties handling a challenging case. This opened up the opportunity to teach them by role modelling. The morale of the team was better because they felt supported. This also gave me the chance to survey the ground so that I knew what actually transpired when my case managers saw patients at their own homes, allowing me to consider the practicality of any of my suggestions to improve the process of my community team.

## KNOW THY SELF, KNOW THY ENEMY

You need to know your leadership style and the characteristics of your team members. For instance, if you have a coercive leadership style, where you like people to follow your plan without much deviation, your leadership style may not be applicable in situations where many

of your staff are seniors or strongly opinionated individuals. However, your leadership style will work if your team is dysfunctional and you need things to change fast. I quote from an article written by Daniel Goleman, "leaders need many styles". He wrote that an effective leader needs to adopt at least four leadership styles. Other examples of leadership styles include affiliative, democratic, pacesetting and coaching styles.

The hallmark of the affiliative leader is a "people come first" attitude. It is particularly useful for increasing morale, but its exclusive focus on praise can allow poor performance to go uncorrected. For the democratic style, team members are given a voice in decision-making, which helps to generate ideas and allows flexibility. However, sometimes the price is endless meetings and confused team members who feel leaderless. With the pacesetting style, a leader sets high performance standards and exemplifies them himself. This has a very positive impact on employees who are self-motivated and highly competent. But other employees tend to feel overwhelmed by such a leader's demands for excellence. The coaching style focuses more on personal development than on immediate work-related tasks. It works well when your team members are already aware of their weaknesses and want to improve, but not when they are resistant to changing their ways.

## GET FEEDBACK

According to the Johari window theory, we all have blind spots – flaws that we are unaware of but known to others. There was once when I was obsessed with productivity while leading my team. I wanted them to do things in the shortest amount of time so that they could see more cases and the service could meet cost recovery. I even persuaded many colleagues in the same department to come for my team's retreat to give suggestions on how to increase our productivity.

I thought I was helping my team to ensure the sustainability of our service; however, I failed to notice their feelings.

They were initially very stressed by how I kept reminding them that our service was not sustainable without having good productivity and meeting cost recovery. They thought that the service was facing a crisis and that they would lose their job if they did not achieve adequate productivity. They also felt ashamed when I got colleagues to come for our team's retreat and comment on the efficiency of our team. I only found out about this when I got feedback from my co-director on the morale of the team. Hence, getting feedback is a good way to know your blind spots, and you have to take this feedback with a positive light because no one is perfect.

However, the challenge is finding the means to get honest feedback. I find myself not getting honest feedback during formal meetings. Maybe it is the Singaporean culture – people are too courteous to speak their mind during meetings. Surprisingly, I receive more valuable feedback over lunch and informal gatherings. When I solicited feedback during formal meetings for the code blue process

I was overseeing, I did not get much feedback. However, when I chatted with my junior doctors and nurses at the canteen, I gathered much more useful and honest feedback.

## GET RECOGNITION FOR YOUR TEAM

You need to find a way to get recognition for your team members when they produce good work. There are actually several platforms where you can do this. You can present the work of your team during meetings involving your senior management, especially if they are interested in some of the results that will affect the hospital's performance (eg, waiting time of clinics, patient's safety, satisfying Joint Commission International requirements, saving cost, etc). You can also showcase your team's work in your hospital's newsletters or web page.

I used to be very apprehensive of giving presentations, especially in front of senior management. I am not an extroverted and vocal person by nature. However, when I was managing a group and overseeing the code blue process, I could see that my team members were burnt out, as they spent a lot of time outside their usual work hours to



improve the code blue process, but their efforts were not recognised. I felt that it was my responsibility to increase the visibility of their work, so I grabbed every opportunity to showcase it.

One way was by doing a clinical practice improvement programme project, which created opportunities for me to present their work at the Regional Health System level. I also wrote articles on their work and had them published in the hospital's newsletter. When the senior management wanted me to present on certain code blue issues, I took the opportunity to present the work of my team while handling these issues. My team members had even made a video on the management of code blue without any budget, which I tried to play during an intra-hospital talk; however at that time, all the heads of department coincidentally needed to attend an urgent meeting and did not attend the talk. Later, I was asked to attend the medical board to talk about certain code blue matters. I took the opportunity to show the senior management the video while they were having lunch before the meeting.

In the end, my efforts paid off. My team received their due recognition and felt more motivated to work. It was easier for me to ask them to do tasks, and they even initiated some quality improvement projects on their own.

## TEACH, TEACH AND TEACH

When there is no tangible reward, staff are motivated to help if they feel that they are learning something useful. When I want my juniors to take up quality improvement projects, I first invest time in getting them interested, before giving them the projects. While they are doing the project, more time is invested in teaching them quality improvement principles and how to apply them. I create opportunities for them

to present the project to senior management and take the time to go through their presentations, teaching them presentation skills. Generally, I find that my juniors are more likely to come back in the future to help out in my team if I invest time in them. I find this a good way to retain talent in my team.

## DON'T WASTE MEETINGS

It is often difficult to get everyone to meet together as they are usually busy with work. There is a need to make the best use of each meeting to delegate work effectively and advance towards the goal of the team.

When you are the team leader, you should have a vision of what your team can achieve. Invest some time to plan how you want to guide your team to achieve that vision. One way to do this is to direct and weave your meetings to your agenda to advance towards the team's goals. When I lead meetings, I spend time to set specific objectives. During the meetings, I try to prioritise the items on the agenda and monitor the time, to ensure the objectives are met during each meeting.

## EMPOWER YOUR TEAM MEMBERS

Today, if you are working in a restructured hospital or polyclinic, you will inevitably be working in large complicated systems. Many of us are comfortable in our respective systems and can be resistant to change – sometimes I am guilty of that myself. Initially, when things go wrong, people give feedback. However, from my experience, feedback is often lost on follow-up because it is often difficult to make changes to the existing system. After a while, people develop learnt helplessness – they stop giving feedback altogether because they are convinced that nothing is going to change anyway.

I always tell my team members that problems in the system are opportunities for improvement, and they have to take charge of the problems – they should be the instrument of change instead of waiting for others to resolve those problems. If they see problems and are interested in improving the system, I will try my best to empower them and make their work visible to others.

In my hospital, in the event of a patient collapse, a short message service (SMS) will be sent to the code blue phone of on-call doctors. The doctors had often complained that they received too many SMSes that were false alarms or test messages. Hence, some doctors would wait for a call from the nurses despite receiving these SMS alerts, before rushing to the site of patient collapse. A resident gave feedback that he had mentioned this problem a few years ago, but nothing was done. I encouraged him to take charge of the problem and linked him up with the engineer overseeing the code blue alert system. I also created opportunities for him to present his work of resolving the issue in front of senior management to get recognition for his work.

## HARD WORK

What I have suggested requires a lot of effort and hard work – good leadership involves a lot of work. However, the sense of fulfilment and the rewards for being able to lead a team effectively are immeasurable. ♦

### Further reading

1. Goleman D. Leadership that gets results. *Harv Bus Rev*, 2000; 78(2): 78–90