

Lead the way

to a tranquil workplace



In the first of a series of articles, **Seema Sharma*** provides an introduction on how becoming a leader can enrich your role while sharing out workload and making things go more smoothly in your practice.

Late patients, equipment breakdown, phones unanswered, nobody at the staff meeting, labwork not back, running into lunch. What is it that makes some practices 'feel' organised and enjoyable to work in and some 'feel' like a circus?

Do you ever look around your practice and think to yourself that you could do a better job, if given half a chance? You probably could, if as a team you put your heads together to identify the problems at your practice, and the solutions. After all, how hard can it be? In isolation, every clinician, nurse and receptionist knows what his or her job entails.

The missing ingredient

What's missing is the way in which these all fit together, like the well-oiled cogs of a wheel. There are three things that are needed to get all the cogs in your practice wheel turning smoothly in synchrony:

1. Systems
2. Communication
3. Personal responsibility.

Systems

Systems are a collection of processes that help everyone to understand how things are done at your practice to achieve a desired outcome.

The best ones are written by YOU, as you know exactly what you do on a day to day

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Great leaders inspire their teams, are good communicators, bring positive energy to the practice and avoid the use of words like ‘but’, ‘can’t’ and ‘won’t’. They are problem solvers who continually review what works and what doesn’t and do not do what they have always done. They take a flexible approach and build relationships well. It is often their personal qualities rather than their management capability that attracts their followers and they build dream teams from which members emerge themselves as leaders.

There are many documented styles of leadership but in my experience the most successful leaders balance a combination of styles:

- **Dictator:** autocratic leaders who make the decisions
- **Democrat:** participative leaders who make decisions after consultation with their teams
- **Delegator:** free rein leaders who don’t have to make day to day decisions because they are surrounded by teams who are highly capable and empowered to make decisions themselves.

There is a fine line between being autocratic and over-controlling, just as there is a fine line between being participative and being out of control, and between being free rein and absent.

Personal responsibility

Leadership is less about power and more about empowerment, and there is nothing more dynamic than an empowered team. So what can you do as a team member?

If you are a dental nurse, try using a participative style yourself – this is best used with a team who know their jobs. Why not pull together a nurses’ meeting and divvy up responsibility for things that you can see are not working, whether it’s the washing up rota in the staff room or the responsibility for booking the next appointment when there is a queue at reception? Make sure you make some decisions though! One of the dangers of mass consultation is that there can be no results if nobody is willing to take a decision.

If you are a dental receptionist, an autocratic style is the most appropriate one

for a new employee in the first few days of the job. If you are a good coach and the employee is excited about their new role, some strong leadership on your part will ensure consistency in patient care and integrate the new team member into the practice culture. Remember to be authoritative, not dictatorial – earn the employee’s respect, don’t demand it.

If you are a practice manager, delegate to someone in your team who knows more than you do. There is little point in you pulling together the stock order every month when your nurses know what runs out and you could be looking at how to generate more income from referrals. What’s more, by empowering your team you will transform staff morale. Do keep an eye on what the total spend is though, and if it runs out of budget, make some suggestions about how it can be improved.

If your practice owner has not seen this article, get him or her to read it and put all four skills into action: define where the practice is going (vision); advise the team what is not working and why a new strategy is required (be an autocrat for a day); arrange a meeting for ideas (be participative and engage the whole team) and decide who is going to take on which tasks to implement the new strategy (delegate responsibility but not accountability) so that you do not have to sweat the small stuff. Then do it again with another possible strategy. Practice makes perfect!

Making teamwork work

So the idea of distributing leadership across the team is great, but what happens if you all have a go at being leaders, communication breaks down and you can’t get very far? Before you become disheartened, it’s worth knowing that in 1965, psychologist Bruce Tuckman identified that all teams go through four stages during formation:

- **Forming:** when individuals come together
- **Storming:** when the politeness of first meetings wears off and conflicting views are expressed
- **Norming:** as agreement starts to emerge, as well as the most effective team leaders
- **Performing:** when the team is finally working towards a common goal.

basis. This is invaluable when you are joined by new team members because it stops them from reverting to systems learnt elsewhere, which may or may not fit with your practice vision. Writing an operations manual of 200 procedures is a daunting task for a manager, but writing each individual process is easy for the person who does it every day. Sharing and discussing it with the rest of the team helps you to get the details just right, and hey presto, the operations manual becomes a collective effort which is constantly updated as your shared learning evolves.

Communication

Anyone can be a leader. Yes, anyone!

‘Moving from a passive role to becoming a lead will enlarge and enrich your role whilst sharing out the workload and making your work more enjoyable.’

Team formation is not an overnight process so keep at it!

Understanding individual behaviour

As you start to share ideas and write your processes, you will soon find that each person in the team exhibits different behaviours, so it helps to understand the work done by Dr Meredith Belbin in the 1970s. He and his research team identified ‘separate clusters of behaviour’, each of which formed distinct team contributions or ‘Belbin’s Team Roles’ which can be defined as: *‘A tendency to behave, contribute and interrelate with others in a particular way’.*

Belbin’s nine roles are categorised into three groups:

- Action orientated roles
- People oriented roles
- Thought oriented roles.

Action oriented roles

Shaper (SH)

Shapers are driven dynamic people who challenge the team to improve and keep the team moving forwards without losing momentum. They may come across as dictators and may offend people’s feelings.

Implementer (IMP)

Implementers are careful, conservative and organised, and they work systematically and efficiently to take the vision proposed and make it happen. They can be inflexible, critical and resistant to change.

Completer-Finisher (CF)

Completer-Finishers pay attention to detail and get jobs completed on time and to the highest standards. A Completer-Finisher may worry about detail and struggle with delegation.

People oriented roles

Coordinator (CO)

Coordinators listen well, pull the team together to guide it towards agreed goals, and delegate effectively. They make great chair people, but may delegate away too much personal responsibility.

Team Worker (TW)

Team Workers are popular supportive people who get the team to gel together with their flexible and diplomatic skills of negotiation. They can sit on the fence during decision-making.

Resource Investigator (RI)

Resource Investigators identify obstacles which could prevent the team’s vision from being heard in an external setting, then negotiate on their behalf. They are extrovert and curious but can lose enthusiasm.

Thought oriented roles

Plant (PL)

Plants are full of new ideas. They thrive on praise but fear criticism. Plants are often reserved and prefer to work alone. They can be poor communicators and can tend to ignore rules!

Monitor-Evaluator (ME)

Monitor-Evaluators are critical thinkers who analyse the ideas put forward by plants and strategically weigh up the pros and cons of all options before making decisions. They can be considered detached.

Specialist (SP)

Specialists are people who have expert knowledge that is needed to get the job done. This can lead to too much focus on the area of expertise at the expense of the bigger picture.

Let’s get started

Armed with this knowledge why not get started this quarter by writing down everything you do daily, weekly, monthly and quarterly, and harness the versatility of your team instead of becoming derailed by it. Then take all your processes and divide them up according to the best fitting role below.

Front of house

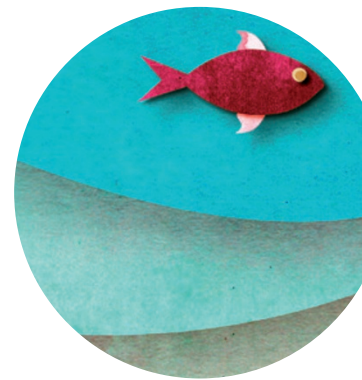
- Patient journey coordinator
- Information governance lead
- Feedback and complaints officer

Clinical care

- Infection control lead
- Radiation lead
- Stock control lead

Safeguarding and safety

- Safeguarding lead
- Workplace safety officer.



Don’t worry too much if you don’t all agree at first; keep communicating and themes will emerge. Over the next three issues of *Vital* we will look at how team members could refine their own job descriptions by slotting their responsibilities into more formal structures under the heading of these lead roles.

Moving from a passive role to becoming a lead will enlarge and enrich your role whilst sharing out the workload and making your work more enjoyable.

What’s more, the owner and manager in the practice will be bowled over if you transformed your individual roles by leading from the shop floor. While you support them with efficiency and effectiveness, you would free them up from firefighting day to day issues so they can concentrate on vision, strategy, marketing, quality assurance and revenues.

Remember, it’s only when the revenues are coming in well in excess of the funds going out that you are ever likely to get a payrise, so improving that bottom line profit with more efficient systems is in everyone’s interest!

Useful reading

Belbin

www.belbin.com/
www.businessballs.com/personalitystylesmodels.htm#belbinteamrolesdescriptions

Tuckman

www.businessballs.com/tuckmanformingstormingnormingperforming.htm

**Seema is a dentist and owns a small group of dental practices trading as Smile Impressions Ltd; a partner in William Place NHS Dental Practice, catering for underprivileged communities in East London; operations director for Medibyte; has a dental practice management consultancy, dentabyte.co.uk; and is founder of the Sharma Foundation.*