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# THE LEADERSHIP CHALLENGE

# research

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THE MOST TRUSTED SOURCE ON BECOMING A BETTER LEADER

<b>TITLE</b>	No Longer a Solo Practice: How Physician Leaders Lead
<b>RESEARCHER</b>	Mitchell Kusy, Louellen N. Essex and Thomas J. Marr <i>Physician Executive</i> December 1995, 21(12), p. 11-15
<b>OBJECTIVE</b>	This research examined the factors associated with the success of physician leaders.
<b>METHODOLOGY</b>	The population included 150 of the 350 Fellows of the American College of Physician Executives. The sample of 94 (63% response rate) respondents completed the Leadership Practices Inventory, provided demographic information, and structured interviews with 20 physician leaders were conducted. The typical respondents were men; medical directors, vice presidents for medical affairs, and CEOs who practiced in hospitals, HMOs, or private practice; in their current positions almost six years, with 10 years of clinical practice, and spent the majority of their time in their leadership role with little time devoted to research or teaching.
<b>KEY FINDINGS</b>	Physician leaders reported more frequent use of all five leadership practices than did the Kouzes Posner normative database. The older the physician leader, the more frequently he or she reported using Modeling the Way. Leaders from academic institutions reported less frequent use of Challenging the Process than did physician leaders in other settings. Respondents from hospital settings reported more frequent use of Modeling than did their counterparts in other settings. The more years the physician leaders were in

clinical practice before they became leaders the more they reported using Inspire and Model. Medical specialty, gender, selection process in their appointment, training in leadership, and time in current position made no significant difference in reported frequency of use of the five leadership practices.

“Or results,” say the authors, “suggest physician leadership training should have a strong focus on the ‘human side’ of management, including negotiation, organizational ‘politics,’ conflict resolution, team building, and motivation” ... Self-assessment, including analysis of style, strengths, best potential organizational fit, and specific areas of strength and weakness, should be an integral part of the development of an aspiring physician leader” (p. 14).