Do leaders and managers have the same characteristics? No, they do not!

1. Managers deal with things that are urgent, leaders with that which is important. Leaders are goal orientated; managers are reactive.

2. Management works within the system, within the paradigm—leadership works on the system, creating new paradigms.

3. Leaders are goal orientated; managers are task orientated. Good leaders create, good managers delegate.

4. You manage things—you lead people; managers are highly concerned with day-to-day logistical details of production and the ‘now’—leaders are more concerned with the production capability of the future. Good leaders tend to be people-focused.

5. Managers: ‘Am I doing the right things?’ Leaders: ‘Am I doing the right things?’ Another way of stating this is ‘How can I best accomplish things’ vs ‘What are the things that I want to accomplish?’

6. Management is efficiency in climbing the ladder of success, keeping it firmly against the wall—leaders determine the wall against which the ladder should be placed.

7. Managers take instructions—leaders take decisions. Management follows leadership. Leadership is a left-brain activity more concerned about application and output—leadership is more of a right-brained art concerned with input.

8. Managers are risk averse: they tend to go with the flow—leaders often show willingness to take risks, even gambles.


10. Managers: ‘Am I doing things I want to do? Am I doing things I’m supposed to do? Am I doing things possible. Which is procrastination but lack of action (inaction). Inaction may be procrastination but possible susceptibility to superinfection. Possible allergic reaction to direct their operations effectively. But what are the key factors that truly inspire followers?

Inspirational leaders tend to mix in ‘match’ these qualities in order to find the right style for the right moment; they need to be good ‘situation sensors’. The challenge facing prospective leaders is for them to be themselves, but with more skill—and that’s not easy!

Apathy

We would have invited you to the next meeting of the Apathy Society but it has been postponed indefinitely. Apathy is the polar opposite of productivity, and its hallmark is not getting things done. Apathy is putting things off as long as possible. Which is procrastinating. An obviously undesirable characteristic. People who procrastinate don’t make decisions quickly, if at all. They do not believe in the maxim ‘never put off till tomorrow what you can do today’. They believe rather that the longer you delay, the more clarity of vision will be afforded to you. They believe that big problems today will become small problems tomorrow, even smaller next week, and will probably have disappeared completely the week after. They work harder at finding excuses not to do a job than actually doing the job. They are the despair of all about them, the kind of children who drive parents crazy, the kind of staff who get poor references. They are daydreamers and ditherers.

Do something!

When should ‘don’t just stand there, do something’, become ‘don’t just do something, stand there’? When there is no obvious reason for doing something. When there is the risk that doing something will cause more harm than good. Consider the world four years ago: Saddam Hussein was still in power, a dangerous violent, vicious despotic ready to destroy the world with his weapons of mass destruction. We must do something!’ screamed the moral majority, so they did—they invaded, toppled the despot, and created turmoil in the process.

We dentists, when unsure what to do, should do nothing. We should procrastinate. We should say to the patient ‘I cannot see an obvious cause of your problem, and therefore I cannot see an obvious solution. There are things that I can do, and each of them has consequences. If I don’t do anything, then there may be other consequences, which I will spell out for you. What would you like me to do or not do?’ There is always one thing you must always do and that is to have a good reason for not doing anything, especially if you need later to justify your lack of action (inaction). Inaction may be procrastination but may not be the same as apathy; it may be the same thing as sensible or prudent or cautious.

A case study

Consider the following case: a patient, Miss M, attends with a severe toothache. Only problem is she doesn’t know which tooth it is coming from. ‘I think its top left somewhere, but it could be the lower, I’m not sure,’ you examine; no cavity, no tenderness to percussion, no visible cuff fracture, no negative response to thermal testing, nothing untoward on x-ray. So what do you do? Extract the tooth? Which one? Fill it? Which surface? Prescribe antibiotics? Probably that’s what most medical professionals do when they don’t know what else to do. What are the consequences? Possible relief. Possible allergic reaction. Possible anaphylaxis (very unlikely). A high risk of sensitisation to the antibiotic, and possible susceptibility to superbugs.

By doing nothing and explaining why, the pain may possibly resolve, may possibly get worse, but either way will probably present with a clearer picture. They only thing certain is that doing the wrong thing is worse than doing nothing.

Are you for or against procrastination? Email jury@dentaltribune.uk.com and let us have your views.