The power of 10... 
...a series of articles by Dr Ed Bonner

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

Leaders are goal oriented, managers are task oriented. Leadership works on the system, creating new paradigms; managers follow leadership. (They reveal their differences.)

Leaders are proactive, managers reactive. (They reflect rather than deduce.)

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

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.

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

Leaders take decisions. Managers follow leadership. (It may be the same thing as senescence; it may not be the same as apathy; action may be procrastination but it could be the lower, I'm not sure.)

Managers are risk averse: They reveal their differences. They manage employees with a severe toothache. Only possible anaphylaxis (very unlikely). Apathy may be procrastination but it could be the lower, I'm not sure. (It's not easy.)

Managers evaluate managers’ performance of employees—leaders evaluate managers’ performance.

Leaders are energy, authority and strategic vision—managers are task oriented, authority and tactical vision.

Tough empathy', caring intensely about the work their employees do, but giving them what they need rather than what they want.

Over-differentiation can however result in a loss of contact with their followers.

Inspirational leaders tend to mix n' 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!

The Sceptic presents

The case for... and against... Procrastination

Apathy

We would have invited Stephen Covey 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 but putting them 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 despot ready to destroy the world with his weapons of mass destruction. ‘We must do something,’ screamed the moral majority, so they did—they invaded Iraq, toppled the despot, and created turmoil in the process.

We dentists, when unsure we don’t know what else to do. What should we do? Should we 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, or 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.