

Leadership Practice in Sport and Exercise Medicine – from diagnosis to dialogue

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Keywords: leadership, sports medicine, teamwork

<https://doi.org/10.26603/001c.68145>

International Journal of Sports Physical Therapy

Vol. 18, Issue 1, 2023

Leadership advice is everywhere. Across social media platforms, in formal teaching environments, and a large number of industries we are bombarded with courses, podcasts, books, and conferences telling us how to be a great leader. But what does it mean to lead well in sport and exercise medicine? How can we demonstrate leadership in inter-disciplinary teams to support athlete performance and promote wellbeing? What skills are required to lead complex discussions on athlete availability?

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MORE THAN THE SUM OF THE PARTS?

Models of leadership often describe expert leaders and provide an inventory of competencies. The inference is that if we can just develop these competencies, we too can be great leaders. Is accumulation of competencies the key to leadership development or is this approach missing important elements of what it means to lead?

We are all familiar with the *Diagnostic Approach* to patient management. The expert practitioner assesses the patient, diagnoses the issue, and prescribes a particular intervention. Here the focus is firmly on the expertise of the practitioner with little attention given to the role of the patient. Similar trends are seen in popular leadership literature; the expert leader with unique insight is able to identify problems and ‘fix’ failing teams or companies. The problem with such leadership (and practitioner) hagiography is that it belies what we all know intuitively – it’s not that simple.

While deterministic models of thinking that reduce uncertainty and promote greater consistency of approach can be attractive, they are less applicable when dealing with complex issues.¹ In an increasingly VUCA (Volatile, Uncertain, Complex, and Ambiguous) world it is necessary to interact with and respond to our environment rather than trying to impose our views. As leaders we are often faced with complex decisions involving personal, physical, social, and cultural factors.

The Gestalt proposition that ‘the whole is more than (or something altogether different to) the sum of parts’ succinctly expresses the concept that it is not possible to describe leadership purely in terms of the performative aspects of certain skills but rather as a phenomenon in and of itself that occurs as a consequence of the interactions of a group of people within a specific setting. Decontextualising leadership competencies from the specific interpersonal situation is like removing individual clinical skills from the clinic. Expert leaders are not an agglomerate of physical or mental traits, as noted by Araújo & Davids² but “*active individuals engaged in ongoing dynamical transactions with their functionally defined environments.*”

Just as accurate performance of a clinical skill in and of itself does not constitute the individual as a healthcare practitioner, so the presence of certain leadership skills doesn’t make you a leader. Rather, it is the ability to execute this skill in concert with a range of other skills in the moment (i.e., with the patient or team) that determines its effectiveness. When executed out of context and without the accompanying expression of other components, a skill ceases to be of any inherent value. It is possible to have a specific skill and be unable to use it; as Harrison observes, “possession does not equal use.”³

MOVING FROM DIAGNOSIS TO DIALOGUE

I propose that the *Diagnostic Approach* to leadership is better replaced with a *Dialogic Approach* that views leadership as an ongoing interaction within a given socioecological context.⁴ This important shift makes leadership less about the leader and more about the team. Where the leader seeks to better understand the individuals, the issue, and the context while working collaboratively to identify and enact the best solution; all the time enabling and empowering those in their team. For example, leading a performance team to agree how best to support an athlete’s preparation for a major championship will require a nuanced under-

standing of the athlete's injury history, performance goals, and playing style as well as an appreciation of the skills of each team member, the prior experience of the athlete, and the effectiveness of previous models of support. The role of the leader here is to ensure all the relevant information is shared, key points highlighted, and to facilitate discussion that achieves consensus on how the plan will be implemented.

LEARNING TO LEAD WELL IN COMPLEXITY

Leaders have been described as *sense-makers* who help teams frame and facilitate responses.⁵ The best lead-

ers I have worked with have consistently demonstrated the ability to blend science and art to embody expert practice that works 'in the moment.' Rather than focusing solely on developing a list of so-called leadership competencies, leaders are encouraged to consider how they might enhance the quality of dialogue with their environment. This includes taking time to reflect more deeply and discuss relevant factors. Sharing stories and learning to attend to what is really going on will help us respond to, and lead more effectively in, an increasingly complex world.



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