

Liderança: A Importância de Algo que Não Existe; O Caso Especial das Instituições de Saúde

Leadership: The Importance of Something that Does Not Exist; The Special Case of Health Institutions

Jorge Vasconcellos e Sá

With the collaboration of Magda Pereira

Resumo:

Se inserirmos a palavra liderança no *google*, aparecem milhares de entradas: livros, artigos, ensaios, de tudo um pouco.

Contudo em hospitais e outras instituições de saúde o tema é secundarizado, senão minimizado.

Médicos? Contratam-se os melhores. Enfermeiros? O mais criteriosamente possível. Outros técnicos? Idem. Gestores? Umas pessoas “simpáticas”, bem-educadas, uns “jeitosos” sem se ter uma noção clara para quê. De quais são em concreto as suas funções.

As razões são dois erros. O primeiro erro é não se saber o que é (e a importância) da gestão. O segundo erro é acreditar que se sabe, mas não se sabe, nomeadamente acreditar que nas “knowledge institutions” (i.é., organizações intensivas em conhecimento) o que conta é o *know-how* dos cientistas e técnicos e não a organização para os fazer mais produtivos. Para facilitar o seu trabalho.

Donde as questões: será que a liderança se aplica a instituições de conhecimento (em geral) e de saúde (em particular)? Porquê? E o que é liderança? E porque é que Peter Drucker, fundador da gestão moderna, dizia simultaneamente que a liderança não existe, mas é fundamental? Como pode isto ser?

Começamos pelo princípio

Palavras-chave: Liderança; Organização e Administração .

Abstract:

If one googles the word leadership one gets thousands of hits: books, articles, essays, whatever.

However, in hospitals and other health institutions, the subject is taken in second place if not totally neglected.

Doctors? Hire the best. Nurses? As judiciously as possible. Other technicians? The same. Managers? Find “nice” people, well educated, resourceful... without having a clear idea of what for. Of what concretely are their functions.

MBA Drucker School / PhD Columbia University / Jean Monnet Chair
Professor at Swiss Business School / AESE (IESE) / University of Lisbon

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The reasons are two mistakes. The first mistake is not knowing what is (and the importance of) management. The second mistake is to believe that one knows but one does not know; namely to believe that in “knowledge institutions” (organizations intensive in know-how) what counts is the scientists and technicians’ know-how and not the organization to make them most productive. To facilitate their work.

Thus, the questions: could it be that leadership does not apply to knowledge institutions (in general) and health ones (in particular)? Why? And what is leadership? And why did Peter Drucker, founder of modern management, say that leadership both does not exist, and it is fundamental? How can that be? Let us start by the beginning.

Keywords: Leadership; Organization and Administration .

What Is Leadership?

Simplicity is complexity solved, said the great architect Constantin Brancusi. Or the greatest sophistication, according to Leonardo da Vinci.

So, if we stick to the core, the essential of most definitions of leadership comes down to the basics of **getting things done through others**.

Even Wikipedia defines leadership as the process by which one person enlists the aid of *others* in accomplishing a task.

What that means is simple enough: in this world of ours **there are three types of persons**. Those who *do not* produce results (the *amateurs*); those who produce *results by, through, themselves* (the *professionals* such as a diagnostic machine operator, a car mechanic, a nurse or a doctor); and those who *engage others* to achieve goals. Their job is to facilitate, to help, the work of others. These are the *leaders, the managers*.

What do you do? asked Steve Wozniak, the Apple co-founder to Steve Jobs. And exasperated, he added: You know nothing about software, you are ignorant of hardware, you are neither a marketeer, you...

Only for Steve Jobs to cut him short and say: I am the orchestra conductor. I do not play any instrument. I organize the orchestra.

And a **maestro**, may I add, is not the one who puts all musicians playing at the same time, but playing together. In harmony. Being the output music, not noise. Performance, not effort.

Sure enough, that among the hundreds of leadership definitions one can find some with two or more paragraphs full of other ideas: “Leaders are those who inspire people”, etc. Fine, the fact remains that it is a means to get things done *through others*.

Or “leadership is to make ordinary people perform extraordinary tasks”, and... Fine again. But we are still down to the essential of someone obtaining results *through others*.

Or still, “leadership requires”... Whatever it requires, that is what is necessary to help others get their job done. For the *team* to perform.

There are many types of leadership? Great. That just means adapting as required to specific situations in order to conduct the team.

In short, whenever leadership definitions include “envelopes, requires, demands, must have”... *those are still simply the means to facilitate others performing their tasks*.

And we are always down to the basics, to the **essential**: at the penalty kick, if we (more often than not) fail, we are amateurs; if we score, we are professionals¹; and if we train the strikers, we are coaches, instructors, team leaders, managers.

Football is popular. Health (and other knowledge based) institutions are complex. So, could it be that the latter are exempt from leadership, that they do not require it? That there is no place in them (both in terms of need and viability) for organizers, orchestra conductors, leaders?

Leadership in Knowledge and Health Institutions

The term knowledge institutions coined by Peter Drucker,¹ the founder of modern management, describes organizations which are nowadays much more frequent than in the past: institutions where most of their employees are not performing manual, simple and standardized tasks, but 1) *intellectual*, 2) *complex* and (at least slightly) 3) *differentiated tasks*.

They are highly skilled professionals, with long years of training behind them, which go through their days performing tasks requiring judgement, founded on knowledge.

Whatever the degree of routine it is always accompanied by some extent of exceptionality, to be accommodated though adaptation, based on reasoning and grounded on know-how.

Thus, the saying in *health institutions* that there are no sicknesses, only sick people. Each case is a case.

But the same applies to *auditing firms*: no two audits are equal. Some standard procedures must be followed?

For sure. But that is only the beginning leading further down the analysis to required adaptations imposed by unique inquires.

Advertising agencies. Law firms. Universities. Churches. Investment banks. And of course, *pharmaceutical companies, clinics, diagnostic centres or hospitals*. They are all knowledge institutions.

But **should they be managed? Can they be managed?**

Peter Drucker, in his New York years² used to end his day playing chess with a neighbour, John, head of the lab of a major pharmaceutical company.

One day, Drucker found him extremely agitated. The company had hired a new CEO, John explained. Nice guy. But he does not have a clue. He doesn't understand our business...

?

He called me and said: John, I know you are a hard-working fellow and a loyal employee. I appreciate that. But henceforth, I need you to tell me what your objectives as head of the research lab are. What constitutes **results**. How we should **define success** in your lab.

And John, not in broad terms, but in very narrow, specific ones, including quantified. So that at the end of the year we may be able to measure them. And conclude how good a job we are doing. What cannot be measured, cannot be managed. We must know if (both you and I) we are in the right path or must change gears.

In other words, should we be happy with ourselves or not? And explain why to those we are accountable for. And in the most possible objective way. That requires goal setting, quantification and deadlines.

So?, asked Drucker.

You do not understand and neither does the CEO, as I tried to explain him: results in a research lab are totally unpredictable, if not even aleatory. It all comes down to how the hamsters and other animals react to tests. How should I know?

So?, insisted Drucker.

Can you believe that after a long pause, the CEO just replied slowly and softly: John, you are a great guy, but the shareholders have endowed us with (scarce) resources whose results we must account for. That requires explaining in very simple and easy terms that we are properly performing our jobs. It is our responsibility to reassure them of that: what are we aiming at, why, and what we have achieved. As said, we owe them that. If you cannot do that, no problem. *I will then just designate the smartest hamster as head of the research department...*

Let us step back for a minute... We live in a world of poverty, natural disasters and diseases. People live longer and so the ratio of active population over retirees tends to

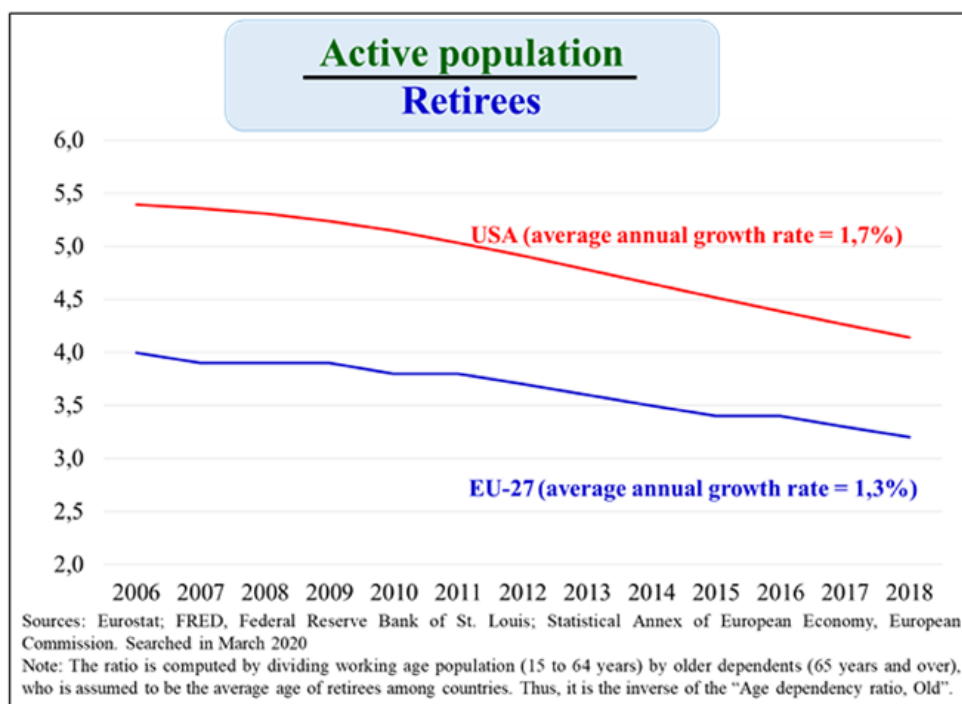


Figure 1: Ratio of active population over retirees.

decrease (see Fig. 1). That means that those working must be more and more productive. Ever so.

And in top of that the health care costs of the last years of life are exponential (Fig. 2 below).

Thus, whatever are the resources put at our disposal, their use must be (ever more) optimized. Not wasted. It is

pure nonsense to ask for more resources (as incompetents do) since they are scarce by definition. The only sensible thing to do is to use them the best we can.

But how can we know that if we do not control? If we do not measure? Controls (and measurement) are imperfect? Really?... Are we expecting something perfect in an

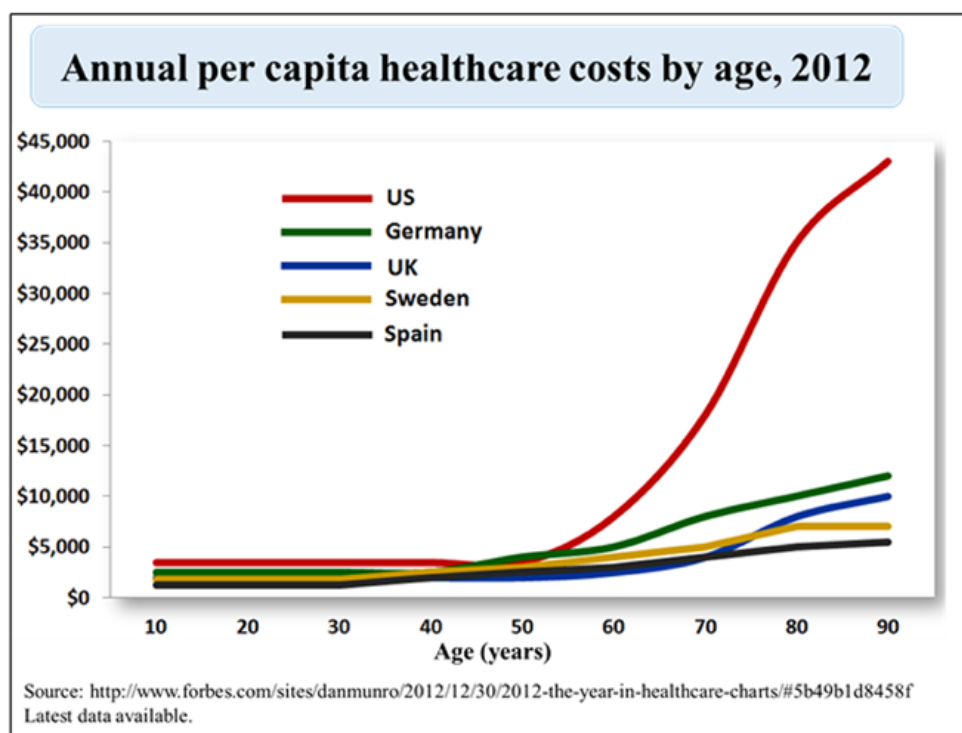


Figure 2: Annual per capita healthcare costs by age.

imperfect world? And why shouldn't we use a candle if we have no electricity? Are we better off, giving up on half the bottle and controlling nothing? Or is it more reasonable to conclude that what cannot be measured, cannot be managed, do it the best we can and move on?

So, **control**. Measuring progress, how far down the road we are... But, then... which road? How to be sure that we are in the right path, that what we do is worthwhile unless beforehand we **pre-set objectives**, we select what is *important* we aim at?

Control is efficiency: to do things right; goals are effectiveness: to do the right things. And there is nothing as stupid as doing well, the irrelevant. Being efficient in the ineffective. To be productive in the... good for nothing.

So, **goals**. But who is responsible for attaining them? Anyone? Or the right person? Someone competent both *intellectually* (with the proper know-how) and *temperamentally* with the right personal traits: meticulous with spirit of detail or with initiative?; liking to work alone or a team player?; organized or creative?; conservative, enjoying routines or mentally open, dynamic?; endowed with empathy or very rigorous? And so on.²

And *temperamental competence* is extremely important in any job for **three reasons**. First, people either have one characteristic or another. As the saying goes, one cannot have sunshine in the threshing floor and rain in the turnips. To have the cake and eat it. Creative people rarely are organized. We either like to interact with others or being alone. Some enjoy routines, others thrive on stress, etc.

Then, and *secondly*, different tasks require distinct personal traits for performance.

An operator of an overly expensive test machine, such as a *mass spectrometry* in a research centre (or of any not fully automated diagnostic equipment in a hospital), must – in top of the required know-how – also have the right temperament. To fit in the job. First, *to like routines*, to feel comfortable day after day with complying with the same procedures without getting bored and thus negligent.

He/she must also *be patient* enough not to improvise, or embrace shortcuts, but have the discipline of following through the required steps one by one: 1, 2, 3, 4...

And finally, *meticulous*, endowed with the spirit of detail. Without these three personal traits the operator – regardless of the training received – will be temperamentally incompetent and underperform.

Quite different from the personal characteristics required e.g. to work at a *hospital admission desk*, screening visitors for exams, analysis and other valences. Here, the required personal traits are *liking human interaction*, tolerance for and personal skills in managing the inevitable conflicts, being able to endure a minimum level of *stress*, and spirit of *initiative*, to act exceptionally under unordinary situations.

Those temperamental traits are similar but not equal to

those required to work in a complaint's office:

1) *patience*,

2) *emotional stability* (to endure all new contacts with the right attitude),

3) *sympathy* (to appease),

4) *empathy* (to understand the other side point of view) and finally (5th) and most important, every complaint is an opportunity to improve. There are no risks, only opportunities: so what can we learn from this (repeated complaint) in order to mend and advance the organization? That requires a *sharp* (smart and quick) and practical person.

Finally, the *third* reason why temperament is important it that we are born, live and die with the same (or remarkably similar) personal traits. Knowledge can be acquired. Intellect developed. Skills (how to write a memo, conduct meetings and so on) trained; but temperament is both the heritage and destiny of a man. Life may teach or even force us to change a little bit. But the fundamental traits stay with us until the end. A twenty-three years longitudinal study of one thousand children found that at twenty-six, people exhibited the same main personal traits of when they were three years old.³

Thus, if one reallocates a person without accounting for his/her own temperament and that required by the job, one loses competence in the first job (at best) and wins incompetence in the second one: a double loss.

So, people must fit the jobs; and to allocate to each function a person both intellectually and temperamentally competent, that is called **staffing**.

But then one must also **motivate** people by creating an incentive system. People in organizations do not behave as we ask them but as we incentivize them (P. Drucker)⁴ and what you incentivize is what you get (J. Welch).⁵

In any institution there is always an incentive system, even when it is absent: then one incentivizes laziness and negligence. If one rewards different performers the same way, one demotivates the best, as every human being is endowed with an inner sense of justice.

Next one has to **organize** the work assuring that no part of a task, whatsoever, is left without someone responsible for it; or the reverse, that two people overlap (even slightly) in their functions and responsibilities, creating waste and leading to inevitable conflict.

And since one cannot predict every single occurrence that will happen, one must always have a team leader to intervene and **coordinate**.

So, *objectives, control, staffing, motivating, organizing and coordinating*. And to achieve that communicating effectively. These are the **functions of management**.

The Example of Health Institutions

The above functions, tasks are what managers do regardless of the type of institutions, including those of the health

sector. Take objectives, for instance. Diagnostic labs must (among others) set and measure the number of tests performed per capita as well as the frequency of several types of errors: mistaken identifications, incomplete forms, sample rejections, number of accidents and deviations from the pre-set length of time to results.

In a *biological research centre*, its various units must be evaluated by

- 1) the surplus they generate for reinvestment (based on services provided to outsiders),
- 2) publications (considering the scientific ranking of the journal),
- 3) number of PhDs and
- 4) the licensing value of patents.

Hospitals? Among others: re-hospitalization rates (percentage who return after discharges), after-surgery problems, average length of hospital stay, rate of utilization of existing technology, beds occupancy, treated patients (in various types of diseases), waiting time, number of referrals, absenteeism, compliance to hygiene standards, rates of accidents and infections, mortality rate and, of course, giving a voice to patients: what is their perception, their level of satisfaction and causes of dissatisfaction?

And sure enough that objectives vary from department to department: in emergency care units (e.g.), waiting time to observation, mortality rate, readmission rate, occupancy rate³, cost per treated patient and patients evaluation (of the service quality and professionals attitude).

But then nurses of a psychiatric unit within a hospital must follow 1) clinical objectives set by international standards (% of patients placed with physical limitations, etc.), goals set by the 2) human relations and 3) purchasing departments (namely adherence to the maps of nurses allocation and turnover of clinical material, respectively) and 4) be subject to the evaluation by the team leader in terms of work quality and work ethics (initiative, solution oriented, discipline, team work, etc.).

And whatever the departments objectives, they must be set with care to avoid being **dysfunctional**. That is why the professionals of senior residence services within hospitals should not be evaluated by the turnover or profit generated with senior residents in other hospital services, but rather with the number of visits by family members and friends to other hospital services, that is, referrals.

Finally incentives do not have to be only monetary, but can indeed start at the very entrance hall of the institution: in the research centre Autolus, the entrance hall displays the status of the on-going projects (red for delayed, blue for on time and green for in advance) with the name of the project team leaders and members in strong lettering. And then financial bonuses are distributed every two months (frequency instils results).

In short, goals portrait needs; and needs abound; but the resources to meet them are scarce. The latter always fall short regarding the former. The role of leadership in managing, health or other type of institutions, is to shorten the gap between them by optimizing the use of resources. By reallocating scarce resources from low to high productivity uses.

There is however a **main difference** between the role of management leadership in health and non-knowledge institutions.

Regardless of the type of organizations, the manager's role is always **dual**: first they **direct** work by setting objectives, defining the tasks, staffing them and so on; and then (2nd) they act as **facilitators** of their team members work: if you want to lead, stay behind the men (Lao Tsé).

However, in **non-knowledge** organizations of consumer goods, etc. the emphasis is on the **former**, while in **knowledge** ones (health organizations) the emphasis is in the **latter**: because of the complexity of the work of the professionals under their command.

That is, in hospitals, etc. management's role is above all that of **facilitators**, serving the highly qualified professionals by removing from their way all obstacles and hurdles which prevent their productivity to better serve patients.

That is why in universities, professors say that **managers (the deans) work for them**, not the other way round. In health and other knowledge institutions, too.⁴ The same applies. Managers serve the professionals.

The Importance of Management and the Symptoms of Mismanagement

So, management's relevance can be synthetized in one word: **productivity**, that is to maximize the ratio of outputs over inputs (resources) - see Fig. 3.

Outputs in *private* companies are all the range of goods, from products to services, from food to leisure.

$$\text{Productivity} = \frac{\text{Price output} \times \text{quantity output}}{\text{All inputs (} \text{👤} \text{ + raw materials + energy + money + etc.)}$$

Figure 3: Productivity.

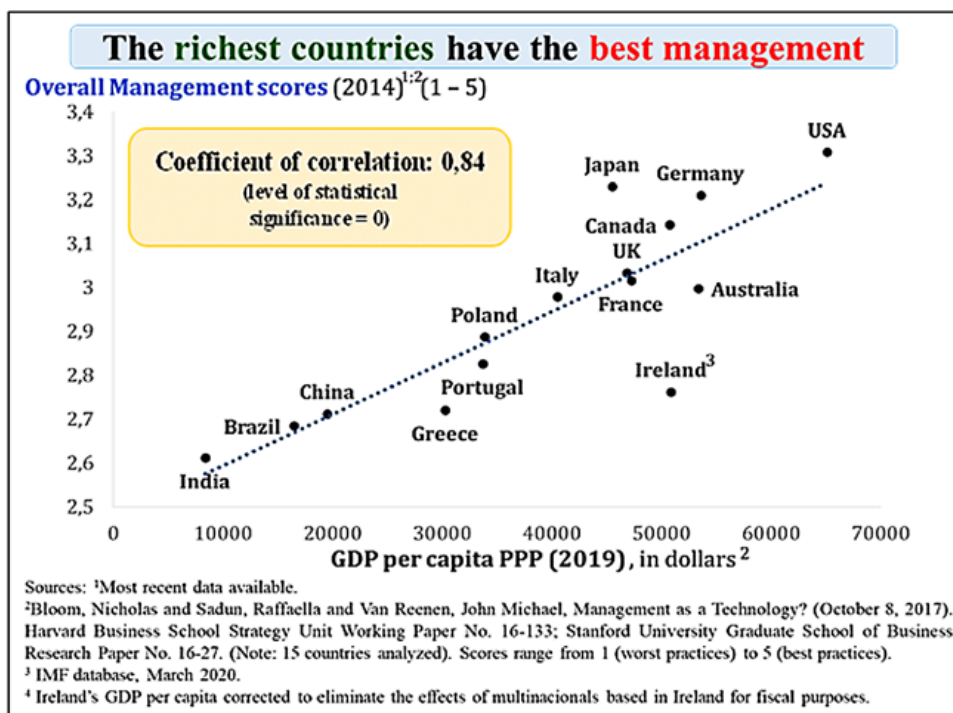


Figure 4: Correlation between the quality of management and the gross domestic product per capita.

In the *public sector* output is the bureaucracy to provide the required documents for daily life in the simplest and fastest possible terms, perform well the required inspections to firms and goods for safety to health services: purposes, etc. But always 1) to the *largest* number of users, 2) in the *fastest* possible way and (by minimizing inputs) at the lowest possible *cost*.

In the *social sector*, foundations again aim at optimizing the quality, maximizing the quantity and minimizing the cost of musical events, art expositions, conferences and whatever serves the needs of their missions.

It should therefore be no surprise that societies which have the best *management* are also those with both the highest *standard* and *quality* of life. They make the most of the few resources they have. By minimizing gaspillage and waste.

Thus (first), the **correlation** between the quality of management and the gross domestic product per capita is positive and high (0.84)⁵ with zero probability of being due to chance (see Fig. 4).

And then (second) in the **ranking** of the countries in terms of management quality (Fig. 5) not surprisingly one finds at the top the US, Japan, Germany, Sweden, etc., all countries home to the most reckoned world brands.

And at the bottom, the third and fourth world countries. Can you name a brand from them? Recalling again Peter Drucker when he said that **there are no underdeveloped countries, only undermanaged ones**.

That is the **macroeconomic impact of management**. Well-being. Optimizing the use of scarce resources.

While its opposite is waste. Which can be felt every day, at micro level, in mismanaged organizations.

Although there are many symptoms, and taking a hospital as an example, there are four most common ones.

First, **physicians as clerks**: when physicians and other highly trained professionals spend even a small percentage of their time performing tasks that do not require 5, 6, 7 and more years of training. To avoid destroying value that should obviously be someone else's task.⁶

Second, **from repeated mistakes to systematic errors to continuous grievances**.

It is not to err, but to make things right which is human. Of course that occasional mistakes can and do occur. But it takes repetition for a mistake to become an error. And that is a symptom that the underlying cause remains unsolved: it can be lack of training, incentives of the pure absence of work ethics (and therefore that the employee should not have been hired in the first place).⁷ Whatever. But the result is continuous grievances for the patients. They may not shout in pain, but they always suffer even if in silence.

Third, **hospitals "managed by patients"** who – in order to get things done – must go from service to service inquiring about obscure instructions after dully waiting eternities in crowded rooms.

Indeed, if the most ancient profession is faire le trottoir, walk the streets, the most recent one (invented by mismanagers of health institutions) is to make patients walk the corridors. Forcing them to do what should be their (managers') job. Damaging control of (mis)managers incompetence.

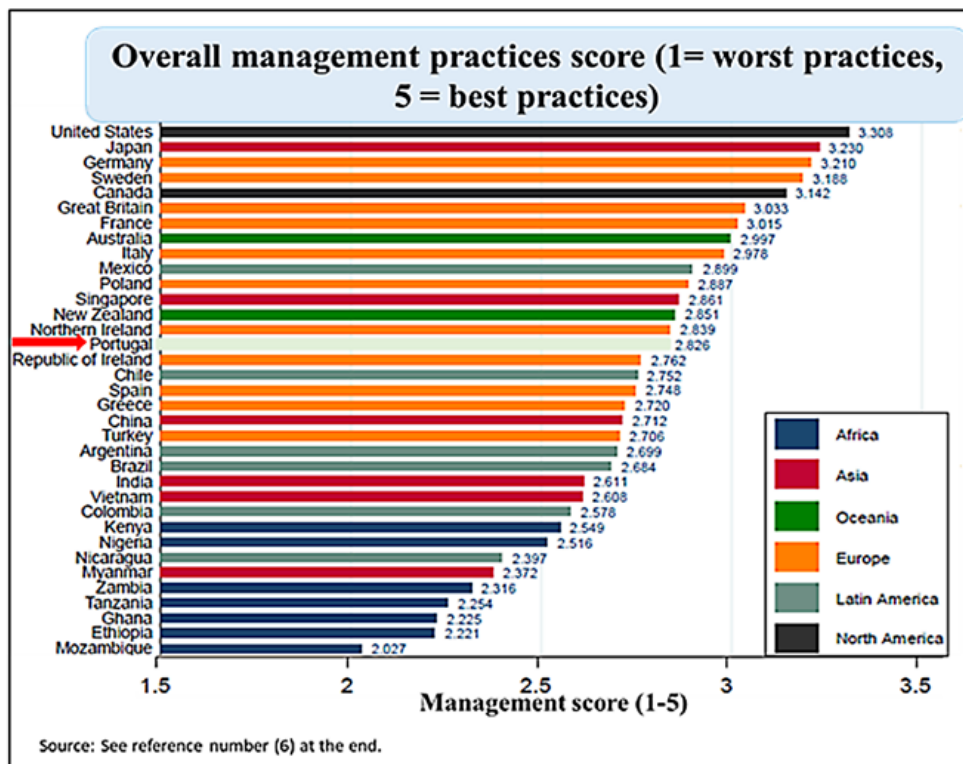


Figure 5: Ranking of the countries in terms of management quality.

And finally, (4th symptom) is when every single day is nothing but a series of continuum of emergencies constantly interrupted by... other emergencies. Sure that unexpected problems can occur requiring the intervention and coordination of the team leader.

But when the unexpected becomes routine and the extraordinary replaces the ordinary, that is nothing but a clear symptom of lack of organization. Leaders handle exceptions. Their teams must work under pre-set rules, routines.

So, just like the output of management is productivity and wellness, that of mismanagement is waste and grievances.

Professionally managed organizations are boring. Everything runs smoothly. Mismanaged institutions are hectic. Stressful for professionals. And sources of sufferance for patients (see Fig. 6).

The Most Common Pitfalls

Leadership functions are *simple* but not *easy* as there are *four* common pitfalls to avoid. They happen either for being obvious, which is the most difficult to see (E. A. Poe), or for having to do with temptations and people tend to resist everything except... temptations (O. Wilde).

First, never promote anyone based on **past performance**, only. The new job has always different requirements in terms of intellect (deductive or inductive intelligence, creativity, synthesis capacity, etc.), knowledge, skills (managing meetings, time management, political awareness, oral and written communication, and so on) and, as seen before, temperamental traits too.

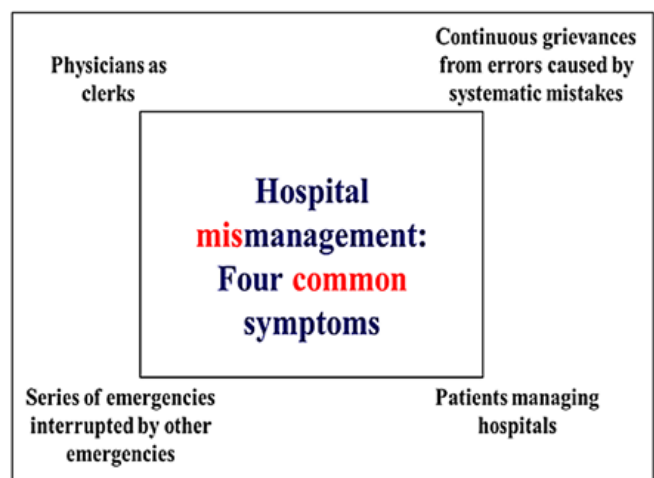


Figure 6: Hospital mismanagement: four common symptoms.

To promote based on the past (performance) and not the new (job requirements) leads to the well known Peter Principle where everybody has reached his/her level of incompetence (and thus stops being promoted), or is in the process of being promoted to that level.

Then, when creating a team and with respect to the **direct** collaborators, leaders should seek people who have the qualities they lack. To **complete** them. What are my defects, my weaknesses? Those are the qualities that I should look for in my direct employees.

As Robert Herjavec and Daymond John of the well-known *Shark Tank* TV program say, being competitive does

not require improving on weaknesses and being good in all areas (what is of course impossible); but to focus on what we do well and hire those who do the rest. That is, **working with people who complete our qualities.**

Steve Jobs? Had Wozniak. **P. Knight** (founder of Nike)? Worked with B. Bowerman. **Bill Gates?** There was a Paul Allen by his side. **Thomas Edison**, founder of General Electric, partnered with Samuel Insull, his opposite. And **Soichiro Honda**, founder of the multinational with his name, worked with his antithesis, Takeo Fujisawa. Xerox pioneered the photocopier machines through the work of the inventor **Carlson**, but it was up to Wilson's marketing to make of it a commercial success (by inventing the idea of not charging by the machine, but only by each photocopy made).

Tupper invented Tupperware, but then it was wise who had the idea of marketing it through home events. **Silver** invented the post-it glue, but it was left useless until Fry found a practical commercial use for it.

In short, **diversity is a source of wealth.** Which (second aspect of team building and that regarding both direct and lower level co-workers) requires never hiring because **one likes** a person, which in practice often and subconsciously translates into whether that person is **similar** to us. The **so-called homosexual reproduction.**

And that not only hurts performance (as distinct jobs requires different intellectual and temperamental characteristics), but represents also an abuse of the power that the leader received from the stakeholders, be them in private companies the shareholders, or in state owned ones the taxpayers. The mandate is for performance, not ego masaging. For results, not vanity. For service, not applauses.

In short, a leader has a client to serve: the company he/she is working for. That requires not sacrificing diversity in the shrine of narcissism.

"I never hesitated to hire people I didn't like, always trying to surround myself with the competent, even if abrasive and even nasty", Thomas Watson explained at being at the root of his success in founding IBM.

And that is why most job interviews are pure mumbo jumbo, unless one uses **behavioural interviews**: that is asking from the candidate concrete **examples** from her/his past which exemplify the specific traits we are looking for.

Initiative? Which were 2/3 suggestions of new ideas that you presented to your previous job supervisor in the last 12 months?

Discipline/ teamwork? Please, give me an example of how you helped a colleague carry on a decision that you disagreed with.

Resourcefulness? When was the last time you had two simultaneous deadlines? How did you cope with it?

Self-confidence? Describe a situation where your self-confidence solved a potential problem. Either at work or outside it.

As actions speak louder than words, in behavioural interviews the candidate is asked for **examples** from his past behaviour which illustrate the characteristics we are looking for.

Finally: **there are no competent and incompetent, good or bad people. The question is good for what?**

Since each function has its own specific (and thus different, both intellectual and temperamental) requirements, a person can fail miserably at one job only to be an outstanding performer in another.

Jorge Mendes failed as a player, salesman, video store owner, DJ, bar owner, etc. etc. until... becoming the world's greatest sports entrepreneur.

Sanders failed as a farmer, a train driver, a riverboat captain, a military man, an insurance salesman, a Michelin employee, a lawyer, a chamber of commerce secretary, a gas station owner, until... discovering his talent for cooking, which led him to found Kentucky Fried Chicken, one of the largest franchises in the world.

Ellen DeGeneres became one of the world's largest stand-up comedians (over ten million viewers) only after finding out that she had no talent for being an... institutional communication employee, law firm administrative, ladies' clothing saleswoman, JC Penny saleswoman, waitress, bartender and hotel receptionist.

That is why when hiring one starts not by looking at the person but at the **function**: what does it require for performance? *The so-called non-negotiable criteria or key success factors.*

Which, as the above examples of the technician handling a highly sophisticated test machine, workers at an admission desk or at a complaints' office are vastly different.

Liking to work alone? Can be an advantage or disadvantage. Having a strong preference for routine situations? A plus or a minus. Spirit of synthesis in writing? Can be a must or irrelevant. The same goes for sympathy, initiative, emotional stability, handling stress, spirit of detail, creativity, you name it.

And the fact that no person excels in everything rather than a source of disappointment is indeed a great opportunity.

It means that **there are no incompetents, only people out of their right function.** No good for nothing until one find what they can do well. Napoleon put it best: people are like capital; their value depends upon where they are applied at.

Here we have this poor creature, cross-eyed, ugly, who limps, can't add, writes terribly, is absolutely unfocused, dispossessed of any spirit of innovation, etc. etc. etc., ... but... but... if she/he 1) has a good voice, 2) sympathy, 3) executes routine tasks fast and 4) is emotionally stable, then she/he will be an outstanding telephone operator or call centre worker.

There is no Leadership

So, where does all the above leave us?

Simply back to the beginning, to the introduction, where we distinguished among **three** types of people: the *amateurs* (who fail to perform), the *professionals* (who produce results through themselves) and the *leaders* (who produce results through others).

Leaders obtain results through their teams. And that is the only common characteristic among all.⁸

They can be extroverted (J. Welch) or introverted (A. Sloan).⁹ Aggressive (Steve Jobs) or shy (General Montgomery). Eccentric (MacArthur) or grey (Marshall). "Worriers" (A. Grove from Intel) or relaxed (Eisenhower).

Whatever. Leaders vary in most personal traits, just like architects, engineers, nurses and doctors do.

Leaders differ, but regardless of on what, they must all have in common a **single** characteristic: to make their teams perform. **To achieve results through others.**

But how can they do that if they do not set *objectives* to their followers? And *put the right person in the right place*? Followed by controlling them (since what happens is not what we expect but what we inspect¹⁰)? Together with *motivating* and *coordinating* them under due *organization*? Everything requiring clear *communication*? Impossible.

But these (objectives, staffing, controlling, motivation, coordination, organizing through proper communication) are the functions of a **manager**, first identified by Henry Fayol in the 19th century. That is what managers do (see Fig. 7).

Thus, for leaders to produce results **through** others, they must **manage** their teams. And that is not only a necessary but a sufficient condition.

Meaning that leaders are managers; and those who manage, lead. Those who do not manage underperform and mislead.

Consequently, there is no difference between leadership and management. Or if one prefers, **there is no leadership, there is only effective management.**⁹ ■

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Figure 7: Leadership = to attain results through others.

Correspondence/Correspondência: Jorge Vasconcellos e Sá
associates@vasconcellosesa.com
MBA Drucker School / PhD Columbia University / Jean Monnet Chair
Professor at Swiss Business School / AESE (IESE) / University of Lisbon
Calçada Palma de Baixo 12, 1700-612, Lisboa

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