

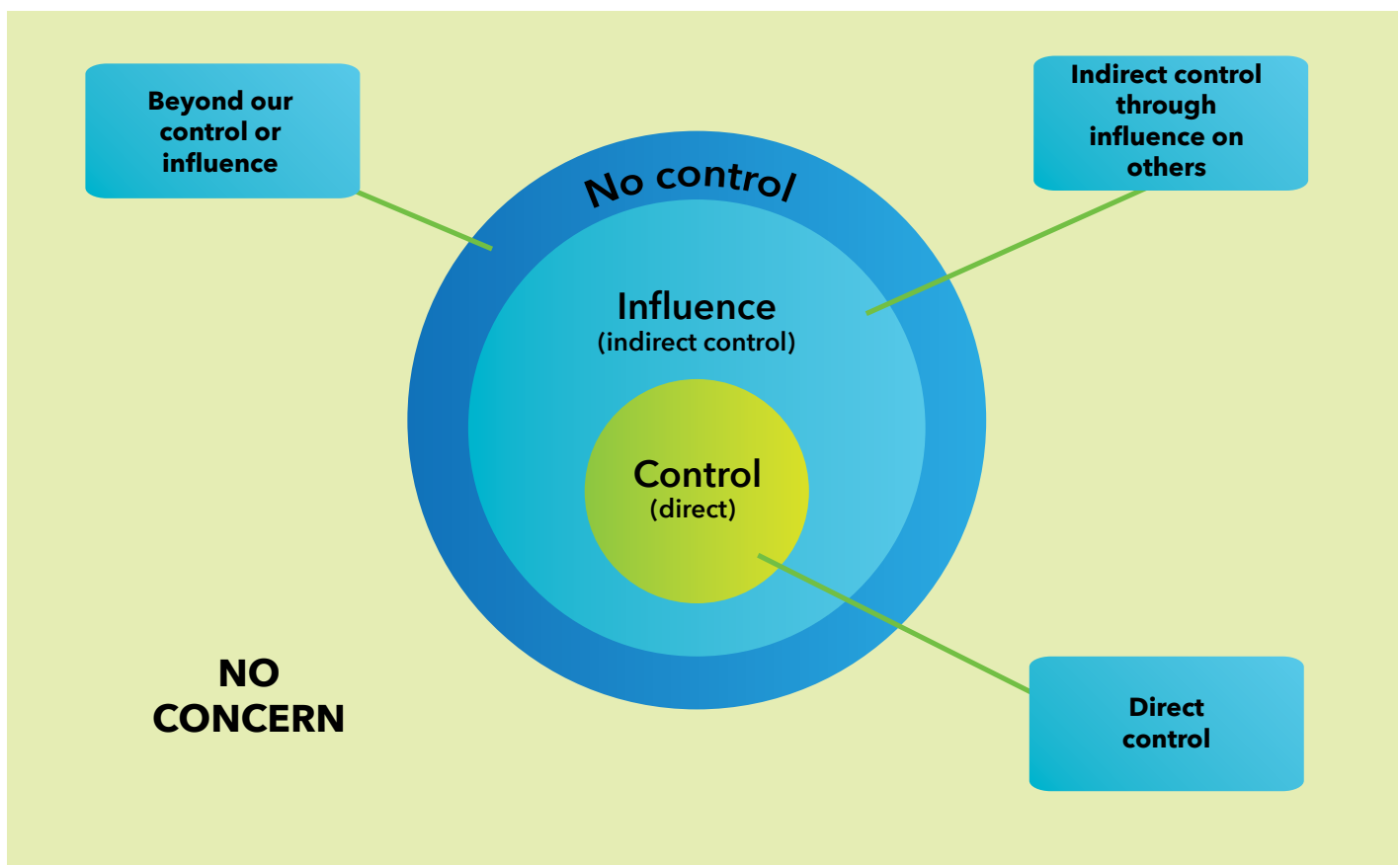
Control and influence, let go of the rest

J. Van Aerde, MD, PhD, FRCPC

In [bulletin 3](#), "COVID-19 cannot take away our freedom to choose", we described how leaders can take advantage of their freedom of choice between COVID-19 stimuli, which are coming at us quickly, and their response, which can be reactive or proactive. In that space between stimulus and response, in that moment of self-awareness, we can discover what we have control over, what we can influence, and what we cannot control.

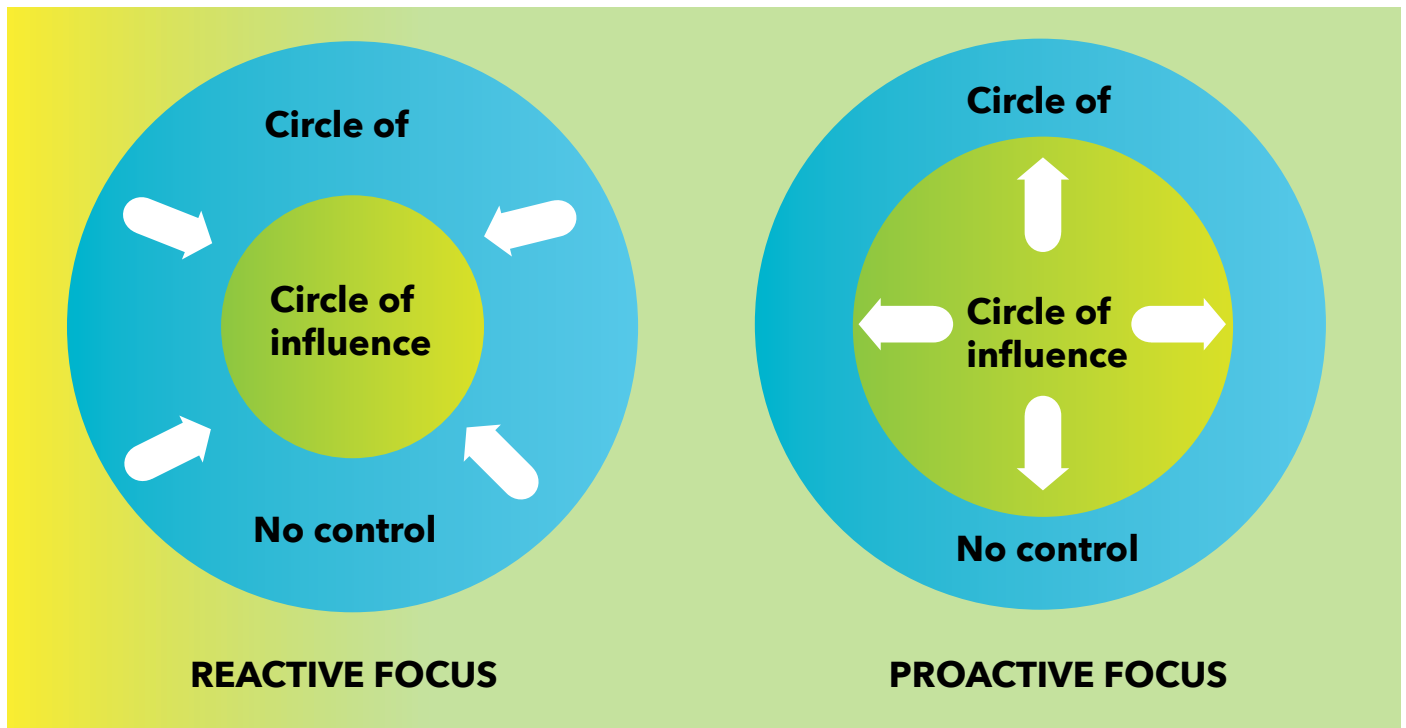
Imagine three concentric circles. Outside the circles is everything that is of no concern to us; for example, as physicians dealing with COVID-19, we have no concern about how many tractors are produced in China. Inside the circles are all our concerns - our health, our family, the Canadian economy, our debt, our health care system, COVID-19, and more (Fig. 1). The two inner circles hold issues that we can do something about and control directly or influence indirectly.

Figure 1. Circles of concern



Determining how much time and energy we spend in the outer circle, where we worry and have no control, versus the two inner circles gives us insight into our level of proactivity. If we spend too much time and energy on issues over which we have little or no control, we empower those issues to control us. This increases our own feelings of inadequacy and helplessness, and we become victims of our own thoughts. We blame ourselves or others, adopt accusing attitudes, use reactive language, and feel victimized. It also compresses our circle of influence (Fig. 2). How can we increase it instead?

Figure 2. Negative energy reduces possibilities; proactive focus increases your influence
 (modified from *The 7 Habits of Highly Effective People*, Covey 2004)



As a first step in a proactive approach, we determine what is beyond our control or influence, things we cannot do anything about (Fig. 1; Table 1, column 3). Accepting this lack of control and focusing on our values and purpose as physicians and physician leaders will help reduce the control those conditions have on us.

Once we let go of these areas, we get some sense of empowerment by listing those we have direct control over (Table 1, column 1), including our own thoughts and behaviour. For example, you have control over how you project your energy and mood, which will affect your team, your department, and your approach to patients.

In the final step, we determine where we have influence or indirect control (Fig. 1; Table 1, column 2), including others' thinking and actions. For example, we can have a positive influence by encouraging curiosity, which enables creativity. By leading with honesty, transparency, and vulnerability, we enable trust. As leaders, our mood is contagious among the entire team or department. We can influence others' actions by creating and maintaining psychological safety, by practising distributed leadership, and by living compassionate leadership.

Table 1. Examine what you control, influence, and cannot control by thinking creatively with others about what else is possible

	Control (direct)	Influence (indirect)	No control
Budget cuts			
Commute time			
Happiness			
Delayed flight			
PPE scarcity			
Feeling guilty			
Other			

Note: PPE = personal protective equipment

Pandemic examples

You are at the front line with limited resources for staff and patients. You feel guilty.

Guilt – You feel guilty and your reactive response might be that this feeling is beyond your control. As a result, the concern compresses your circles of influence and control.

Proactive people are aware that they have the freedom to control such feelings, rather than let the guilt control them. They can do so by being aware that guilt can be expected, by acknowledging the feeling, and by accepting it and, thus, letting it go. They gain control by understanding where the guilt comes from.

Guilt is triggered when we don't live up to our accepted responsibilities. However, those responsibilities were accepted under normal conditions; they shift when resources are exhausted and we have no more options. Once we realize that our responsibilities cannot be upheld under the new conditions, we can let go. This is a good example of self-awareness and self-management.

Scarcity of resources – Although you might feel a lack of control, the following examples might help you see possibilities for control and influence.

Direct control: Do you have all the facts regarding available personal protective equipment (PPE) locally, provincially, and nationally? Do you know the latest policies and procedures, not only on the use of PPE and available patient equipment, but also on ethical decision-making when those resources run out? Do you need a timely update or training on new items that might have become available? Are you engaging your network appropriately? Do you allow yourself time to think creatively? Do you take enough time to sleep, eat, exercise, and think?

Influence: Avoid isolation and create opportunities for creativity with others. For example, across Canada, innovative alternative modes of ventilation are being co-created and shared. Create safe spaces in which to share experiences and feelings. Accept help and support. Rely on the diversity and trust in your team, create team huddles. As a physician leader, show vulnerability by sharing what you don't know and by having the courage to make difficult decisions despite uncertainty. Although we have been trained as experts, accept that there will be times when decisions have to be made in light of limited information and increasing complexity.

If CSPL can help you in any way, please contact us.

BE KIND

BE WELL AND STAY WELL

DO GOOD

TOGETHER WE CAN BEAT COVID-19

Your CSPL

Johny Van Aerde, MD, PhD, FRCPC, is editor-in-chief of the Canadian Journal of Physician Leadership and executive medical director of the Canadian Society of Physician Leaders.