

# Leadership in Medicine



“Leadership is influencing people—by providing purpose, direction, and motivation—while operating to accomplish the mission and improving the organization.”

U.S. Army Leadership Field Manual<sup>1</sup>

If we define leadership similarly to the U.S. Army, then it is clear that within medicine, there is a dearth of it. Although the potential leadership capability of physicians is nearly unrivaled, the capitalization on that potential has been poor. Our nation is shouldering healthcare expenditures equal to 18% of the gross domestic product, with expenditures growing between 3% and 5.8% annually; yet physicians have led no effective changes to reverse this trend. For want of leadership, we have relinquished healthcare policy reform and affordable healthcare coverage to elected officials with negligible healthcare knowledge. Further, physicians are suffering from extraordinary burnout rates, which directly correlate with the leadership capabilities of their supervisors.<sup>2</sup>

Physician leadership is vitally important for the physical and fiscal health of our nation, yet achieving one seems to come at the cost of the other. We often equate using more resources (writing more prescriptions, ordering more tests, or doing more procedures) with higher quality care, which we expect to result in better health outcomes. These expenditures are not matched by improvements in population health or life expectancy. We as physicians must lead a paradigm shift toward simultaneously improving health outcomes and costs by focusing on value, where value = quality/cost, with cost really being cost over time. In 2007, Porter and Teisberg recognized improving value is the only real solution, and achieving it is up to physicians.<sup>3</sup> Leadership is intimately tied to achieving a value-based system, as leadership significantly impacts quality of care and patient outcomes.<sup>4</sup> Trastek et al suggest “by assuming a leadership role, healthcare providers can guide the healthcare system to improve not only value but sustainability as well.”<sup>5</sup>

Given the importance of physician leadership in shaping healthcare policy, improving healthcare coverage and shifting to a value-based system of care, the question becomes, “Why are leaders lacking in medicine?” A reasonable explanation is many physicians do not want to assume leadership roles.

To explore the hypothesis that physicians may avoid leadership roles, this author conducted a preliminary survey of primarily academic physicians ranging from trainees to full professors by requesting the following through text messaging: “Name three reasons you think many physicians shy away from ‘leadership’.” Although not intended to represent a rigorous scientific study on the topic, the responses of the 102 respondents (102 of 129, 79%), 48% of whom are in formal leadership positions, provide valuable insight into reasons why we have a shortage of leadership in medicine. As shown in Table 1, a “fear of failure” was the leading response, a concern echoed by “a lack of

Table 1

Barriers to physicians pursuing leadership opportunities

Reason	Respondents	
	(N = 102)	(%)
Fear of failure	47	46%
Too time consuming	39	38%
Lack of training or experience	31	30%
Giving up clinical care to become an administrator	28	27%
Dealing with bureaucracy and hospital administration	24	24%
Leadership is a hassle	23	23%
Extra work without extra time	21	21%
No return on the investment	21	21%
Giving up more enjoyable activities	15	15%
No interest in leadership	12	12%

training or experience” cited by nearly 1/3 of respondents. However, the majority of responses demonstrate a tendency to equate leadership with management. This conflation is common in and outside of medicine.<sup>6</sup> Taken together, the fear of failure, concern over a lack of training, and misunderstanding of what leadership truly is confirm what other authors have found: leaders in academic medical centers and other large healthcare organizations are ill-prepared to lead.<sup>7</sup> However, these areas also represent deficits that could be readily addressed by means of properly developed training.

The majority of leaders in medicine have arrived at their position by means of conferred authority<sup>7</sup> without meaningful leadership training. This system has not worked well. In an attempt to provide leadership training for physicians, a number of institutions around the country have created physician leadership development programs. These programs select physicians already in leadership positions and provide them with short, high-intensity courses covering a host of topics mainly geared toward navigating administrative roles and finance, that is to say, managerial skills.

There is a major flaw in the framework of how leadership is viewed within medicine, one typified by the available physician leadership development programs. The physicians exhibiting the highest degree of leadership aptitude—perhaps the top 5% of physicians—tend to be the ones selected for leadership positions and attendance of the available development programs. This represents a stark contrast between how leadership is viewed in medicine and how it is viewed by an organization committed to leadership—the U.S. military.<sup>1</sup> All branches of the military view every soldier, sailor, airman, and marine as leaders-in-training. Every military service member is trained to be a leader because everyone, regardless of rank, has influence—the fundamental characteristic of leadership—on others. Although not every physician has the aptitude or desire for leadership in national healthcare reform or large healthcare organizations, we all have influence on those around us, whether clinical personnel, trainees, or colleagues. We in medicine stand to learn much from the leadership development philosophy that views every physician as a leader at some level.

The value of investing in leadership development training for all physicians has been recognized by others. Arroliga et al have recommended, “leadership training should start in medical school or earlier.”<sup>7</sup> Additionally, recognizing the vital importance of leadership training for physicians, the National Health Service has developed and implemented the Medical Leadership Competency Framework throughout medical schools in the United Kingdom.<sup>6</sup> The Netherlands has instituted a similar program known as the Framework of Medical Leadership.<sup>6</sup> Given the importance of physician leadership to the long-term viability of our healthcare system, perhaps an assessment of leadership traits should be considered before matriculation into medical training.

In conclusion, leadership is lacking in physicians in spite of a tremendous amount of potential for it. This lack of leadership has contributed to the morass that is our healthcare system, and unless altered we will surely see things worsen. Many physicians avoid formal leadership roles largely as a result of lack of training and perceived aptitude. The creation and institution of universal physician leadership development training would provide physicians the skills needed to reshape and salvage our healthcare system.

#### Disclosures

The author has no disclosures relative to this work.

R. Thomas Collins, II MD<sup>a,b,\*</sup>

<sup>a</sup> *Stanford University School of Medicine, Division of Pediatric Cardiology, Palo Alto, California*

<sup>b</sup> *Lucile Packard Children’s Hospital Stanford, Palo Alto, California*

\* Corresponding author: Tel: (650) 736-7419.  
(tomcollins@stanford.edu).

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