

Understanding Canadian Physician Leadership

This is a high-level summary of the 2014 research study on physician leadership conducted by the Canadian Society for Physician Executives (CSPE) in partnership with the Canadian Medical Association (CMA), and the Centre for Health Innovation (CHI) at the University of Manitoba. Research questions focused mainly on understanding the profile of Canadian physician leadership, including demographics, formal and informal physician leadership roles, factors enabling and deterring physician engagement in the health care system, sources of satisfaction or dissatisfaction with leadership roles. The study also solicited suggestions for improving engagement of physicians as leaders in the health care system. A national survey and nation-wide interviews were used to gather the data.

1) Key messages on the attributes of physician leadership:

- a. Leadership skills are essential for all physicians, no matter what role they play. In particular, the hall marks of an effective physician leader include: the courage to maintain strong values, i.e., take a stand, take the flack, and walk the talk with integrity; work collaboratively with others, i.e., share a vision and enable others.
- b. Physician leadership is necessary for the transformation of the Canadian health care system because physicians have unique knowledge of that system.
- c. Physician leadership is vital to engage other physicians in improving quality of patient care.

2) Physicians tend to work well beyond what is strictly required in their formal leadership roles, and a large number of physicians take on **informal leadership** roles as well. Both formal and informal leaders dedicate significant volunteer time to those roles.

3) **Leadership skill development** should be incorporated into all stages of the physician's career: medical school, residency, and practitioner. Leadership attributes can be developed and the related learning can be achieved by:

- integrating (not adding) leadership capability development into the undergraduate medical curriculum and into postgraduate clinical education
- sponsoring leadership skill development for physicians by health care organizations, and systematically measuring the effectiveness of such education
- developing formal credentials for physicians with leadership roles to enhance their credibility

4) Although **maintaining a clinical practice is important** for credibility and for staying in touch with reality, it is seen as less important for physician leaders with longer clinical experience who may have to commit more time to their more senior leadership roles.

5) **Leading other physicians** can be both satisfying and challenging.

6) Ultimate **satisfaction** is derived from seeing improvement in health systems and in patient outcomes.

Dissatisfying experiences include burdensome bureaucratic practices, feeling ineffective when change does not work out, dealing with difficult staff, and lack of recognition. **Deterring** factors include negative attitudes of the medical community (including medical schools, residencies, and practice) toward physician leaders and the personal and financial costs.

7) Physician leadership engagement can be **encouraged organizationally and systemically** by:

- supporting physicians in the introduction of health care innovations
- creating formal recognition programs for physicians and physician leaders, who lead quality improvement initiatives
- recognizing the impact on individual physicians of their leadership activities, including remuneration for loss of income, time, and/or expenses

An executive summary of this study is available at www.cspeexecs.com