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### INTRODUCTION

Medical leadership in the healthcare system has been widely discussed over the past few years by the scientific community from different perspectives, whether with a focus on evidence-based medical leadership, manager-based leadership or institutional knowledge and learning. This article presents the views of an academic physician, a private manager (also a physician) and a management scholar, on what medical leadership in the Portuguese healthcare system should be like.

In our healthcare system, medical leadership does not exceed the level of clinical director, and therefore there are very few physicians represented at the top decision-making management boards.

### Medical perspective

Anyone with leadership responsibilities should have a set of specific skills in order to perform their role. However, it is necessary, a priori, to identify the fundamental challenges of leadership and recognize some aspects that are universal, of which the following are particularly important: i) effectiveness, ii) inspiring others, iii) contribute to the personal and professional development of employees, iv) lead a team, v) steering change, and vi) managing stakeholders.

Leaders must have the ability to develop activities within the structure they lead, the experience to respond to crisis situations, and the knowledge to implement strategies and exercise their activity with high performance. Therefore, a manager administers, copies, maintains, focuses on structure, and tries to do things right, whereas a leader involves, develops, focuses on people and does the right thing.<sup>1</sup>

Leadership has been increasingly focused on administrative and management processes in detriment of an adequate and objective strategic (medical) view.

In an adequate healthcare structure, the role of the senior physician, both as a leader and as a mentor, is essential to create and implement continuity networks as models

that allow future generations to develop this activity in an appropriate way. To this end, it is necessary to take into account some important aspects such as<sup>2</sup>: i) career aspirations and career planning over the short, medium and long term, ii) management of difficulties within the scope of professional and personal relationships, iii) delivery of previously agreed goals, iv) project management and leadership challenges currently facing junior physicians, v) impact and management of political factors in delivering healthcare, and vi) personal life issues and events.

Currently, physicians seem dissatisfied with non-medical boards. A survey conducted in a group of executives, clinical leaders and physicians, showed that their feedback regarding present healthcare and innovations for the future is not fully valued by the non-medical board.<sup>3</sup> On the other hand, when there is a greater involvement of clinicians at the board level, results for both patients and healthcare institutions are better. Furthermore, when leadership is entrusted to senior physicians, the clinical team is more likely to have an active involvement in the decision-making process, with clear beneficial effects on the various outcomes. These aspects are not valued when the leadership is non-medical. Why are the best hospitals managed by doctors? Top hospitals such as the Cleveland Clinic train their doctors in leadership competencies and teambuilding and have been led by physicians since their inception.<sup>4</sup>

In conclusion, a knowledgeable medical vision based on/assisted by a multidisciplinary team, is key to the success of any healthcare system.

### Manager perspective

Leadership is the art of motivating a group of people to act towards achieving a common goal. In a business setting, this can mean directing workers and colleagues within the scope of a strategy to meet the company's needs.

Why should we need medical leadership in hospital

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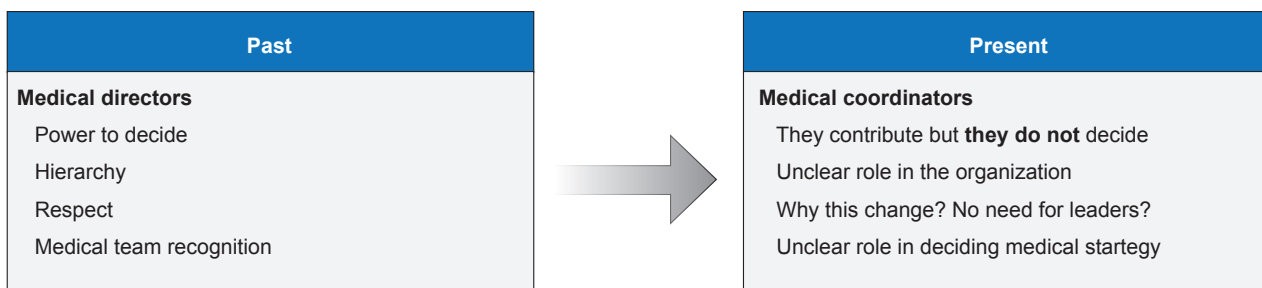


Figure 1 – Evolution of medical leadership in private hospitals

management? We know that medical leadership has i) a strategic development, setting forth clinical priorities, ii) more credibility by the staff and the public, iii) quality, iv) focus on patient safety, v) better patient outcomes, and vi) better financial outcomes.<sup>5</sup> However, over the last few decades, private hospitals have witnessed a shift from the physician as a director to the physician as a coordinator, and thus a decreased importance of physicians in hospital management (Fig. 1).<sup>1,5</sup> Some factors have been suggested to underlie this trend, namely the fact that non-physician executives usually have the managerial, organizational, and financial knowledge that is crucial to leading any organization, and also that many physicians do not want to assume executive level leadership roles.<sup>5</sup>

A study conducted on medical leadership in 19 countries that are members of the Organization for Economic Co-operation and Development (OECD) showed that doctors have decision-making positions in only seven countries but these are limited to specific tasks such as developing guidelines. This contrasts with Singapore, Japan, and South Korea, where doctors are at the top of the decision making process.<sup>6</sup> In fact, 94% of the Insights Council members believe that clinicians are responsible for lowering the cost of healthcare.<sup>3</sup>

As for patient satisfaction, in private practice, the preference is for medical teams, good communication, transparency and easy access, and all of this is only possible with good and effective medical leadership.

In conclusion, medical leadership is associated with better perceived quality by patients, especially when doctors are involved in strategic management decision making. Increased focus on hospital performance seems to follow a strong medical involvement in hospital management. Medical leadership and general health economics should be taught in medical schools.

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## Medical manager perspective

The healthcare system is a community of people that serves other people within a society of people. In order to lead an institution, it is important to consider: i) the quality of the system, ii) control of costs and iii) patient satisfaction. However, this is only possible if there is an integration of all these aspects, and the usual attitude of healthcare professionals, in general, is to work in closed teams. Although there has been an effort on the part of managers to improve integration, this has been insufficient because it depends heavily on the motivation of the professionals. And what drives healthcare professionals? Better salaries, professional training and better working conditions.

What do managers want? An adequate and fair payment policy, professional development as well as respect, listening and contributing.

In conclusion, the institutional mission must be present in human resources policies, supporting the options of staff members, which is in line with the main professional drive, which is patient care.

## AUTHORS CONTRIBUTION

VMG: General coordination, draft of the paper.

RR: participation in the topic debate, co-ordination.

FJP: Special participation with the scholar perspective.

JMB: Special participation with the clinical management perspective.

## COMPETING INTERESTS

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