

Evaluating the Impact of a Physician Leadership Development Program on Patient-Physician Relationships: A Narrative Review

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Abstract: *Patient-centered care relies on strong relationships between patients and physicians that direct satisfaction, trust, and treatment compliance. With the growth of the complexity of healthcare regimes, physician leadership has become a significant component that determines the organizational performance and the patient experience. This literature review considers extant literature on the contribution of physician leadership development programs in the improvement of relationships between patients and physicians. Based on the evidence provided in different healthcare environments, the review examines the influence of leadership competencies, including communication, emotional intelligence, and professionalism, on relational aspects of care. The results indicate that patient perceptions may be positively impacted through leadership development improving the behavior of physicians and their interaction with patients. The implications on medical education and health policy are also discussed within the review, which include the necessity to integrate leadership training as one of the professional competencies. All in all, physician leadership development is a potential promising strategy of enhancing the relationship between physicians and patients and promoting patient-centered healthcare delivery.*

Keywords: Physician leadership; Patient-physician relationship; Leadership development; Patient-centered care; Medical education

1. Introduction

The situation of healthcare systems all over the world is that quality care not only requires clinical competence but also an appropriate level of relationships between physicians and patients. Patient-physician relationship is a key to the patient-centered care and has been linked throughout the years to higher patient satisfaction, better compliance to therapy, greater continuity of care and better health outcomes. With the complexity of healthcare delivery, the interpersonal and leadership skills of the physicians have become a new area of concern as an important component of effective and responsive healthcare systems [1]. Medical education has traditionally focused on technical knowledge and management of disease, and has paid little attention to developing leaders and relationships. Yet, physicians have a habit of holding leadership positions in various levels of healthcare systems, such as in making clinical decisions, serving as team leaders, and organizational change. Such leadership behaviors as effective communication, emotional intelligence, ethical behavior and collaborative problem-solving are becoming regarded as part of clinical practice and not a set of optional managerial skills [2]. The lack of these areas can have a negative impact on patient trust, the quality of communication, and patient experience. The patient-physician relationship has been well conceptualized as a multidimensional concept, which entails trust, empathy, respect, and shared decision-making. The healthcare quality framework that is offered by Donabedian focuses on interpersonal care processes as a vital aspect of quality in addition to technical performance and system structure. When a doctor interacts with patients in a golden rule manner and honestly and clearly, a patient will feel a lot of understanding, acceptance, and engagement in his treatment process, which will facilitate a healthy relationship of a doctor and his patient

[3]. The leadership competencies can shape such interpersonal processes concerning physician communication, dealing with uncertainty, and addressing the needs of patients.

To address such challenges, there has been development of physician leadership development programs all over the world as approach to improving organizational performance and patient-centered care. These programs are expected to support the skills of the physicians in their communication, self-awareness, teamwork and systems thinking. Healthcare systems of high-income countries have provided evidence that leadership development has the ability to positively affect professional practice, team performance, and patient experience [4]. Nevertheless, the magnitude of leadership development in terms of patient-physician relationships is still discontinuous throughout the literature with the results being spread over various medical settings and research design.

However, with increased focus on leadership as a physician competency, the synthesis of available evidence regarding the impact of physician leadership development programs on patient-physician relationships is required. The purpose of this review paper is to critically evaluate and synthesize existing research on this issue, determine some of the main processes in which leadership development can have an impact on relational outcomes and lay out gaps in existing literature to inform future studies, medical education, and healthcare policies.

1) Physician Leadership in Modern Healthcare Systems

The current healthcare is defined by the growing level of clinical complexity, the work in multidisciplinary teams, the accelerated pace of technological progress, and a growing

demand on quality and safety. In this setting, doctors are not simply perceived as single clinical professionals but as the important players which shape organizational culture, coordination of care, and performance of the system. Physician leadership has consequently become an essential ingredient of efficient healthcare provision that determines clinical results as well as patient experience in various contexts [5].

In the past, healthcare organizations tended to delegate leadership to non-clinical administrators as physicians worked mainly in the fields of diagnosis and treatment. This separation has however been found to be becoming more inadequate in dealing with the modern challenges like care fragmentation, workforce burnout, and quality variability. The physicians are in a special situation at the junction of patients, healthcare team and organizational decision-making where they can directly engage in care processes. Consequently, physician-led leadership has been pegged on better clinical governance, enhanced professional involvement, and enhanced compliancy between clinical and patient needs [6]. In present health system, physician leadership goes beyond the administrative positions. It includes the daily activities, like leading clinical teams, conflict resolution, modelling professionalism, and promoting patient-centered practice. Good physician leaders communicate, collaborate, possess emotional intelligence, and make ethical decisions and all these efforts lead to safer, more responsive environments of care. Those competencies are especially necessary in team-based model of care where coordination and respect towards each other are the elements of the high-quality services provision. The increasing focus on value-based healthcare has contributed to the increasing significance of physician leadership. It is observed that health systems are being measured using patient outcomes, experience and efficiency as opposed to volume of services provided. Physician leaders in this situation are at the forefront to lead efforts in quality improvement efforts, promote a culture of accountability, and make sure care delivery is effective in relation to patient values. It is evidenced that companies that have a robust physician leadership have a better chance to adopt evidence-based practices and maintain the positive changes in the quality of care [5].

Physician leadership has not historically been an official part of medical education or professional training, although it is an important part. Most physicians take the leadership roles without adequate preparation, and learn on the job as opposed to formal development. This has generally been identified as a stumbling block on successful healthcare transformation. According to scholars, leadership must be viewed as one of the central professional skills of physicians and it is equally essential as clinical knowledge and technical skills [7]. Unless physicians are developed as leaders through deliberate effort, they may not be able to maneuver in elaborate organizational settings in addition to being effective leaders of change. The necessity to develop physician leadership capacity has gained an increased prominence in the healthcare systems and academic institutions over the recent years. This change is indicative of a larger realization that lasting change in healthcare quality needs a leadership that is founded on clinical thought and professional integrity. The interaction

with patients also allows physician leaders to be in a unique position to know their perspectives, gaps in the system, as well as to encourage practices that increase efficiency and relational quality of care. In turn, now physician leadership is considered an essential component of high-performing healthcare systems, and it has direct consequences on patient experience and quality of patient-physician relationships.

2) Understanding the Patient–Physician Relationship

It is generally accepted that patient-physician relationship is one of the main factors of successful healthcare delivery and one of the core aspects of patient-centered care. It is the interpersonal process by which the clinical knowledge, communication, and ethical responsibility are translated into significant care experiences. It has been continuously shown that a good patient-physician relationship is associated with increased patient satisfaction, enhanced treatment compliance, increased continuity of care and health outcomes in a broad spectrum of clinical environments [8]. The patient-physician relationship is founded, at its most basic level, on trust, mutual respect, and effective communication. Trust helps patients to reveal their sensitive information, adhere to medical recommendations, and participate actively in decision-making as well as respect strengthens a sense of dignity and autonomy of patients. The main process of delivering information, empathy, and reassurance is supported by communication. Clarity and attentive communication on the part of physicians can make patients think that they are understood and engaged in the treatment, thereby enhancing the therapeutic relationship [9].

The emergence of patient-centered models of care that replaces paternalistic paradigms of care has further put emphasis on the relational dimension of healthcare. The models of patient-centered care emphasize the importance of shared-decision making, patient responsiveness, and considering patients as active participants in the care process. In this model, patient-physician relationship is not an incidental aspect but it is central to the delivery of care. The relational quality has been linked to poor levels of dissatisfaction, lack of trust in the health systems, or the tendency to complain and neglect adherence [8]. Interpersonal continuity is also very important in the development of patient-physician relationships especially in the primary care set ups. Continuous interactions between patients and physicians enable them to know more about the medical history of patients as well as their values and social environment. Such continuity promotes relational trust and facilitates a more personalized care. Studies have indicated that patients who have positive consistent relationships with their doctors are more satisfied and have a superior quality of care, although they may have similar clinical outcomes [10]. There are also organizational and broader systemic factors that affect the relationship between the patient and the physician. The limited time, workload, administrative responsibility, and disjointed care can be disadvantageous to physicians being able to effectively interact with patients. In this situation, the communication process can become short-term and relations-related care can be marginalized. These difficulties underscore the need to have supportive systems and professional competencies that can help physicians to achieve high-quality relationships even within the confines of the environment [9]. Notably, the interaction between the

patient and the physician is dynamic and therefore changes as time goes by and is influenced by recurrent interactions. The attitudes, behaviors and emotional reactions of physicians are a decisive part in this process. The abilities of empathy, attentiveness, and respect are acquired and supported by professional socialization and experience. This highlights the importance of leadership and professional development programs that touch on relational competencies and those that touch on technical skills. The knowledge of patient-physician relationships determinants is a needful basis toward investigating the potential role of physician leadership development in patient experiences and perceptions of care.

3) Conceptual Link Between Leadership and Patient-Physician Relationships

The conceptual analysis of the ways leadership competencies are converted into the outcomes of relations between patients and physicians depends on the understanding of the role of physician leadership development. Healthcare leadership does not pertain to hierarchy and managerial power, but pertains to behaviors and attitudes, and professional values, that influence daily clinical relationships. These leadership practices shape the style of communication that physicians use with patients, the management of emotions and the reaction to uncertainty and the establishment of an atmosphere of trust and respect during clinical transactions. Theories of leadership that apply in healthcare focus on relational components of leadership and transformational aspects of leadership. Transformational leadership, specifically, emphasizes the power of leaders to be visionary, motivating, and engaging to others by being empathetic to them and behaving ethically. When transferred to clinical practice, the above attributes can be expressed in the form of active listening, dialogical respect, responsiveness to patient issues. Such leadership behaviors by physicians would make them more likely to build meaningful patient engagement and build therapeutic relationships [11].

Communication is one of the most important mechanisms that connect leadership development and patient-physician relationships. Leadership training is often focused on communication skills, such as active listening, explanation clarity and constructive feedback. Healthy communication helps physicians to elicit concerns of the patients, communicate openly and use patients in decision-making. Such actions always correlate with increased rates of patient trust, satisfaction, and perceived quality of care. The competencies of leadership thus not only improve the interactions in the team, but physician-patient interaction as well [12]. Another pathway that is important on which leadership development can impact patient relationships is emotional intelligence. Emotional intelligence is the ability to understand personal emotions, emotional conditions of others, and combined with the capacity to control the relationships between each other. Having a high level of emotional intelligence, physicians can have a more positive outcome when it comes to their reaction to the distress of patients, dealing with awkward conversations, and being a professional when they are under pressure. Self-awareness and reflective practice are likely considered during leadership development programs, and such programs have a potential to improve emotional regulation and relational competence of the physicians and, as such, improve the patient-physician

relationships [11]. The development of professional identity is also significant in the connection between leadership and relational care. Leadership development helps physicians to perceive themselves not merely as technical professionals but also as the champions of patient-centered values and ethical practice. This broadened professional identity strengthens accountability, honesty and devotion to respectful care. As soon as physicians internalize leadership based on service and responsibility, their relationships with patients have more chances to be characterized by caring, respect, and collaboration as key elements of healthy patient-physician relationships [13]. The relationship between leadership and patient experience is also mediated by organizational context. Physician leaders shape the clinical contexts through establishing standards on communication, collaboration and respect. These standards determine the way care is provided both at individual and group levels. The leadership behaviors exhibited by physicians regardless of official leadership roles can influence the workplace culture appropriately, and as a result, indirectly positively influence patient interactions. Development of leadership therefore takes place on various levels and shapes the behavior of an individual, team, and organizational climate (Figure 1).

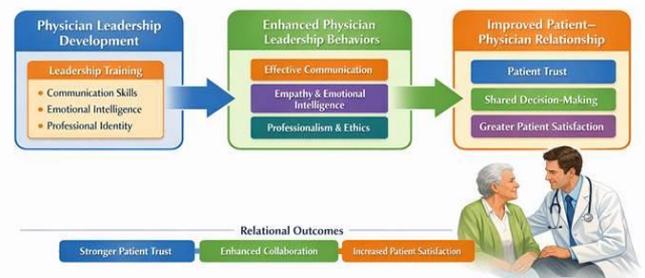


Figure 1: Conceptual Framework Linking Physician Leadership Development to Patient-Physician Relationships

Figure 1 shows the hypothetical flow of how development of physician leadership is likely to impact patient-physician relationships. The framework presents the description of leadership development as the baseline intervention that will improve the communication skills of the physicians, emotional intelligence, and professional identity.

4) Development Programs on Physician Leadership

Development programs in physician leadership have become more and more prominent as healthcare systems are trying to enhance the quality, safety, and patient-centered services. These programs will help physicians to have non-clinical competencies in addition to medical expertise, such as communication, teamwork, self-awareness, and systems thinking. In contrast to traditional management training, the physician leadership development programs are generally based on clinical practice and focused on the implementation of leadership principles in the daily care of patients and interactions among professionals [14].

Physician leadership development programs come in many different forms, in terms of both length and breadth. Others are integrated into undergraduate or post-graduate medical education and others exist as continuing professional development of practising clinicians. The most common types are short workshops, longitudinal fellowship programs

and blended learning models, where didactic instruction is delivered alongside experiential learning. Although the delivery varies in most of the programs, the common denominator is the emphasis on reflective practice, learning with peers, and the acquisition of specific interpersonal skills that help in the enhancement of effective leadership within the clinical environment [15]. Relational competencies are a key characteristic of most physician leadership development programs. The most often mentioned components are communication training, conflict resolution, emotional intelligence, and collaborative decision-making. The competencies directly pertain to the relationships between patients and physicians, as they affect the manner in which physicians listen to the patients, inform about the diagnosis and treatment, and address the concerns of the patients. These skills are reinforced through leadership programs that have the goal of improving the skills of the physicians to view the patient as an active participant in the care instead of a passive recipient of medical recommendations. Systems based perspectives are also finding their way into leadership development programs where there is a growing call to get physicians to view healthcare delivery as a complex adaptive

system. Such a strategy assists doctors in identifying the impact of the organizational structures, workflows, and team dynamics on patient experience. Through the creation of systems awareness, physician leaders can be more adept at detecting impediments to effective communication and continuity of care and promote changes that enhance the quality of relations on individual and organizational levels [14]. Program evaluation evidence indicates that professional behavior and organizational culture changes may result as a consequence of physician leadership development. The participants usually complain of additional confidence, self awareness, and more skills in leading teams and handling interpersonal issues. Although most appraisals are made based on the organizational or workforce performance, increasing number of studies have started to look at patient related outcomes such as satisfaction, trust, and perception of quality of care. These studies indicate that development of leadership can have downstream on patient experience in terms of physician-patient interaction and focus on relational aspects of care [16] (Table 1).

Table 1: Key Characteristics and Outcomes of Physician Leadership Development Programs Reviewed

Healthcare Setting	Type of Leadership Program	Program Duration	Core Leadership Components	Patient-Physician Relationship Outcomes Reported
Primary healthcare	Structured leadership training program	Short-term (6–8 weeks)	Communication skills, self-awareness, teamwork	Improved patient trust and communication
Hospital setting	Longitudinal leadership fellowship	Medium-term (6–12 months)	Emotional intelligence, change management, professionalism	Increased patient satisfaction and perceived care quality
Academic medical center	Integrated leadership curriculum	Ongoing / curriculum-based	Reflective practice, ethical leadership, collaboration	Enhanced patient engagement and shared decision-making
Multispecialty clinic	Workshop-based leadership development	Short-term (2–4 weeks)	Interpersonal skills, conflict resolution	Better patient-reported experience and continuity of care
Health system level	Formal physician leadership program	Long-term (≥ 12 months)	Systems thinking, strategic leadership, communication	Improved patient-centered culture and relational care

Table 1 includes a summary of the chosen studies exploring the topic of physician leadership development programs and the outcomes they report to have on patient-related outcomes. The table provides an overview of the main features of the programs, study environments, and relational outcomes measures used and offers a comparative insight into the manner in which leadership development has been associated with patient-physician relationships in various healthcare settings.

In general, the physician leadership development programs are a good strategic investment into the human aspect of healthcare delivery. These programs can improve the performance of the organization and the nature of relationships between physicians and patients by developing leadership skills that will facilitate meaningful communication, empathy, and professionalism. To interpret the effects of these programs on patient-centered results and to support future leadership efforts in the healthcare industry, it is necessary to understand the design and orientation of such programs.

5) Medical Education and Health Policy Implication

The implications of the evidence that physician leadership development is related to better patient-physician relationships are significant to medical education and health

policy. With the growing importance of patient-centered care, quality improvement, and accountability as the main priorities of healthcare systems, leadership competencies should be viewed as the part of the professional role of physicians rather than the extraneous or auxiliary abilities. Integration of leadership development in medical education and policy systems can therefore be a strategic measure to enhance the quality of relationships and patient experience in medical settings.

Medical education has begun to recognize the importance of teaching leadership skills at an early stage and enhancing them in the careers of physicians. The medical programs taught at undergraduate and postgraduate levels have always focused on biomedical knowledge and technical skills and neglected leadership, communication, and teamwork skills. As a means of developing self-awareness, ethical judgment, and interpersonal competence in addition to clinical expertise, integrating leadership education into formal training programs can enable future physicians to develop those skills. It has been demonstrated that educational models that embrace experiential learning, reflective practice, and mentorship are specifically useful in developing leadership-related behaviors that are applicable in dealing with patients and collaborating with other individuals [17]. Ongoing professional growth is also very crucial towards maintaining

leadership skills among practicing physicians. With the changing environments in the healthcare setting, physicians have to adjust to the developing organizational paradigms, patient demands, and pressures at the system level. Lifelong learning leadership development programs have the potential to assist physicians to sustain competent communication with their patients, to negotiate their complex interactions, to handle their work-related issues without undermining relational care. Such program could particularly be useful in the primary healthcare context, where patient-centered relationships can be the most important in care delivery. Health policy wise, an institutional and national backing is necessary to the effective implementation and sustainability of physician leadership development programs. The policymakers can support leadership development by providing funds, developing competency models, and encouraging engagement with accreditation and career development options. The health care policies that acknowledge leadership as a fundamental professional competence can motivate healthcare institutions to invest in formal leadership training and build the environment in which the relational, patient-centered practice thrives [18]. Besides, leadership development must be in tandem with the overall health system objectives such as quality improvement, patient safety, and workforce well-being. Physician executives can be agents of cultural change by popularizing the values of respect, teamwork, and interaction with patients within health institutions. In this manner, the development of leadership will not only lead to the enhancement of patient-physician relationships, but also to the strengthening and responsiveness of the health systems. Realigning educational reforms and policy efforts in the context of leadership development can thus be of significant benefit to the patient experience and system performance [19].

2. Future directions of research

Future studies need to be aimed at enhancing the evidence base supporting the relationship between physician leadership development and patient relationships. Longitudinal research is required to address whether the relational outcomes improvements are maintained over time and lead to a better clinical outcome that includes adherence and care continuity. Patient-reported outcome measures should be given more focus to measure relational quality as the patient position. Furthermore, the studies on the low- and middle-income health systems are scarce and need to be extended to evaluate the capability to adapt to contexts. Comparison of various leadership development models can also help understand better what components of programs can best improve patient-physician relationships.

3. Conclusion

This review reveals the upsurge of physician leadership development as one of the most significant contributors to excellent patient-physician relationships. There is some evidence indicating that leadership competencies, including relationships with patients, including effective communication, emotional intelligence, and professional accountability, have a major role in patient trust, engagement, and satisfaction. Leadership development can increase patient-centered care by impacting the organization

performance directly through manipulating the interaction between physicians and patients and their working within complex care settings. A combination of leadership training into medical education and professional development models can potentially enhance relational components of care and contribute to more responsive health systems. In the context of a healthcare system becoming more and more complex and more and more demanding of its staff, physician leadership development is a positive investment in workforce competence and patient experience. The focus on leadership as one of the central clinical competencies is also necessary in the further development of the quality of relationships and enhanced healthcare provision.

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