




Physicians' role in the management and leadership of health care



A scoping review

Stockholm, February 2017



**The reviews suggest that
clinician involvement in
hospital management can
lead to superior
performance.**

BMJ Open Medical leadership: boon or barrier to organisational performance? A thematic synthesis of the literature

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To cite: Savage M, Savage C, Brommels M, *et al*. Medical leadership: boon or barrier to organisational performance? A thematic synthesis of the literature. *BMJ Open* 2020;10:e035542. doi:10.1136/bmjopen-2019-035542

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2019-035542>).

Received 05 November 2019
Revised 18 February 2020
Accepted 16 June 2020

ABSTRACT

Objective The influx of management ideas into healthcare has triggered considerable debate about if and how managerial and medical logics can coexist. Recent reviews suggest that clinician involvement in hospital management can lead to superior performance. We, therefore, sought to systematically explore conditions that can either facilitate or impede the influence of medical leadership on organisational performance.

Design Systematic review using thematic synthesis guided by the Enhancing Transparency in Reporting the synthesis of Qualitative research statement.

Data sources We searched PubMed, Web of Science and PsycINFO from 1 January 2006 to 21 January 2020.

Eligibility criteria We included peer-reviewed, empirical, English language articles and literature reviews that focused on physicians in the leadership and management of healthcare.

Data extraction and synthesis Data extraction and thematic synthesis followed an inductive approach. The results sections of the included studies were exhibited

Strengths and limitations of this study

- Previous literature reviews have established a correlation between physicians in leadership roles and organisational performance, this study seeks to explore what contributes to that link.
- The review expands on the typically quantitative focus of systematic reviews by providing a thematic synthesis of 63 empirical studies and 10 literature reviews.
- The synthesis depicts a virtuous cycle of management through medicine and a vicious cycle of medical protectionism.
- This review is limited by the quality and heterogeneity of the included studies.
- While plausible correlations between conditions and performance outcomes are explored, to establish causality requires study designs that determine the strength of the relationships.

BMJ Open: first published as 10.1136/bmjopen-2019-035542 on 21 July 2020. Downloaded

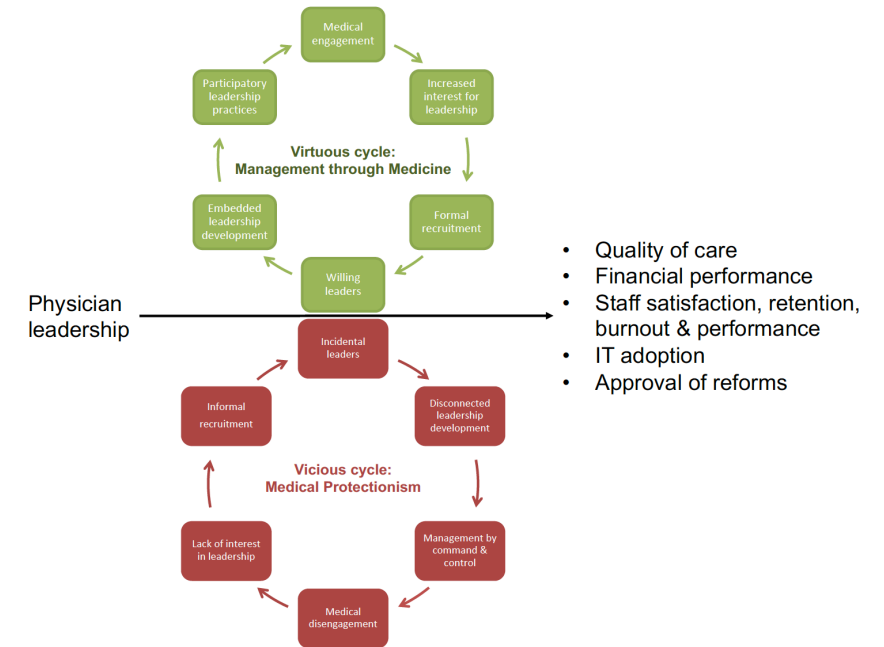


Figure 4 The virtuous and vicious cycles of medical leadership.

- **Conclusion:** In contrast to the conventional view of conflicting logics, medical leadership would benefit from a more integrative model of management and medicine. Nurturing medical engagement requires participatory leadership enabled through long-term investments at the individual, organisational and system levels.

”Leading in complexity”

Leadership programme in Sweden

- The concept is based on the studies, but adapted to the specific context in which the participants operate

- 2020:

Karolinska University Hospital, 35 doctors

Södertälje Hospital, 28 persons

Mairi Savage's thesis

"Transforming medical competency into medical management capability: developing physician leaders by finding management in medicine".

Defence is November 6th

Conclusions:

- When jointly purposed to improve health care, **medicine and management have now a clearly established value in what they together can create** for health systems, service providers, and patients.
- Medical competency can be transformed into medical leadership capability by grounding management in medicine through deliberate leadership practice permeated by psychological safety, learning orientation, and a scientific mindset.