

Chapter 3

Leadership Styles in Medical Education

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ABSTRACT

To work efficiently in healthcare organizations and optimize resources, team members must have a high degree of emotional intelligence, so they can be able to critically agree with their leaders' decisions. Adopting a strategic leadership style has a positive effect on job satisfaction and company performance. In this chapter, we have gathered the conclusions of several studies focused on leadership styles in medical education, summarizing their findings. The characteristics that make up the profile of a good leader and the best leadership styles are presented.

INTRODUCTION

Effective and active leadership is cornerstone in the healthcare system and has been shown to promote a successful workplace structure. Although physicians are often assigned as the natural leaders among all healthcare professionals, the ability

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to manage difficult situations or take complicated decisions is not an easy task (Yau et al., 2022). Indeed, while effective leaders have a positive influence on achieving important outcome measures, such as team motivation, financial sustainability, patient improvement, and high quality of care, poor leaders can have negative impact on organizational success (Citaku et al., 2012). Ultimately, the lack of effective leadership leads to a vicious cycle of failed communication process, unsustainable organization environment, lack of quality improvement, and inability to meet organisational objectives.

This is interesting as there is common belief that physicians are natural leaders and are prepared to take every responsibility of the healthcare organization. Although leadership and management are closely interrelated processes, there is a huge difference between to be a leader and a manager (van Diggele et al., 2020; Voirol et al., 2021). While management produces order and consistency, leadership produces change and movement (van Diggele et al., 2020). Therefore, leadership is a process, not a property of a person (Yau et al., 2022; Citaku et al., 2012). In this context, leadership characteristics, values, and styles need to be identified, trained, and developed from person to person. This is supported by the observation that investing in leadership education is critical to the success of a health system (Yau et al., 2022; Citaku et al., 2012; van Diggele et al., 2020; Voirol et al., 2021; Chapman et al., 2014; Ramdas et al., 2024).

Currently, there are several leadership styles that may be effectively used in healthcare settings, all having a profound effect on group interactions and productivity. Overall, leadership styles are based and constructed on the balance between emotional intelligence, decision-making, and consultative propensity. In the herein chapter, authors discuss the role of leadership education and present some models of leadership styles.

Leadership education: why?

As mentioned before, being a leader is an integral part of a physician's practice and career, so educating new leaders is increasingly important. When physicians are assigned to work with and lead healthcare teams, they are expected to provide high-quality care through the incorporation of new technologies and implementation and evaluation of evidence-based treatments using specifically-developed patient-reported outcome measures (Restivo et al., 2022).

Leadership development should be competency-based, occurring within a group environment that shares vision and goals, and driven by the change that can result. Leadership is a process that involves intentional influence, and it is essential that the leader's behaviour toward others be at the centre of the leadership education process. Because leadership consists of a set of learnable practices and skills, competency-

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