Military Physicians' Perceptions of Their Leadership Training

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Received: April 16, 2024 Accepted: May 18, 2024 Online Published: May 24, 2024

doi:10.5430/ijba.v15n2p58 URL: https://doi.org/10.5430/ijba.v15n2p58

Abstract

Healthcare systems present multifaceted operational and leadership challenges stemming from the vulnerable nature of healthcare work and external factors such as social conditions and policies. Within the Military Healthcare System (MHS), leadership challenges are compounded by unique characteristics such as deployed settings, hierarchical structures, and readiness requirements. Despite these challenges, a gap exists in understanding effective leadership training for military physician leaders. Our study addressed this gap by exploring perceptions of military physician leaders regarding influential leadership, their past experiences with leadership training, and the leadership challenges they have faced within military medicine.

Keywords: leadership training, medical school, experiential learning, military health system

1. Background

Healthcare systems inherently pose complex operational and leadership challenges (Asiabar et al., 2019). The vulnerable nature of healthcare work, coupled with unforeseen challenges and intricate dynamics among various professional groups, may contribute to distinct leadership challenges (Turner, 2019; Elkington et al., 2017). For example, Turner (2019) found that the susceptible nature of healthcare work and unexpected issues cause high work stress and tension in the environment, leading to communication challenges. In addition to these internal challenges, major external factors like social conditions, macroeconomics, and policies influence hospital leadership (Elkington et al., 2017). More specifically, national culture characteristics such as low teamwork, contradictions of upstream laws and policies, low trust in the community, and the short-term vision of managers and policymakers can impact the management of healthcare organizations (Asiabar et al., 2019).

In addition to these complexities in civilian healthcare systems, the Military Healthcare System (MHS) involves leadership challenges in deployed settings, remote areas, and under combat conditions (Tanielian & Farmer, 2019). Additionally, the military's hierarchical structure and chain of command, in addition to military regulations, protocols, and readiness requirements, may impact leaders' decision-making processes (Tanielian & Farmer, 2019). Despite these complexities and unique challenges for military healthcare leaders, a notable gap exists in understanding what type of leadership training best suits physician leaders within the MHS. This understanding is needed to develop relevant and impactful leadership training to ensure military medical readiness. The purpose of this study, therefore, is to fill this gap by exploring military physician leaders' perceptions of a good leader (RQ1), examining military physician leaders' perceptions of their leadership training throughout their careers (RQ2), and describing the challenges of leadership within military medicine (RQ3).

2. Methods

This study employs the qualitative phenomenological tradition to explore the profound lived experiences and perceptions (Prosek & Gibson, 2021). Rooted in philosophical and psychological foundations, the phenomenological tradition emphasizes uncovering the subjective meanings and essences inherent in human experiences, thus revealing the intricacies and depths of personal perspectives. To unveil the underlying structures and patterns that shape participants' perceptions and interpretations of the world (Prosek & Gibson, 2021), researchers utilize descriptive and interpretive inquiry methods, such as in-depth interviews, to answer their research questions.

2.1 Participants

The participants in this study were 13 active-duty military physician leaders holding significant leadership roles within the military healthcare system. In this context, physician leaders were defined as military service members with a Doctor of Medicine (MD) degree and board certification across five specialties: general surgery, pediatrics, emergency medicine, internal medicine, and family medicine. These individuals had either currently or previously served in leadership capacities, such as Chief Executive Officer (CEO), Chief Operations Officer (COO), or Chief Medical Officer (CMO), distinguishing themselves from non-physician leaders due to their unique roles and influence within the healthcare setting (Imran et al., 2021). Participants represented the Army, Navy, and Air Force branches of the United States military, and no age restrictions were implemented. Their experience in practicing medicine ranged from 2 to 15 years. We recruited participants to interview for this study until we determined saturation had been reached (Hennik and Kaiser, 2022).

2.2 Data Collection

Participants were involved in a comprehensive two-step process. Initially, they engaged in a one-on-one, virtual, and audio-recorded interview lasting approximately 90 minutes. We adopted a semi-structured interview approach, incorporating key questions that guided the exploration of specific areas throughout the interviews (see Appendix A for interview questions). This approach allowed both interviewers and participants to veer from initial ideas or delve deeper into initial responses (Kvale, 1996). Subsequently, our participants took part in member checking, wherein they reviewed their interview transcript and the developed themes to ensure accuracy.

2.3 Data Analysis

Our research team employed thematic analysis to identify, analyze, and report repeated patterns (Kiger & Varpio, 2020). We followed Clarke and Braun's (2017) thematic analysis method for this study. In the first step, we familiarize ourselves with the entire data set—by engaging in repeated and active data readings (Clarke & Braun, 2017). In the second step, we coded the interviews by categorically referencing units of text—paragraphs, quotations, words, sentences—with labels and codes to indicate patterns and meaning (Creswell, 2014). After coding was completed, we organized these codes categorically and then defined each category to represent a study theme.

2.4 Strategies to Enhance Trustworthiness

We interviewed 13 purposefully selected participants, followed by verifying findings through member-checking. Additionally, we drew upon relevant leadership theories from the literature to provide context and theoretical grounding for the findings. This multifaceted approach aimed to achieve a comprehensive and well-rounded understanding of the identified study themes and outcomes.

3. Results

The themes of our study were: 1) Effective military physician leaders are connected to and fully aligned with the mission of MHS; 2) Balancing clinical and leadership roles is challenging; and 3) Small-scope leadership training may not prepare physicians for future roles and responsibilities.

Theme 1: Effective physician leaders are deeply connected to and fully aligned with the mission of the MHS.

The participants described how physician leaders are deeply connected to and fully aligned with the mission of the healthcare group. For example, Dr. Anderson stated, "Whether it is a department within a military hospital or the overarching MHS mission, this alignment is key." Dr. Smith added, "When physician leaders see a direct connection between their work and the organization's mission, it can boost motivation and job satisfaction. These physician leaders are more likely to feel that their efforts contribute to a higher purpose." Sharing this same sentiment, a family medicine physician, Dr. Cox, explained:

> "Aligning with the higher headquarters' mission can make the organization more adaptable to change. Physician leaders who understand the mission can help guide their team through transitions and challenges while remaining true to the organization's core purpose."

Such alignment with the mission suggests long-term sustainability of the organization, and it helps ensure that the organization remains relevant and focused on its core values, even as the healthcare landscape evolves.

Theme 2: Balancing Clinical and Leadership Roles is Challenging.

In addition to describing the importance of this mission alignment, the participants discussed the complexities of balancing dual responsibilities clinical care and leadership effectively. The participants saw this balancing act as posing credibility risks, particularly concerning the physician's clinical roles and the medical profession. "Achieving

the right equilibrium between patient care and leadership responsibilities necessitates careful navigation by physicians," explained Dr. Jones. Furthermore, there was consensus among all physicians about diminishing clinical requirements as they [military physicians] progressed in their careers and assumed more leadership roles. This reduction in patient interaction often led to negative feelings such as imposter syndrome, said Dr. Smith, "the higher level that you go, the less clinical care that you provide, and you feel like a fraud because you feel like you cannot take as great care of patients."

Nevertheless, all participants agreed that it remains imperative to underscore the importance of maintaining clinical competence as a foundational element of their credibility and effectiveness as medical doctors. Furthermore, they struggled with allocating time for clinical duties amidst leadership roles and were challenged with prioritizing roles effectively. For example, Dr. Zhu described how they were "Working harder on that now [balancing both duties], but interestingly, that causes a huge imbalance. I usually block a day a week to focus on managerial and leadership duties." Another participant stated that designating time slots for patient interaction—as one would template any other activity on a calendar—helped block periods to see and follow up with patients. To address this challenge, Dr. Hank noted that physicians engaged in patient care and leadership roles should be trained in strategies for balancing both responsibilities. Among those strategies listed were effective organization and calendar management, "It is being very organized with having everything written out, having multiple calendars." Similarly, Dr. Nirvana described how they allocate specific times, "I also have protected time for meetings, and my entire staff gets that list of meetings to ensure that patients do not get scheduled during these times."

Theme 3: Small-scope leadership training may not prepare physicians for future roles and responsibilities.

Given these challenges, the participants felt that their past leadership training was ineffective because it lacked practical relevance and applicability to their roles as military physician leaders. One participant, Dr. Rico, described how his training was not very helpful in becoming a better leader; "there were little to no practical tools I could extract from the training." Dr. Clark shared that leadership training is ineffective: "I do not think I have been to any specific leadership courses. The last leadership course I attended was about seven years ago, and looking back, I do not recall learning much about leadership." Dr. Smith shared this sentiment:

> "The leadership training I have attended has been moderately effective at best. There has not been any new information presented; however, it was beneficial to have some leadership concepts reinforced by physicians who have walked through the same path."

To address this gap in leadership training for military physicians, the participants discussed that the development of physician leaders early on was key, with medical schools fostering the necessary attributes early in a physician's training. All physicians interviewed stated there was limited formal leadership training during medical education; however, every participant agreed that leadership education should begin as early as medical school. Dr. Holland, for example, described how:

> "Medical school is where leadership training should start. Leadership and effective communication should be taught and enforced early in medical school. Early communication-focused classes could address behavior and teamwork, ensuring that future physicians are prepared to lead with compassion, empathy, and effective communication, thereby breaking the cycle of negative leadership behaviors."

Sharing a similar sentiment, Dr. Alicia cautioned:

> "If leadership training does not begin in medical school, when medical doctors enter their first year of residency, they will tend to model their leadership style after their attendees. If that attendee does not possess good leadership qualities, then, as a military institution, we will perpetuate the problem of not instilling a solid leadership foundation for our physicians."

Dr. Dilan, who recently completed his residency, concurred,

> "Medical school is difficult; you are learning much material, but I think that if there was more emphasis in medical school, we, as physicians, one day will be filling in a leadership role and had tailored leadership programs teaching us how to be effective, it will be very beneficial."

4. Discussion

The study uncovered three crucial themes highlighting the challenges military physician leaders face within the MHS. The first theme was that effective military physician leaders are profoundly connected and fully aligned with the mission of the MHS. Participants also stressed the pivotal role of this alignment in boosting motivation and job satisfaction because it helps understand how their work contributes to the broader MHS mission, enabling military

physician leaders to navigate transitions and adversities while steadfastly upholding core values (Stoller, 2018). Based on the results of our study, leadership training might emphasize the significance of the MHS mission and its alignment with the roles and responsibilities of military physician leaders. Military physicians can develop a stronger sense of purpose and commitment by clearly understanding how their work directly contributes to the broader mission objectives (Stoller, 2018). Training sessions can include discussions, case studies, and simulations illustrating real-life scenarios where leadership decisions impact achieving MHS goals (Cummings et al., 2021). Moreover, leadership training could facilitate opportunities for military physicians to engage with senior leaders and subject matter experts within the MHS. Guest speakers, mentorship programs, and networking events can provide insights into the strategic priorities of the MHS and the critical role that military physician leaders play in advancing those priorities (Toklu & Fuller, 2017). These interactions may inspire and motivate military physicians by showcasing their leadership contributions' meaningful impact on the mission's success. Furthermore, leadership training might encourage reflection and self-assessment among military physician leaders, allowing them to align their personal values and goals with those of the MHS (Toklu & Fuller, 2017). Training programs can empower military physicians to actively contribute to the mission and strive for continuous improvement in their leadership practices by fostering a sense of personal ownership and accountability.

In addition to emphasizing the importance of mission alignment, the second theme of our study highlighted leadership challenges, mainly the persistent challenge of balancing clinical care with leadership responsibilities (Imran et al., 2021). Our participants described the delicate equilibrium required to fulfill both roles effectively. As military and civilian physicians progress in their careers and assume more leadership responsibilities, they often grapple with reduced patient interaction, leading to feelings of inadequacy and imposter syndrome (Imran et al., 2021). To address this challenge, leadership training programs might equip military physicians with strategies for effective time management and role prioritization. For example, initiatives can focus on prioritization, goal setting, and time-blocking strategies to ensure efficient time utilization (Agreli et al., 2021). Organizations could also explore flexible work arrangements, such as telecommuting or compressed workweeks, to accommodate leaders who juggle clinical and leadership roles. These arrangements could provide the necessary flexibility to effectively meet both responsibilities (Agreli et al., 2021). Additionally, integrating advanced technology tools within MHS GENESIS–the new electronic health record that provides physician leaders with a single platform for clinical care–can offer opportunities to reduce administrative burden through streamlining tasks, enhancing collaboration, and increasing efficiencies. As such, training programs should include modules on electronic health records, telemedicine platforms, and project management software to facilitate efficient management of patient care and leadership responsibilities (Dong et al., 2023).

Furthermore, our study uncovered gaps in current approaches to military medical leadership training, with many physicians expressing dissatisfaction with the effectiveness of programs they had attended in the past. Our participants lamented the lack of practical tools gleaned from their training, highlighting the absence of impactful leadership courses in recent years. To address this problem, our participants suggested reinforcing leadership concepts through experiential learning opportunities. These findings align with a similar call in the professional literature for curricular reforms and early integration of leadership education into medical school curricula for future military physicians (Schwartzstein et al., 2020). Examples of such learning opportunities might include simulation exercises, which offer a structured approach to immerse military physicians in leadership scenarios within medical settings. These exercises could involve role-playing as department heads or team leaders faced with common challenges such as staffing shortages, patient emergencies, or conflict resolution situations (Rudinsky et al., 2024). In simulated scenarios, participants practice decision-making, communication, and problem-solving skills in a safe and controlled environment, enhancing their readiness for real-world leadership challenges (Cole et al., 2023; Rudinsky et al., 2024; Van Shufflin, 2023).

Additional learning activities like case studies can provide military physicians real-life examples of leadership challenges encountered in military healthcare settings (Cummings et al., 2021). Through analyzing these cases, participants identify key issues and propose solutions based on leadership principles and best practices. This fosters critical thinking, decision-making, and reflection on leadership strategies and their effectiveness in diverse contexts, preparing physicians to navigate complex leadership scenarios confidently and competently (Cummings et al., 2021).

Leadership shadowing programs might also allow military physicians to observe experienced leaders within the MHS, such as hospital administrators, department heads, or senior officers (Husebo & Olsen, 2019). Participants gain practical insights into effective leadership practices and organizational dynamics by observing leaders in action and participating in their decision-making processes. This first-hand exposure can prepare physicians for leadership roles by providing valuable mentorship and role modeling (Husebo & Olsen, 2019).

Lastly, leadership immersion programs in civilian healthcare systems offer immersive experiences where military physicians can spend dedicated time in leadership roles or interdisciplinary settings (Heinen et al., 2019). For example, participants may rotate through different departments, attend leadership meetings, or participate in quality improvement projects. A similar hands-on experience within military medicine could expose military physicians to diverse leadership styles, challenges, and growth opportunities, thus fostering leadership development and readiness for complex leadership roles within the MHS (Heinen et al., 2019).

5. Limitations

Our study only included the perspectives of physicians. Future research should interview other healthcare professionals, such as nurses, pharmacists, and allied health practitioners, whose insights could offer additional depth to the findings. Secondly, our sample was limited to a single geographic area, which may restrict the generalizability of the findings to broader populations. Future large-scale research endeavors should use multisite studies to capture a wider range of perspectives throughout the MHS.

6. Conclusion

Our study's results emphasized the need for comprehensive leadership training to ensure the readiness and effectiveness of military healthcare leadership within the MHS. By aligning leadership training programs with the mission of the MHS, providing strategies for balancing clinical and leadership roles, and enhancing leadership education from the earliest stages of medical training, we can cultivate a cadre of military physician leaders who are well-equipped to navigate the complexities of healthcare delivery within the military context.

Acknowledgments

We greatly appreciate the valuable contributions of our community advisory committee members. We would also like to thank Major General (Ret) Philip Volpe, DO, for critiquing the manuscript and every team member who took the time to participate in this study.

Authors' contributions

Dr. Fuentes and Dr. Cole were responsible for study design and revising. Dr. Fuentes was responsible for data collection. Dr. Fuentes drafted the manuscript and Dr. Cole revised it. All authors read and approved the final manuscript.

Funding

No funding was provided for this research.

Competing interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. The opinions and assertions expressed herein are those of the authors and do not reflect the official policy or position of the Uniformed Services University of the Health Science or the Department of Defense.

Informed consent

Obtained.

Ethics approval

The Publication Ethics Committee of Sciedu Press.

The journal and publisher adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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Appendix A

	Background Information	**RQ1:** Exploring military physician leaders' perceptions of a good leader.	**RQ2:** Examining military physician leaders' perceptions of their leadership training throughout their careers.	**RQ3:** Describing the challenges of leadership within military medicine.
1. How long have you been practicing medicine?	X			
2. Have you conducted any specialized training within the medical field?	X			
3. Have you had any negative leadership experiences? If yes, can you walk me through exactly how this unfolded in detail?		X		X
4. Have you ever attended any leadership training? If yes, can you tell me, in as much detail, how beneficial this training was in better equipping you to lead? Follow up: were you able to improve or build efficiencies in processes?		X	X	
5. Do you currently hold or have you in the past held a leadership position? If yes, can you tell me about the selection process you went through? Follow up: Were you motivated to lead? Did you feel adequately prepared to discharge your leadership duties?	X			X
6. Can you describe in as much detail as possible how physicians balance their medical duties with any managerial/leadership ones?				X
7. What are the positive and negative effects of high/low quality patient care?	X			X
8. What makes a good physician leader? Follow up: how can physicians develop the required skills to lead effectively? Can the process of developing leadership skills begin in medical school? If yes, how so?		X		X
9. How has attending military PME schools shaped you into being a leader? Follow up: Has it assisted in discharging your leadership role?			X	