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Strategic Leadership for Physicians: Navigating the Five Levels Toward Healthcare Excellence

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Abstract

Physician leadership in modern healthcare requires more than clinical expertise or hierarchical authority—it demands emotional intelligence, strategic vision, and the ability to drive systemic change. This paper adapts John C. Maxwell's "Five Levels of Leadership" to the medical context, offering a structured framework for physicians to progress from positional authority to transformational legacy. Each level is illustrated with evidence-based examples and recent literature, emphasizing relationship-centered leadership, performance-based influence, and mentorship through professional and digital identity. The article integrates original contributions by Al Reesi on pre-Ramadan diabetes education and physician branding, demonstrating applied leadership in clinical and academic settings. Positioned within the broader context of interdisciplinary collaboration and digital transformation, the model advocates for a leadership approach that is ethical, results-driven, and legacy-oriented. Building leadership capacity is not optional—it is a strategic necessity for sustainable, future-ready healthcare systems.

Keywords: Leadership, Physicians, Modern Healthcare

Introduction

The role of leadership for physicians has evolved significantly, extending beyond mere clinical expertise. In contemporary healthcare systems, physicians must engage in various facets such as service delivery, policy-making, education, research, and innovation [1, 2, 3]. Historically, leadership was associated with administrative authority; however, it is increasingly centered on relational skills, personal development, and ethical considerations [4].

The complexity of healthcare delivery—along with the emergence of interdisciplinary and interprofessional teams and the digitalization of medicine—necessitates a values-driven leadership approach [5, 6]. This approach emphasizes emotional intelligence, ethical decision-making, mentorship, and team-building abilities, which are crucial for navigating change and inspiring a shared vision [6].

John C. Maxwell's Five Levels of Leadership provides a framework for developing leadership competencies, ranging from positional power to pinnacle influence, characterized by trust, performance, and the advancement of others [7]. This model can be applied to physicians transitioning from entry-level clinical positions to roles in academic, administrative, or national contexts. Understanding and applying such frameworks can help physicians develop an adaptive, ethical, and resilient leadership identity.

Level One: Position – Leadership by Role or Title

At the foundational level of leadership, influence often stems from formal designations rather than the trust earned through demonstrated abilities. Positions such as "consultant," "head of department," and "team leader" provide physicians with administrative authority, yet this authority translates to limited intrinsic influence. While these roles may involve responsibilities like enforcing protocols, delegating tasks, and managing schedules, they do not inherently foster respect, collaboration, or team cohesion [7, 8].

Physician leaders functioning solely at this level frequently face difficulties in motivating multidisciplinary teams, especially when interpersonal engagement and inclusive decision-making are absent. Research indicates that an over-reliance on positional authority correlates with reduced staff morale, ineffective communication, and stifled innovation in clinical settings [9, 10]. Such challenges are particularly evident in complex healthcare systems where collaborative, team-based approaches are essential for successful outcomes.

For example, a newly appointed head of department may decide to implement revised on-call schedules without consulting colleagues. Although the changes may be technically sound, this unilateral decision-making can result in dissatisfaction, disengagement, and resistance among staff—highlighting a leadership style based primarily on title rather than relational influence.

Level Two: Permission – Leadership Through Relationships

At the second level of leadership, influence is granted through interpersonal relationships rather than formal authority. This stage, often referred to as "permission-based leadership," is characterized by trust-building, mutual respect, and open communication. In clinical environments—particularly high-pressure settings such as emergency departments and intensive care units—physicians who prioritize relationship-centered leadership create psychologically safe teams, reduce conflict, and improve clinical coordination [11, 12]. Leaders at this level actively listen, engage in two-way communication, and respect diverse perspectives, thereby fostering inclusive team dynamics.

Empirical evidence supports the notion that healthcare teams exhibiting high relational coordination—defined as frequent, timely, and problem-solving communication coupled with shared goals and mutual respect—demonstrate superior outcomes in patient safety, clinical efficiency, and staff satisfaction [13, 14]. Such leaders rely less on directives and more on emotional intelligence tools such as empathy, storytelling, and expressions of gratitude to influence team behavior and decision-making [15].

Illustrative Example: A senior internist conducts biweekly team debriefings that include junior doctors and nursing staff. During these meetings, the leader actively seeks input, addresses concerns, and publicly acknowledges team achievements. This approach fosters a culture of collaboration, improves morale, and strengthens trust within the multidisciplinary team.

Level Three: Production – Leadership by Results

At Level Three of Maxwell's leadership hierarchy, influence comes from results. Physicians who improve patient outcomes, service delivery, or institutional performance become credible leaders through evidence-based actions and clear impact. Leadership here is measured by accomplishments rather than titles or relationships [7].

Leadership focused on achieving results in healthcare has been linked to significant improvements in clinical efficiency, patient safety, and chronic disease management. For example, effective physician leaders have demonstrated the ability to increase hospital throughput, reduce procedural complications, and raise care standards through evidence-based decision-making and multidisciplinary coordination. Furthermore, they have shown proficiency in decreasing outpatient department waiting lists through the introduction of innovative strategies, such as afternoon clinics [16, 17]. However, when performance is prioritized at the expense of interpersonal dynamics or team development, such leadership may lead to professional fatigue and disengagement [18].

A practical illustration of production-level leadership is the recent multicenter study by Al Reesi *et al*., which implemented the IDF-DAR risk stratification tool alongside structured pre-Ramadan education in over 300 patients with diabetes in Oman [19]. The initiative led to an 89% fasting completion rate among patients with type 2 diabetes and a 50.5% rate among high-risk type 1 diabetes patients—outcomes that reflect strategic, results-based leadership. Moreover, the program reduced hospitalization rates to just 1.9% and facilitated real-time support via digital tools such as WhatsApp, promoting adherence and continuity of care [10, 19]. A second example involves operational transformation at Suhar Hospital's Afternoon Clinics, where a study assessed patient satisfaction following the expansion of clinic hours into the afternoon. The initiative, led by Al Reesi and his team, resulted in high satisfaction scores related to accessibility, reduced waiting times, and enhanced continuity of care. Patients expressed appreciation for increased appointment flexibility and felt that their concerns were adequately addressed, demonstrating how service reconfiguration can directly enhance patient experience and institutional effectiveness [17]. These results exemplify how production-level leaders can influence both clinical outcomes and patient-centered service delivery by introducing strategic, data-informed interventions.

Production-level leadership allows physicians to lead effectively through results. When based on relational ethics and interdisciplinary cooperation, it drives healthcare innovation and patient-centered excellence.

Level Four: People Development – Leadership by Empowering Others

At the fourth level of leadership, influence is derived from outcomes, relationships, and the strategic development of others [7]. Physician leaders at this level are known for their ability to mentor, coach, and role model for the next generation of clinicians, educators, and scholars. Their impact is seen in the achievements, confidence, and advancement of those they instruct [20, 21, 2].

Developing leadership in others is crucial for the sustainability of academic medicine and healthcare institutions. Mentorship improves academic performance, clinical skills, research productivity, and job satisfaction [20, 21, 22]. By fostering potential and supporting career growth, leaders create a culture of development and succession planning.

A compelling example of such leadership is seen in physician-investigators who actively mentor junior faculty, integrate them as co-authors on scholarly publications, support their grant applications, and nominate them for academic or national awards. This proactive investment not only accelerates career progression but also reinforces institutional excellence and scholarly innovation [21].

Al Reesi's recent article on building a physician's personal brand in the digital healthcare era further underscores the strategic importance of professional identity development as a mentorship tool [10]. The study highlights how senior

physicians can use their digital presence and credibility to elevate emerging professionals—by co-authoring digital content, amplifying their research on academic platforms, and modeling ethical online behavior [10]. Such practices empower mentees to build their own reputations, expand professional networks, and assume visible leadership roles within and beyond their institutions [10, 21, 22].

An example of Level Four leadership is shown by the endocrine and diabetes unit leader (Al Reesi) at Suhar Hospital, who has led efforts to provide pre-Ramadan diabetes education in Oman. They have published research on risk stratification and education outcomes [19] and promoted knowledge transfer through initiatives such as the "Navigating Diabetes in Ramadan" conference, held 6 weeks before Ramadan. These programs aim to train healthcare professionals from various regions in evidence-based approaches to fasting with diabetes. Through these events, senior clinicians share clinical tools and educational strategies to support safe fasting practices across the health system [19].

Level Four leadership represents the shift from individual achievement to institutional impact. Leaders who facilitate empowerment contribute to producing skilled professionals capable of leading in clinical, academic, and administrative areas. Their influence is seen both in their creations and in the development of personnel.

Level Five: Pinnacle Leadership – Vision, Legacy, and Systems Transformation

At the highest level of leadership development, physicians transition from skilled practitioners and team builders to influential figures who impact healthcare systems, contribute to national policies, and establish lasting institutional frameworks. This stage is characterized by a continuous and strategic dedication to transformational leadership based on ethics, public service, and long-term planning [7].

Pinnacle leaders in medicine often act as catalysts for systemic change. They inspire future leaders, guide health policy, and promote research, innovation, and advocacy that transcends organizational boundaries. Their leadership impact is often felt across multiple domains—clinical excellence, academic advancement, policy development, and public health education—leading to scalable, high-impact outcomes [7, 10, 22, 23].

With the proliferation of digital platforms, such leaders now possess unparalleled capacity to reach broader audiences. Through ethical digital branding, they promote health literacy, advocate for vulnerable populations, and stimulate evidence-informed dialogue at the community, national, and global levels [10]. As Al Reesi *et al*. emphasize, the conscious construction of a physician's digital identity, anchored in professionalism and societal responsibility, is now a cornerstone of modern medical leadership [10].

One practical example of Pinnacle-level leadership includes the implementation of nationwide diabetes prevention and education strategies during high-risk periods such as Ramadan. The integration of pre-Ramadan education with risk stratification models has demonstrated significant reductions in diabetes-related complications, validating the power of clinician-led public health interventions [19]. Furthermore, quality improvement initiatives grounded in patient-centered care, such as enhanced outpatient service design based on patient feedback, showcase the sustained institutional value that Pinnacle leaders create [17].

Studies in medical leadership also support this model. Transformational leadership in healthcare has been associated with greater staff engagement, improved patient safety, and higher organizational performance [23, 24, 25]. Leaders at this level also demonstrate commitment to mentorship, succession planning, and equity-oriented leadership, ensuring that their influence fosters a culture of inclusion and ongoing development [26].

Ultimately, Pinnacle-level leadership is defined by influence without proximity, sustained by integrity, fueled by vision, and proven through legacy. These physician leaders are not only agents of change, but also architects of the future of healthcare systems.

Discussion

Maxwell's leadership model provides a structured approach to understanding leadership development, making it applicable to the medical field where influence often progresses incrementally throughout a career. Physicians can advance through these levels by developing self-awareness, understanding team dynamics, and navigating institutional frameworks [7]. Early-career doctors might start at Level 1 leadership due to formal roles or seniority, but genuine influence arises from building trust and achieving measurable outcomes. Physicians must acknowledge the significance of emotional intelligence (EQ), as highlighted by Goleman [27], which supports the relational competencies required for Levels 2 and 4. Effective physician leaders frequently function across multiple levels simultaneously.

For example, a clinical department head might concurrently utilize Level 1 authority to establish standards, Level 2 trust to mediate conflict, Level 3 data to validate new protocols, and Level 4 mentoring to support junior staff. This adaptability is a strength rather than a weakness—leadership must be contextually responsive [7].

Furthermore, progression between hierarchical levels within the medical profession is not inherently automatic. Obstacles such as institutional bureaucracy, insufficient formal leadership training, and professional burnout can hinder physicians' advancement. Research underscores the necessity for institutions to facilitate leadership development through structured programs, personalized coaching, and allocated time dedicated to leadership responsibilities [3, 28].

Additionally, digital medicine has introduced new opportunities and responsibilities for physician leaders. Digital platforms allow leaders to engage with the public, disseminate health information, and address misinformation [10]. According to Al Reesi, digital presence should adhere to principles of professionalism, accuracy, and transparency [10].

Importantly, leadership development should begin early in medical education. Medical schools and residency programs must embed leadership, communication, and ethical decision-making into their curricula [1, 2, 3, 4].

Finally, leadership in medicine must be patient centered. The ultimate measure of leadership success is the ability to improve patient outcomes, foster team cohesion, and ensure equitable and ethical healthcare delivery [7, 10]. Leadership is not just about influence—it is about responsibility, legacy, and service [7].

Conclusion

Physician leadership is a developmental journey that advances through relational, operational, and transformational stages. Maxwell's Five Levels of Leadership provide a practical, evidence-based roadmap for this progression. In contemporary healthcare, leadership is measured not only by clinical performance but also by a physician's capacity to inspire teams, develop future leaders, and influence systemic change. Case examples—from team-based interventions to national health initiatives—highlight the importance of ethical branding, mentorship, and systems-level thinking.

Healthcare institutions must prioritize formal leadership training, beginning in medical education and extending through structured mentorship and digital engagement. Physicians must, in turn, cultivate emotional intelligence, outcome-driven practices, and a commitment to legacy-building. When physicians move from position to pinnacle, they leave behind more than improved metrics—they foster cultures of excellence, compassion, and innovation. In doing so, they fulfill the highest ideals of medicine: healing not only individuals, but systems.

Ethical Approval

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Conflicts of Interest

The author declares no conflicts of interest.

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