

# Interest and competence in leadership and management among newly qualified specialists in Finland

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## ABSTRACT

**Background** Medical faculties in Finland are responsible for the quality and content of continuous medical education programmes that also includes compulsory management studies (10 European Credit Transfer and Accumulation System). The aim of this study is to evaluate medical specialists' experiences of the compulsory management studies and their attitudes towards leaders and managers.

**Methods** The Universities of Turku and Tampere conducted a survey among doctors who completed their specialist training between 1 January 2016 and 1 January 2019. Of these doctors, 83 completed the survey (response rate 25%). The analysis was carried out using a cross-table, and in the visual analysis, a box plot has been used.

**Results** Of the respondents, 38% were content with management and leadership studies, and they reported a particular need for improving skills in human resources management, healthcare economy, legislation, organisational management, and social and healthcare systems. Most respondents (83%) showed interest in future leadership roles.

**Conclusions** The findings of this study show that newly qualified doctors do wish for added education and training in management and leadership.

of continuous education of leadership and knowledge management.<sup>6</sup>

The psychological safety of a working environment (including a sense of inclusion and safety in speaking up) is also an increasingly important part of management,<sup>7</sup> as is social support among colleagues.<sup>8</sup> In addition, the medical profession is increasingly female dominated, which brings a new perspective to the profession itself, as well as to managerial work.<sup>9</sup> Hence, although not every doctor will work as a manager, good workplace skills as a member of multiprofessional teams are needed.<sup>10</sup>

In Finland, the specialisation programmes in medicine can be undertaken at all five university medical faculties, in 50 different programmes.<sup>11</sup> The medical faculties are responsible for the quality and content of these specialisation programmes. To complete the specialist degree, a minimum of 5 years of medical practice after graduating from medical school is required. The extent of specialisation programmes is defined with European Credit Transfer and Accumulation System (ECTS) credits, which means 27 hours of academic work each credit point. The extent of specialisation programmes vary between 300 and 360 ECTS, including medical practice, theoretical substance-specific education, compulsory management studies (10 ECTS) and a national written exam.<sup>11</sup> The compulsory management studies in every specialisation programme consist of modules on organisational management and leadership, the social and healthcare system, human resources (HR) management, leadership interaction and organisational communication, healthcare economy and legislation.<sup>10</sup>

The aim of this study was to evaluate medical specialists' experiences of the compulsory management studies and their attitudes towards leaders and managers.

## METHODS

We conducted a survey for all newly qualified specialists (n=423) who completed their specialist training between 1 January 2016 and 1 January 2019 in the Universities of Turku and Tampere. In December 2019, we tried to reach these newly qualified specialists by email. Due to 89 invalid email addresses, 334 subjects received the questionnaire. Finally, 83 of them (25%) completed the survey. Respondents were fully informed of the questionnaire in the cover letter and data were collected anonymously.

## INTRODUCTION

The performance of healthcare systems and organisations has been shown to be correlated with management practices, leadership, manager characteristics and cultural attributes associated with managerial values and approaches.<sup>1</sup> The well-being of healthcare personnel depends on the quality of leadership and management and this, in turn, ensures the quality and availability of healthcare services.<sup>1</sup>

Physician leaders have described challenges in both taking the time needed to act as a manager and defining their role in relation to being a physician.<sup>2</sup> Confusion concerning manager role authority and responsibility may have negative consequences, not only for the healthcare professionals, but also for the quality of care.<sup>3</sup> According to earlier research, medical leadership would benefit from opportunities to pursue management training<sup>4</sup> and a more integrative model of management and medicine.<sup>5</sup>

Good management is essential so that the healthcare system can operate more effectively, and availability of services will be assured. Recent, unexpected, worldwide changes, such as the COVID-19 pandemic, emphasised the importance



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In addition to demographic variables (age, gender and work experience as physician and in healthcare), the questionnaire comprised questions on the relevance and importance of compulsory management studies of the specialist training and the respondents' self-assessment of their competence regarding the main issues included in management studies. The answers to the detailed questions concerning leadership studies were rated on a 5-point Likert scale (1='totally disagree'—5='totally agree'). This questionnaire-based study only reflects physicians' opinions on the training, not the objective criteria.

Additionally, questions on attitudes concerning values as leaders and managers, based on Quinn's Theory of Competing Values<sup>12</sup> and the related roles of innovator, producer, broker, director, mentor, coordinator and monitor were asked. In addition to analysing our whole data, to analyse for possible differences between specialties, we conducted analyses in three specialty subgroups based on working environment: Outpatient Health Care, Special Health Care for Medicine Specialties and Surgical Specialties and Diagnostics. Interest in healthcare leadership and the importance of the contents of management studies were analysed by gender, age, work experience and specialty subgroup. The statistical analyses were conducted using the RStudio 2022 (RStudio: Integrated Development Environment for R. RStudio, PBC, Boston, Massachusetts, USA, URL <http://www.rstudio.com/>).<sup>13</sup>

**RESULTS**

The respondents (n=83) represented 29 different specialties, 64% of them were women, and the most represented age group (80%) was 31–40 years. Of the respondents, 51% had over 10 years work experience as doctors, and 61% of them over 10 years in healthcare in total. The most common specialty was general practice (21%). Most respondents (83%) showed interest in future leadership roles. Almost half of the male respondents were interested in healthcare leadership roles, compared with

only one-third of the female respondents. By age, respondents aged 41–50 years were the most interested in leadership roles. According to specialty subgroups, respondents in outpatient healthcare were the most interested in leadership (table 1). Respondents were asked to assess the importance and meaningfulness of management and leadership studies' course contents in relation to their own level of expertise, called competence (figure 1). Respondents in all specialty subgroups considered competence to be significantly lower than importance for the following fields of management studies: healthcare economy, legislation and data management, organisational management, and social and healthcare system (figure 1). We also found that self-assessed competence was rated significantly lower than perceived importance for every field of the management studies by respondents in all specialty subgroups. Among the respondents in operational care and diagnostics, the difference between importance and competence was the highest in HR management and healthcare economy. Respondents in operational care and diagnostics assessed their expertise in social and health policy adequate, in contrast with the other two subgroups. Results about attitudes towards leaders and managers, as well as the related roles based on Quinn's Theory,<sup>12</sup> showed no differences between gender or specialty groups. Among all respondents, the most prevalent roles and values were related to director and mentor, whereas monitor was rated as a minor role.

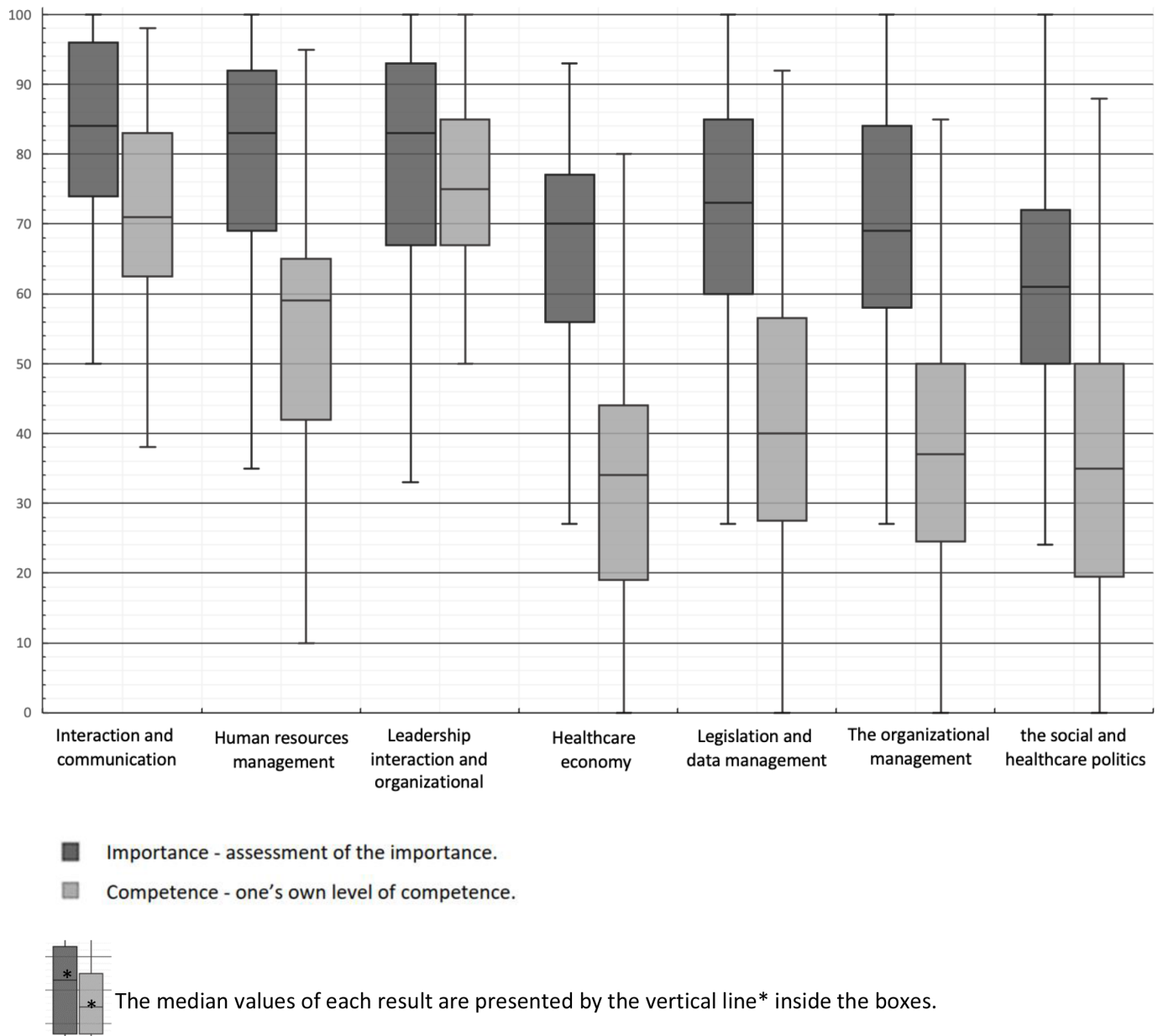
**DISCUSSION**

In this study, we found that newly qualified specialists in Finland are interested in leadership roles, and that they report a need to improve their skills particularly in HR management, healthcare economy, legislation and data management, organisational management, and social and healthcare systems. We found that men were more interested in taking on healthcare leadership roles than women. Based on these findings, we think it is important to continue to provide leadership training to all medical doctor at

**Table 1** Interest in healthcare leadership role according to gender, age, work experience and specialty subgroup (n=number of respondents)

	Interest in healthcare leadership role				
	Completely agree n (%)	Agree n (%)	Do not disagree or agree n (%)	Disagree n (%)	Completely disagree n (%)
<b>Gender</b>					
Female	6 (13)	10 (21)	2 (4)	22 (46)	8 (17)
Male	2 (7)	11 (39)	0	12 (43)	3 (11)
<b>Age (years)</b>					
31–40	5 (8)	17 (27)	2 (3)	32 (51)	7 (11)
41–50	3 (23)	4 (31)	0	4 (31)	2 (15)
Over 50	0	0	0	0	2 (100)
<b>Work experience as a doctor</b>					
0–5 years	0	0	1 (100)	0	0
6–10 years	4 (11)	9 (24)	1 (3)	22 (58)	2 (5)
Over 10 years	4 (10)	11 (26)	0	15 (38)	10 (25)
<b>Work experience in healthcare in all</b>					
0–5 years	0	1 (50)	0	1 (50)	0
6–10 years	3 (10)	7 (24)	2 (7)	16 (55)	1 (3)
11–15 years	3 (8)	10 (26)	0	18 (46)	8 (21)
More than 15 years	2 (20)	3 (30)	0	2 (20)	3 (30)
<b>Specialty subgroups</b>					
Outpatient healthcare	5 (20)	7 (28)	1 (4)	7 (28)	5 (20)
Special healthcare for medicine specialties	2 (7)	8 (27)	0	15 (50)	5 (17)
Surgical specialties and diagnostics	1 (5)	6 (27)	1 (5)	13 (59)	1 (5)

The percentages have been calculated from the total number of responses for each specified variable.



The assessment scale is a numerical scale ranging from 0 to 100.

**Figure 1** Respondents' assessment of the importance and meaningfulness of management and leadership studies' course contents in relation to one's own level of competence.

least to the current extent while also to enhancing their motivation for pursuing managerial positions.<sup>14 15</sup>

There is a momentum to develop management and leadership in healthcare since the newly qualified medical doctors appreciate leadership skills and are keen on improving their competence in these skills as well as in clinical expertise. Management and leadership studies included in specialist programmes' trainees in medicine could be expanded and further modified to assist trainees in growing into not only clinical experts but also competent managers and leaders.

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**Patient consent for publication** Not applicable.

**Ethics approval** This study falls under human sciences as opposed to medical sciences. The research design did not contain elements requiring an ethical review from a human sciences ethics committee according to the 2019 Finnish National Board on Research Integrity TENK guidelines.

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