Clinician's Commentary on Chan et al.¹

Although objective measures of leadership may not exist, and leadership can be defined in many different ways, it is a construct that we understand intuitively when we see it, experience it, and are affected by it. Yet leadership in health care, and the qualities and attributes of leadership that enable people to support health system advancement, remains an elusive notion. The literature is replete with leadership theories, models, and approaches from different health disciplines aimed at identifying those attributes that can be learned, adopted, and promoted. Chan and colleagues¹ acknowledge the benefits of leadership exploration for professionals, patients/clients, and the health system as a whole; their study is a first exploration of the personal strengths of Canadian physical therapists in leadership positions.

Another recent article on leadership in physical therapy argues that the ongoing need for health system change and improvement requires all health professionals to engage in leadership, whether or not they naturally identify as leaders.² Other authors^{3,4} have also suggested that clinicians are in an ideal position to serve in leadership relationships within networks of peers, within organizations, with patients or clients, and within the broader health system. Shared or collective leadership has also been identified as a necessary strategy for health system change.^{5–9} All these perspectives affirm how important it is for physical therapy, as a profession, to better understand the strengths we bring to the agenda of health system leadership.

Particularly worthy of further discussion, in my view, is Chan and colleagues' finding that the leadership strengths of leaders and non-leaders in their sample of Canadian physical therapists overlap. Indeed, leaders do not always hold formal leadership roles, and certainly those in formal leadership roles are not always leaders; thus, this finding may simply reflect the foundational strengths that are characteristic of physical therapists in general, as well as those attributes that are carried forward in different leadership domains, both formal and informal. The substantial overlap in the leadership strengths of physiotherapy leaders and non-leaders may also suggest that most physical therapists possess the ability to lead.

Chan and colleagues have opened the door to a long-overdue dialogue within our profession. Perhaps this dialogue should now evolve from identifying leadership strengths to acting on what we have always intuited to be true: that physical therapists are leaders. In the end, whether leaders are born or made, it would appear that those admitted to physiotherapy programmes seem predisposed to leadership. So perhaps the question now is, how will we augment those leadership strengths through entry-to-practice and continuing professional development?

The "harmony" and "relator" strengths identified among the non-leader physical therapists in Chan and colleagues' sample¹ align well with the model of *servant leadership* described by Trastek and colleagues, who cite the leadership focus as "serving the highest needs of others" toward their goals.^{3(p.379)} There is tremendous merit in the "harmony" and "relator" strengths, which arguably fall within the identified qualities and characteristics of servant leadership consistent with empathy, healing, and awareness.³ McGowan and Stokes² call for future research investigating the leadership styles used by physical therapists,

and I echo this call. We have learned from the medical and nursing literature that approaches, styles, and understandings of leadership differ between disciplines. We also know from experience that through these approaches, styles, and understandings, the health system has achieved some tremendous successes ... and that more work remains to be done. Now is the time for each discipline, in its own way, to work collectively and collaboratively to inform the advancement of the health system and, by extension, the advancement of population health. I agree with Caldwell⁶ that now is the time for collective action and responsibility. Physical therapists must answer the call, and to do so, we must engage in partnerships and alliances, within and outside of health care, that will facilitate health leadership capacity and capability.

Chan and colleagues are to be commended for their exploration of this important question. This is an important dialogue to build upon.

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