Clinician's Commentary on McGowan et al.¹

Leadership is a universal phenomenon;² however, how it is practised varies around the world. Leadership in health care is widely recognized as a requirement of professionals working in evolving and complex health care systems so that they can make sustainable changes and provide effective and efficient care.³ We know that in physiotherapy (PT), leadership is necessary to respond to emerging health care trends and increase the profile of the profession,¹ but questions remain about how socio-cultural factors influence the enactment of leadership in PT around the world. Exploring cross-cultural perceptions of leadership is a necessary first step in facilitating global collaboration and educational initiatives that target the development of leadership skills in the profession. I commend McGowan and colleagues¹ for their study, which is the first to examine cultural comparisons of leadership in the field of PT. Gaining an international view of leadership has significant implications for physiotherapists across health care systems, both here in Canada and around the world.

There is currently no consensus on the definition of leadership, and adding a cross-cultural component increases the complexity of the task.⁴ Despite this challenge, McGowan and colleagues¹ defined key characteristics of leadership and, in an important step, recognized socio-cultural influences on the expression of key traits of successful leaders. Their findings revealed that both Irish and Canadian physiotherapists reported communication and professionalism as key attributes of leadership. However, factors associated with self-declaration as a leader differed significantly. Canadian physiotherapists were more likely to self-declare as leaders, and they associated the male gender, student supervision, and working in private practice as influential; Irish physiotherapists, however, reported the highest degree attained as the sole factor. These findings reinforce the idea that leadership manifests itself in various ways; what is effective in one context may not be so in another.⁵ Despite the fact that Ireland and Canada belong to the same cultural cluster⁵ and physiotherapists receive substantially equivalent training for autonomous practice,⁶ similarities and differences in leadership perceptions remain.

These similarities and differences underscore the need to investigate traits that are universally endorsed and fundamentally important to leadership and to identify those that are unique to individual cultures.¹ Further research must also explore the perceptions of leadership held by physiotherapists around the globe with varying training, professional scopes, and practice models in different geopolitical and socio-economic contexts.¹ The impact of leadership is powerful,⁷ and programmes must be tailored to build key leadership attributes that are appropriate to a country's PT practice.¹ McGowan and colleagues¹ have taken the first step toward creating a definition of leadership that is appropriate to PT around the world, a definition that is culturally sensitive and meaningful for a variety of countries but adaptable to the context. This first step forms the basis for an international framework that will provide coherence to PT leadership research, development programmes, and outcome measurement.

This study has important implications for the profession on an international level. PT associations across the globe are prais-

ing leadership efforts and recognizing the importance of initiatives, yet there continues to be a scarcity of research on leadership and development programmes in PT.⁸ The World Confederation for Physical Therapy has recognized the need for the development of leadership skills and is ideally positioned to address this with a strategic planning campaign called "Look Forward Together."⁹ Physiotherapists are being challenged to understand the dynamics of health care systems in complex geopolitical and socio-cultural contexts, and this is an opportune time to develop cross-cultural frameworks and establish standards for global leadership initiatives. Such collaboration will require cultural competence and an in-depth understanding of leadership practices in different countries to build strategic alliances, adopt a unified vision for change, and raise the international profile of the PT profession, thereby ensuring that it has a global impact. We need leaders who can adapt their leadership styles in cross-cultural encounters to positively engage physiotherapists in different contexts and encourage them to be agents of change in client care.

For Canadians to actively participate in this global collaboration, our educational curriculum must incorporate leadership as a competency. The revised CanMEDS 2015, an internationally adopted framework that informs the Essential Competency Profile for Physiotherapists in Canada, newly identifies "leader" as an essential competency, one that physiotherapists need so that they can develop a vision of high-quality health care and institute change to advance the health care system.¹⁰ Leadership training must be part of the curriculum for health care professionals, and PT programmes need to foster leadership skills during entry-level PT training.

Continuing competence in leadership is also necessary. The Canadian health care system is rapidly evolving, as are trends in PT.¹¹ New models of care and service delivery require increased accountability;^{8,11} physiotherapists at all levels must assume leadership responsibilities, which will require leadership training.¹¹ The Canadian Physiotherapy Association has developed a programme to build leadership capacity in the profession,¹² and all physiotherapists need to take this training so that they can become competent clinicians and leaders. This programme will also encourage physiotherapists to solidify their role and advance the profession while shaping PT services and making progressive improvements in Canadian health care.¹³ Physiotherapists need to adopt roles beyond their clinical duties to effectively steward and lead change in fluctuating contexts.

More and more physiotherapists are moving around the world to work, so this study by McGowan and colleagues¹ is very timely. In Canada, between 600 and 800 skilled internationally educated physiotherapists (IEPTs) seek to join the profession every year.⁶ Understanding varying expressions of leadership will enable bridge training programmes to design leadership curricula that address learning needs, build on skills, and target the development of key attributes for effective leadership in the Canadian context. Because IEPTs have an appreciation for differing worldviews, they can play a pivotal role in assisting Canadian physiotherapists with global collaboration.

McGowan and colleagues¹ bring to light the need to further explore cross-cultural perceptions of leadership, investigate various

leadership styles, develop programmes to nurture leadership skills, and measure the outcomes of programming. It is time for physiotherapists around the world to have the skills required to respond to radical health care system changes in an evolving profession and in an ever-changing landscape. Although perceptions of leadership in PT may not be universal, striving to be better has no borders.

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