

Leadership lessons: decisiveness, listening, and the future of Canadian health care



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Leadership in health care requires decisiveness, active listening, and the ability to balance oversight with empowerment. Insights from the literature and a conversation in 2025 with Dr. Janet Pope, professor of medicine at the University of Western Ontario and former division head of rheumatology at St. Joseph's Health Care, provide a broad viewpoint on physician leadership in Canada. This article highlights decisiveness as disciplined speed, listening as a foundation of psychological safety, and the ability to zoom in or out as circumstances require. It further considers how physician leaders should tackle systemic challenges, such as inefficiencies, workforce shortages, and pharmacare gaps and also mentor future leaders. The literature supports key leadership principles and illustrates their application in health care contexts. Canadian health care leaders must embrace decisiveness, listening, empowerment, and mentorship to address current system pressures and transform health care for the future.

KEYWORDS: active listening; decisiveness; healthcare; healthcare transformation; leadership; mentorship; physician leadership; psychological safety.

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Leadership is not optional in health care — it is essential. In Canada, where health care systems face the mounting pressures of resource constraints, staffing shortages, and increasing patient complexity, physician leaders should step beyond clinical expertise to influence systems, shape policy, and mentor future colleagues. Such leadership has been identified as a critical driver of quality improvement, system sustainability, and patient safety.¹

Dr. Janet Pope, a nationally and internationally recognized rheumatologist, researcher, and mentor, embodies many of these qualities. Her reflections on decisiveness, listening, and empowering teams offer important lessons for Canadian physicians. This article combines her perspectives with a selective literature review to provide a narrative that connects leadership theory with practical application in Canadian health care.

Decisiveness as a core leadership skill

Decisiveness is one of the first skills emphasized by Dr. Pope. Effective leaders must be willing to weigh options, consider ethical implications, and make timely decisions, even when consensus is impossible. This aligns with McKinsey & Company's research, which identified decisiveness as one of four critical behaviours that set effective leaders apart.²

The importance of decisiveness was underscored during the COVID-19 pandemic. Leaders who acted promptly and transparently, while incorporating frontline input, preserved workforce morale and positive patient outcomes³ and were able to pivot as new data/policies emerged. In Canadian settings, delays in decision-making can exacerbate overcrowding, prolong wait times, and increase patient harm.⁴ Decisiveness, therefore, is not simply about speed but about disciplined speed — acting with the best available evidence while being prepared to adapt as circumstances evolve.

Active listening and psychological safety

Listening is a hallmark of effective leadership. Leaders who dominate conversations may secure compliance but often fail to inspire collaboration. By contrast, leaders who listen actively foster dialogue, harness diverse perspectives, and encourage innovation.

Amy Edmondson's work on psychological safety demonstrates that environments where individuals feel safe to voice concerns without fear of retribution are more adaptive and innovative.⁵ In clinical teams, this translates into better error reporting, collaborative problem-solving, and learning. As Dr. Pope has observed, leaders who thank team members for identifying mistakes reinforce a culture of trust. This shift — from blame to learning — is essential in Canadian health care organizations striving for quality improvement.



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Balancing oversight and delegation

Another theme Dr. Pope emphasizes is a leader's ability to know when to "zoom in" to details and when to "zoom out" to empower others. This balance is central to effective delegation. Micromanagement can demotivate teams, while unchecked delegation can increase the risk of errors.

Research in high-stakes environments, such as anesthesia teams, shows that shared leadership, where responsibility shifts fluidly between leaders and team members, enhances both performance and safety.⁶ Dr. Pope's own leadership practice has reflected this. With experienced staff, she has delegated and requested concise summaries, trusting them to manage details. With junior staff, she has initially provided more oversight until trust is built. This flexible approach ensures both accountability and empowerment.

System transformation and unpopular decisions

Perhaps most relevant to Canada's health care crisis, Dr. Pope underscores the necessity of system-level reforms that may be unpopular but are essential for sustainability. She has called for eliminating wasteful practices, strengthening workforce planning, closing screening gaps, negotiating fair pharmaceutical pricing, and implementing universal pharmacare.

The Institute for Healthcare Improvement's Triple Aim framework similarly emphasizes better care, improved population health, and reduced costs — goals that cannot be achieved without difficult trade-offs.⁷ Ontario's lack of a comprehensive health care workforce plan has already led to shortages in family physicians and specialists. Repatriating Canadians trained abroad and integrating non-physician professionals into care delivery are pragmatic solutions requiring leadership advocacy.

Universal pharmacare, long debated in Canada, remains critical for equity. Without it, vulnerable populations face barriers to essential medications, undermining the principles of a publicly funded system. Leadership, as Dr. Pope notes, requires not only envisioning these changes but also having the courage to pursue them despite resistance.

Developing the next generation of leaders

Finally, Dr. Pope's reflections highlight the responsibility of current leaders to mentor and empower future leaders. She emphasizes the importance

of reliability, follow-through, and thoughtful engagement. These traits are often more important than charisma or extroversion.

Leadership development literature reinforces this. West and colleagues¹ argue that leadership potential lies not in personality type but in the capacity to commit, learn, and collaborate. Formal leadership training, coupled with mentorship, can cultivate these qualities in physicians at all stages. Dr. Pope has taken pride in seeing her trainees surpass her — a hallmark of true leadership.

Conclusion

These leadership lessons, informed in part by Dr. Pope's work and experience, resonate strongly with current challenges in Canadian health care. Decisiveness, active listening, balancing oversight and empowerment, and mentoring future leaders are not optional skills but essential competencies.

As Canada grapples with systemic inefficiencies, workforce shortages, and growing demand, physician leaders should embrace these principles. Doing so requires courage to make unpopular decisions, humility to listen, and generosity to nurture others. The future of Canadian health care will depend not only on policies and funding but also on the capacity of physician leaders to model these lessons and enact change.

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