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LEADERSHIP IN SURGERY SYMPOSIUM

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Empowering Women for Medical Academic Leadership Roles

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The Surgeon as a Leader: Who, Why, When, and How?



CARLOS A. PELLEGRINI, MD, FACS

*University of Washington Medical Center
Chief Medical Officer, Department of Surgery
Seattle, Washington, USA 98195
Email: pellegrini@uw.edu
Office: (206) 598-4477*

Background and Rationale

I was privileged to visit Kosovo in 2019. It was a unique opportunity provided to us, a group traveling under the auspices of the American College of Surgeons and World Learning in conjunction with the United States Agency for International Development. I had the pleasure of being the group director and was able to visit Prishtina and Prizren as well as a considerable part of the south of Kosovo and the neighboring Albania. Our group enjoyed the beauty of the lands, its ragged terrain, the mountains, its agricultural background, its rock formations, rivers and caves...and yet, the most precious thing we discovered were the Kosovars. A group of hard-working men and women who welcomed us as citizens of the United States with extraordinary warmth, respect, friendship and hospitality which will live in our hearts forever. We particularly enjoyed the contrast

of the past with the evidence of what has transpired in the last few years, with wonderful highways, hotels, accommodations, and transport. We were made aware of the medical system, the organization of the rural clinics, the division of the country into areas of care and the three levels of complexity within which medical care is delivered. So, when Dr. Rifat Latifi invited me to come to the inaugural meeting of the Kosova College of Surgeons I immediately agreed. Unfortunately, the pandemic required that the meeting be cancelled and that my conference, planned as part of the inaugural meeting, be delivered virtually. We chose the topic of leadership and the role that surgeons play in this important aspect of everyday life. I am delighted to be here today even if only in electronic format!

This paper describes my philosophy with regards to leadership as it should – in my modest opinion – be viewed and exercised by each member of our society including, of course, the surgeons. We shall define leadership, explore the ingredients that are essential for a leader, and give practical examples on how to exercise leadership.



June 2019 trip to Kosovo

*Meeting with the Kosova Ministry of Public Health.
From left: Dr. Pellegrini, Dr. Oyentunji, Dr. Kao,
and Susan Detweiler, MD.*

Defining Leadership The “What and the Why”)

So what do I mean by defining leadership and making it personal? Let me start by doing away with the old mental image of the leader. Traditionally, leaders have been portrayed as unique individuals that were born with certain characteristics that made them “special”. Those characteristics were: charisma, strength, courage, beauty, and unique innate abilities to exercise power and authority over followers. The image that emerged was that of a soldier on horseback riding ahead of the troops, blandishing a sword and being exposed to peril. Leadership as we define it today is something completely different. Indeed, the understanding today is that every person can exercise leadership in his/her relationship with others as well as leading themselves. Leadership becomes an attribute, a skill, a practice which takes into consideration the emotional framework of the person exercising leadership as well as that of those who follow. Thus, everyone present today in this symposium, and every reader of this article can –and should – think of themselves as leaders. Anyone who has a responsibility for getting things done and has to lead others in order to get things done exercises leadership. So what I am trying to convey is not for the unique person you may have in your mind – it is not for the person who has risen to the top of an organization – but it is simply for anyone who has a responsibility for getting things done. You may be leading one person and that may be yourself. Or you may be leading a group of people, three people, or five people and the principles that apply are the same.

A nice definition of leadership identifies it as “the art of motivating a group of people to act towards achieving a common goal.” The leader is the person

in the group who possesses the personality and leadership skills that makes others want to follow his or her direction and even more, makes them believe that what they are doing is what they actually wanted to do¹. In an imperceptible way, the leader has to influence others such that they end up doing what they want to do thinking it was their idea. It’s the art of motivating a group of people and it is not reserved for the Minister of Health or the President of the American College of Surgeons. It’s developing the ability to lead a group of people or an organization to do something².

Leadership involves establishing a clear vision and sharing that vision with others so that they will follow willingly, providing the information, knowledge, and methods to realize that vision. I, personally, define leadership as “a combination of meaningful vision with the ability to influence ourselves and others by non-coercive means, in a certain environment, at a given time and set of circumstances.” Leadership is not about being coercive; leadership is about influencing others in a non-coercive means. I invite you to think of leadership as a way of living, acting, relating to others, getting what you want, getting your way, influencing a process, and ultimately, as an attitude. And why is it then relevant to you as surgeons? I think it’s important because it touches all aspects of your professional life. In your relationships with your patients, you want to influence them. You want to propose an operation, you want to propose a change in the patient’s diet or convince them to take a certain medication or do more exercise and so on. Leadership matters also in your relationship with your colleagues, with the members of your division or department or when you create a research team. In all those areas, you’re trying to influence what others are doing and that’s what leadership is all about.

Evolution of the Concept of Leadership

If one looks at the history of leadership in medicine over the years, the concept has evolved from one of very individualized leadership to a much broader concept. Traditionally for example, the surgeon would be expected to do every aspect of the pre, intra, and postoperative care at all times of the day and night. As progress in medicine brought about complexity, we realized that in order to be able to perform complex operations we needed to involve a number of other people, each with responsibility over a distinct area. This, while responding to the increased complexity, also created a multiplicity of experts which sometimes lead to chaos in some

fashion. From that observation and to avoid chaos but to keep plurality of those needed and their special expertise, a more modern concept emerged: that of “high performance teams.” These are teams of people that have what we call situational awareness and that share a common mental model. Each one of them is not only aware of his/her surroundings and what is going on, what is needed to reach a certain goal, but can also read what’s going on in the other person’s mind, and therefore the team can perform like an orchestra or a symphony, all of them performing individual but very coordinated tasks to produce an excellent result and a successful outcome of the operation. And with that emerged the concept of “clinical microsystems”. These microsystems are like the leaves and branches of a tree – all connected, directed by small portions of that tree, (each branch representing a “leader”) and each with a distinct role, but also with a role in the way the tree looks and lives. Think of the tree as having the roots and that’s the hospital, your organization, or your community and you are the chief of a given service and you are the leader of an entire tree but then within a tree you have leadership being exercised by these little branches. Then within the branches you have more little branches, which are the clinical microsystems I was talking about, where you have a leader represented by these little branches with three or four followers then you add another clinical microsystem and then another one and then you have the entire tree. With this, I’m trying to tell you that leadership is an art and leadership is an attitude that every one of you can and should consider exercising.

If one were to think of a clinic, leadership is not just the chief of that clinic, but it’s actually each portion of that clinic, each group that composes eventually the entire clinic, and within each group of two, three people, there is room for a leader. So in essence, what leadership is, is an intrinsic human asset, not a by-product of a human title or an administrative appointment – which brings us to another important point: the difference between having a title and being a leader. A title confers a certain authority; leadership is that human asset that makes others follow your ideas. A leader is somebody who’s going to influence others and walk the way he would like them to walk, and a chief may or may not be a leader. A leader is somebody who’s going to talk to himself or herself and put himself and his actions through a certain path that they believe is the right path because they’re leading themselves. A leader is somebody who would maybe have two people and influence those people to do what is

needed and what is important to achieve a goal.

Leadership abilities can be improved with thoughtful changes in attitudes and behaviors. This is an important and very modern concept. For many years, we thought that leadership was something you were born with whereas today we know that there is a component of leadership that may be genetically acquired, most leadership skills can be learned and practiced successfully even by people that do not have the genetic make-up of a leader. It may be harder or easier depending on who you are, but it is definitely something you can improve in your life if you decide to put the effort in to learn and practice the art and science of leadership.

Another important concept in leadership is that it has evolved from what used to be: an authoritarian concept to a much more humane concept. In the past, leadership, exercised as a consequence of authority was a transactional type. In other words, leaders encouraged followers to follow them by providing specific rewards and punished them when they decided not to follow. This was the so-called “carrot and stick” methodology. “If you do “x”, I will give you “y”. If you do not do “x” you will lose “y”. The prize to those who followed was compared to the carrot the donkey gets when the cart that it is pushing moves forward at the speed needed. The punishment would be the poking that the donkey would get if forward movement or speed was not reached.

This old concept has evolved from the carrot-and-the-stick to what we call today “transformational type.” According to this concept, the leader must create a vision and must articulate it in a way that it provides purpose and meaning to the followers, a vision that is deeply based on the morals and completely aligned with the organization’s vision and mission. So instead of leadership being authoritative, it has become what we call now ‘servant leadership.’ The leader is actually *serving* the people that are following them. The key elements of leadership today are: integrity, empathy (the ability to feel what others feel), selflessness (the ability to make other’s needs more important than ours), humility (not asking for all the merit to come to you and recognizing that you cannot do it by yourself), courage, and collaboration³. So you can see how different the concept of leadership has evolved from what it used to be to what it is today based on these values of integrity, empathy, selflessness, humility, courage, and collaboration.

A “take-home message” from this section can be summarized as: everyone can and should be a leader. Everyone starts by leading himself or herself.

Everyone grows through learning, studying, and practicing the art and science of leadership; genes are important but their expression can be readily modified by learning and practice. The role of the leader in small or large projects is to serve the followers, to take into consideration their needs, wishes, values, and safety.

The “ingredients” of leadership (the “How”)

There are four aspects that we need to discuss under this heading: 1) creating a vision, 2) articulating that vision, 3) recruiting your followers, and 4) the actions of the leader. These functions are iterative and represent the main activity of what a leader must do every time whether for simple or large projects.

The vision:

It is important for the leader to develop a vision. A vision is a way to get to the goal (the mission). It requires concentration. It requires deciding the morality of that vision and its associated goal. It requires careful thinking so that the resulting vision is anchored in reality (although in part a vision has to have a “dream” part of it). That vision, in modern times, has been identified as “needing to be morally right” and takes into consideration the needs of the followers to not only understand it but to feel “safe.” Safety for the followers has emerged as an important component of the vision. Thus, appropriate communication (see next section), knowing exactly what the goals are and what the associated risks are will become important. Even more important is that the vision must have meaning and purpose and add something tangible to the followers. It is otherwise very difficult to have followers “want” to follow a certain idea or direction.

“I envision that in Prishtina we are going to have 10 new transplant centers in 10 different geographic regions of the city.” This is a vision that’s not anchored in reality. With the number of inhabitants that you have in the entire country of Kosovo, it’s impossible to have 10 transplant centers, so that’s not a reality. Therefore, the vision has to touch the people that are there and whatever the vision is needs to be anchored in reality. It has to mitigate the risk to those involved because people are less likely to want to follow you through that vision that you have if they perceive that there’s a significant risk. There are two kinds of visions: what I call the “big-time” vision, where you are for example creating a completely new program, building a completely new hospital, or building another medical school. This type involves a lot of followers and a lot of leaders within each part of the project. The other kind is the one I call “the

everyday vision.” In this case, which is the most common, a leader has a group of 3 or 2, like a chief resident or lead surgeon. It is the “micro” environment we talked about earlier. In my experience, it is the everyday vision that allows all of us to practice leadership and to exercise the skills that may eventually be needed to develop and lead the “big” time one. Elemental questions such as: ‘what it is we want to do to today’ and what it is that I’m going to be asking my team to do today.’ It represents an excellent practice to prepare for other types of leadership. And that vision has to share all the four principles that I mentioned before: it has to be moral, it has to have a meaning to those that are following, it has to be anchored in reality, and it has to mitigate risk.

Articulating the Purpose:

Once the leader has developed the vision in his/her mind, whether it be a big vision or an everyday vision, the leader has to be able to tell people what the vision is, to share his/her thoughts. But articulating the purpose in a leadership mode is far more than “telling”. It has to be convincing, it has to be appealing to the followers, it has to be “selling” that vision. It is at this point that you’re going to be using that charisma or that communication ability and it’s here where if you express it with some degree of passion and determination to achieve certain goals of the vision that you have the opportunity to capture the imagination of the followers. Thus, you have to offer a strong point-of-view which focuses on everyone’s shared vision and it’s important that you delineate clear expectations. In other words: this is the vision, you express it with passion and then you say okay, this is how we’re going to get to that vision, this is what I expect of you to do. You have to be very clear on the expectations you have and do all of that with the determination to achieve that vision. That’s the only way you’re going to convince people to adopt the leader’s vision as its own. At this time, it is important to understand that “communication” is a complex cerebral process that involves at least two parties, each with its own history, each with its own set of needs, each with its own view of life and each with its own values. As the communicator converts the mental image of the vision, he/she is expressing an intent, and the process starts by encoding that vision and then transmitting it. On the part of the recipient, there will be decoding of those words, gestures, expressions with which the leader intends to transmit the vision; and more importantly, their brain is then interpreting that vision. This is important

because for the interpretation of the vision that the leader stipulated, the follower is using his or her background, his or her experiences, his or her beliefs and sometimes the interpretation equals the intent and other times it doesn't. The intent itself is not necessarily the same as the impact that it has. This is something that leaders have to really understand – that there's a difference between what's in their head, in their mind, in their vision (as good as it can be) and the way that people will interpret that at the end of the process of communication. Understanding this mechanism, addressing on the spot the changes that are needed to assure that the impact matches the intent is vital for the art of communication, and in this case for the articulation of the vision.^{4,5}

Articulation of the vision has to take into consideration the changes described under "evolution of leadership" above. In order to appeal to potential followers, the leader must know their personality, needs, values, and wishes. Those change with time and change with the background of potential leaders. As an example, in 1914, when trying to recruit men for his Antarctic expedition, Ernest Shackleton put a short note in the *Times* that read: 'Men wanted for hazardous journey. Small wages. Bitter cold. Long months of complete darkness. Constant danger. Safe return doubtful. Honor and recognition in case of success.' Interestingly, this note appealed to many who showed up the next day. One can simply imagine how many people today would be attracted by such articulation of a vision. By contrast 106 years later, the back of the iPad of pilots that fly for JetSuite (a boutique airline in the US) articulates their vision to the pilot with the following words: "serve from the heart, love what you do, improve something today, seek first to understand, deliver on your commitments, make the most of what you have, keep calm, ask for help, make mistakes valuable, and have fun." How different these things are with respect to what Shackleton did before and this is how leadership has evolved over the years!

Recruiting Followers:

Once the leader has created the vision and articulated it (an essential part of the recruitment, or of "the sale" of the proposal or project) active recruitment and convincing of the purpose and benefits of joining must be entertained. For the recruitment and the retention of followers, I have a secret recipe: it is called "engendering trust."⁶ The leaders must form a bond with the followers and that bond has to be based on trust. According to the

Merriam-Webster dictionary definition, trust is the "assured reliance on the character, ability, strength, or truth of someone or something." That reliance makes the follower vulnerable. This is what the philosopher Edmund Pellegrino said: "to trust and entrust is to become vulnerable and dependent on the goodwill and motivation of those we trust."

Hence this trust, this bond that is so necessary for the people that are following to align with the leader, I envision it as a keystone.

A keystone, a concept invented by the Etruscan over 2000 years ago and utilized extensively by the Romans, is the stone that sits in the center of an arch composed of stones – it is like "bonding" of one side of the arch to the other. Metaphorically, I envision the physician leader on one side of the arch and the patient, the hospital, the soul of the leader, the friend – whoever we are trying to recruit – on the other side.

The keystone on the top of the arch unites (or separates) the leader from the followers on the other side. If one removes the keystone, the whole thing collapses. In my view, trust is to a relationship as a keystone is to an arch: essential for the integrity of the arch. To retain the followers, the leader must keep that trust strong. How do you do that? I believe the most important thing the leader can do to keep that bond is to be a role model and to "walk the walk." In other words, to consistently do what the leader preaches. It is critical to have consistency between your words and your actions. If you're going to ask them to be there at 8 o'clock in the morning, you have to be there at 5 minutes to 8. You cannot be there at 8:10 because if you're there at 8:10, they will rightly assume that that is the behavior you expect of them.

The second most important thing is to listen carefully to the followers. So, as a leader, you should establish an open channel of communication so followers can tell you what they feel. Third, the leader must communicate candidly and often with the followers. The leader must act with reliability and consistency by encouraging openness and encouraging dissent. Tell people that when you're trying to make decisions, you value their thoughts and ideas and want them to tell you what you're doing right and what you should change, and so on. And the last thing that you do is to express confidence. The best way to express confidence in the followers is by delegating authority and entrusting them with work that the leader would have to do. The heart is more important than the brain. You want to get to the heart of these people. You want to have them love you. You don't necessarily want them to be thinking of you as a very intelligent person as much

as you want them to think of you as a very caring person. That's why the emotional quotient (EQ) is more important for leadership than the intellectual quotient.^{4,5}

Action:

It is important that you, as a leader, think of the concept of selflessness in leadership. This entails listening, understanding, and giving your time and your resources. A good leader will give meaningfully, will share his or her time and help someone and give them credit for what they have done. People will often forget everything except the way you make them feel. So, as you think of the practice of leadership for the everyday person, sometimes you have to lead down by talking to your followers, which is generally easier. Sometimes you have to lead laterally by influencing your peers, the people that work with you.⁷ Moreover, sometimes it's important to lead up and that is to actually lead your boss, the person who you report to, and it's particularly challenging for any of us to tell our boss what we think they need to do, but the intelligent leader makes the boss actually follow them.

Furthermore, so we use many tactics that in the past would not have even been a thought. For example, love. Love makes us better leaders and better people. In leadership, love can be best expressed by active listening, great humility, and respect. These actions of love connect people in a very special way. They are essential to cement the bond between leaders and followers. Remember, the key here is to have followers feel you in your heart. After all, leading with love implies being patient, kind, trusting, selfless, thoughtful, forgiving, and dedicated to the people you are leading. That is the bond that you're trying to form.

Let me give you a little perspective on what is becoming an issue in the United States which is causing the burnout problem. The burnout problem consists of people who have become extraordinarily tired with their work. It's very prevalent among surgeons and physicians in general. It's a mixture of wanting to do something, knowing that you have been empowered to do something, and yet not being able to do it because you don't have the resources for it. The syndrome makes you depressed, makes you feel like what you're doing doesn't really matter to anybody, and is a syndrome of depersonalization. The counter-side of experiencing burnout is to develop resilience. Resilience is essentially the ability to bend but not to break. We know that the people that can express gratitude, that have perspective, that have

compassion, and that feel responsible for what happens to them and feel a personal responsibility to do that, are more immune to burnout than people who have chronic fragility, who identify themselves as victims, who have a grievance, and who have some sort of an entitlement. These people tend to develop burnout more often.

Here's a practical example for an everyday person on exercising leadership: imagine you are a surgeon or a chief resident preparing for next day's work. How would you go about using the ingredients that we discussed today to exercise your leadership role? Start with yourself, with formulating the vision. Something like "this is what I want to accomplish today, this is what I need to do today." Prepare in your mind the way you wish to communicate that vision to others. Assemble your group and talk to the group – this is how you articulate your vision. Then, show up first the next day. That is part of being a role model and an example to people who are there. Because in leadership you have to do what is right, not what is necessarily easy. There is a moral imperative, as a leader, to ask yourself the most important question: have I done the right thing?

True leaders are like the rays of light. They are invisible to the eye yet essential for everything else to happen. The leader does not attract attention to himself or herself. The leader is humble. The leader doesn't show. The leader just makes things happen.

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