Leadership in Orthopaedic Surgery: Inspiring a Future Generation

The modern-day orthopaedic surgeon lives in a constantly evolving medical landscape. Like an entertaining clown in a circus, he or she juggles multiple roles: a clinician, an academician, an administrator and an educator. At the heart of it lies the humility to serve and make a difference to patients' lives, and to strive for constant improvement in clinical acuity and surgical proficiency. Above all there is a need to ensure that future generations will continue to uphold the tradition of clinical excellence painstakingly built up by our forefathers.

As a Regular with the Singapore Armed Forces, I have the privilege of marrying two of my passions - a clinical career and a career in healthcare management and policy making. It is with earnest curiosity and hunger for self-improvement and knowledge that I embarked on my Orthopaedic Surgery residency journey. As I later learned, beyond honing my clinical skills and knowledge, this arduous journey has taught me intangible and deep-seated life lessons. Infrequently spoken of, and very often overlooked, leadership skills are an integral part of this uphill battle towards consultancy and beyond.

Leadership extends beyond leading; more often than not, it involves serving. We have to lead up, lead across and lead down (1). We serve as middle management leaders - having an influence not just on our superiors, but also our peers and juniors at work. Without the ability of middle managers to connect and integrate people and tasks, a team or an organization can cease to function effectively (2). As a senior resident of the team, I often bear the brunt of expectations of my superiors, queries and uncertainties of my juniors, while simultaneously juggling my primary role of caring for inpatient patients, running clinics and/or performing surgeries. The residency programme has allowed me to embark on a journey of self-discovery, while assimilating new knowledge and tips on how to harness the strengths of my personal traits and improve on my weaknesses and importantly, how to synergize the strengths of others. It has inspired me to contribute to the system and make a difference in whatever way I can.

It is not uncommon to feel lost and disillusioned in the mountain of work and tasks to be completed. In our line of work, burnout is potentially hazardous, as it can create insensitivity, lack of empathy and dehumanisation. I once did a Maslach Burnout Inventory (MBI) test as part of a course, and it was alarming to find out that my MBI score was 28, which indicated a moderate amount of burnout. Panagioti et al. in his systemic review and meta-analysis specifically looking at interventions to reduce burnout in physicians concluded that organization-directed interventions had higher treatment effects, compared to physician-directed interventions (3). West et al. offered several evidence-based suggestions in the management of physician burnout, specifically mindfulness, stress management and communication skills training, exercise programmes, as well as reductions in resident duty hours (4). Similarly, Maslach and Leiter identified support as a critical element of burnout intervention, including peer support, faculty support and counseling services (5). It is indeed heartening to see that as an organization, SingHealth has put in effort in setting up peer support groups across all institutions, and placed posters of helplines in many accessible areas. Much has been done to change working practices to improve junior wellbeing in recent years. While it is comforting to see the various public health organizations recognizing these issues, there is more that can be done and gaps that need to be addressed still exist. Pain points such

as 30-hour shifts and uncompetitive financial remuneration have discouraged many young doctors from pursuing a surgical career. As a fraternity that prides itself on evidence-based medicine, it is therefore ironic that the overnight call system still exists, despite its ill effects. The effects of sleep deprivation are well-studied, with several studies noting long-term physical health impairments, negative mental and cognitive impacts (6). Insufficient sleep will result in deficits in memory, attention, judgement and decision-making (7,8). The devastating consequences of medical errors could potentially be avoidable if we start making much needed changes to the decades-old archaic 24-hour overnight call system.

The advent of social media and a paradigm shift in our education system have nurtured a generation of young doctors who are vocal and expressive. Gone are the days of rote learning and autocratic leadership of orthopaedic consultants. Absolute subservience to decrees from the consultants have become antiquated. Communication now goes both ways, and the ability to question and understand decision making is encouraged. As seniors, we need to listen to all viewpoints and have an honest discussion with our juniors about any outstanding issues. Similar to history taking, we need to address the ideas, concerns and expectations of junior members of the team. This may potentially stimulate new ideas and creativity within the department. However, it is equally imperative to set boundaries and ground rules for healthy discussions.

Another key takeaway for the contemporary orthopaedic surgeon is collaborative leadership. Collaborative leadership involves members of a leadership team working together across sectors to make decisions and contribute to the success of their organization. This is especially important in healthcare management, where the enormity and vast differences amongst various departments necessitates the input and expertise of a diverse group of individuals in order to allow the system to run seamlessly. Collaborative leadership between patient and healthcare provider, intra- and interhospital collaboration have been shown to improve patients' access to quality healthcare (9). Browning, Torain and Patterson derived a six-part model for successful collaborative healthcare leadership (10):

1. Collaborative patient-care teams: to engage all healthcare professionals and allied health workers in shared ownership of the patients and their medical and psychosocial issues.
2. Resource stewardship: having accountability, transparency and integrity, while promoting an entrepreneurial environment to create new ideas and solutions.
3. Talent transformation: identifying and attracting talents from all domains beyond medical, retaining existing outstanding staff and mentoring the younger generation.
4. Boundary spanning: harnessing expertise, ideas and support from multiple perspectives and stakeholders.
5. Capacity for complexity, innovation and change: driving innovation and risk-taking amidst an uncertain environment, and preparing for any changes. The recent COVID-19 pandemic highlights the crucial need for our healthcare systems to be adaptable, flexible and quick to adapt to changes.
6. Employee engagement and well-being: take care of our people, and our people will take care and improve the system.

Fundamentally, a successful modern organization needs to trust in its people, reward them appropriately and foster an inquisitive environment where employees can freely raise their concerns and queries, while the leadership engages in constructive feedback. Traditionally,

our local healthcare system is known to be paternalistic and hierarchical. There is a pressing need to break down traditional power barriers and equalize the power gradient. A top-down one-way leadership will fail to create progress in the system.

Transformational leadership is another crucial attribute a present-day orthopaedic surgeon needs to be cognizant of. Transformational leaders aim to motivate those around them by helping them believe in a shared common purpose and vision, and together grow and develop (11). In Fletcher et al.'s essay on transformational leadership, four sets of behaviours were proposed: idealized influence, inspirational motivation, individualized consideration and intellectual stimulation (12). A common issue I have noticed among junior staff has been the low intrinsic motivation for work. Due to the monotonous and often highly administrative nature of their work, they often lose sight of their primary motivation in pursuing medicine in the first place. The sense of feeling like part of a team, and the ability to escalate when complex problems arise are two important factors that create a positive impact on junior doctors' morale (13). Ultimately, the goal of the team is to deliver cost-effective evidence-based healthcare to every patient that comprehensively addresses both medical and psychosocial issues. However, it is imperative to recognize that every junior staff may have their own unique traits and have various aims within the same posting. Part of transformational leadership would be to nurture and guide them in their overall growth and development in an individualized manner. Therefore, aligning their learning goals and objectives with the team's vision and goals, including focusing on teachings that are catered to their areas of interest, are vital. Simultaneously, managing their well-being is also a crucial aspect. Transformational leadership can help to improve work performance, and potentially reduce work burnout (14).

As part of transformational leadership, imparting effective feedback plays a pivotal role. Feedback is an integral part of a doctor's growth - it provides additional insight into strengths and shortcomings, as well as highlight areas of improvement. 360-feedback has been adopted in our local healthcare institutes. However, important factors influencing the acceptance of feedback include the format (preferably written comments) and whether the source is believed to be knowledgeable and credible (15). It is therefore important to gain the trust and respect of our fellow colleagues. Several feedback models exist, including the Pendleton and IDEA models, which we must learn to utilize. There is a need to create a safe and confidential sharing space among team members, with no right or wrong answers. Feedback should also be mutual, such that junior and senior staff can both benefit and improve. There should not be the use of any accusatory tones, nor 'blame culture' during such feedback sessions.

Senior residents like myself are akin to middle managers in organizations, and play important roles in knowledge, innovations and practice change (16). We need more than clinical or service expertise to be change makers, and contribute to our quality improvement objectives (17). Most importantly, we must continue to challenge the norms, and in doing so, inspire the next generation to keep the fire alive and burning ever brighter.

CHEONG WEI LUN
Senior Resident
SingHealth Orthopaedic Surgery Residency Programme

References

1. Maxwell J. The 360 leader: Developing your influence from anywhere in the organization. HarperCollins Leadership, an imprint of HarperCollins; 2011.
2. Middle managers are the heart of your company | McKinsey [Internet]. [cited 2023 Aug 6]. Available from: https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/middle-managers-are-the-heart-of-your-company
3. Panagioti M, Panagopoulou E, Bower P, Lewith G, Kontopantelis E, Chew-Graham C, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. JAMA Intern Med. 2017 Feb 1;177(2):195–205.
4. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. J Intern Med. 2018;283(6):516–29.
5. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016;15(2):103–11.
6. Medic G, Wille M, Hemels ME. Short- and long-term health consequences of sleep disruption. Nat Sci Sleep. 2017 May 19;9:151–61.
7. Alhola P, Polo-Kantola P. Sleep deprivation: Impact on cognitive performance. Neuropsychiatr Dis Treat. 2007 Oct;3(5):553–67.
8. Khan MA, Al-Jahdali H. The consequences of sleep deprivation on cognitive performance. Neurosci J. 2023 Apr 1;28(2):91–9.
9. Okpala P. Increasing access to quality healthcare through collaborative leadership. Int J Healthc Manag. 2020 Jul 2;13(3):229–35.
10. Browning HW, Torain DJ, Patterson TE. Collaborative Healthcare Leadership.
11. Einstein A. Transformational Leadership: Characteristics and Criticisms. 2006;5(2).
12. Fletcher KA, Friedman A, Piedimonte G. Transformational and Transactional Leadership in Healthcare Seen Through the Lens of Pediatrics. J Pediatr. 2019 Jan 1;204:7-9.e1.
13. Singh R, Kirtley J, Minhas JS, Lakhani D, Carr S. Exploring Junior Doctor Morale in a Uk Hospital. J R Coll Physicians Edinb. 2019 Dec;49(4):312–6.
14. Khan H, Rehmat M, Butt TH, Farooqi S, Asim J. Impact of transformational leadership on work performance, burnout and social loafing: a mediation model. Future Bus J. 2020 Dec 9;6(1):40.
15. Ferguson J, Wakeling J, Bowie P. Factors influencing the effectiveness of multisource feedback in improving the professional practice of medical doctors: a systematic review. BMC Med Educ. 2014 Apr 11;14(1):76.
16. Boutcher F, Berta W, Urquhart R, Gagliardi AR. The roles, activities and impacts of middle managers who function as knowledge brokers to improve care delivery and outcomes in healthcare organizations: a critical interpretive synthesis. BMC Health Serv Res. 2022 Jan 2;22(1):11.
17. Why Middle Managers Are the Key to Quality Improvement Success [Internet]. [cited 2023 Aug 10]. Available from: https://www.ihi.org/communities/blogs/why-middle-managers-are-the-key-to-qi-success