Traits and characteristics of highly successful medical leaders

Shyam S Sharma 🔵

Abstract

Background: Medicine attracts a broad range of personality traits but the inner thoughts of its leaders have rarely been studied. The BMJ has been asking perceived leaders in the field a set of structured questions on a weekly basis. Those responses have proved insightful into the characteristic traits of high profile doctors.
Methods: We analysed the responses of each medically qualified doctor interviewed weekly by *BMJ Confidential* following the use of a set of structured questions about their likes and dislikes. These structured questions allowed us to cross analyse responses.
Results: From 2013 to 2017, 134 medically qualified doctors were identified by the BMJ to be suitable for inclusion in their weekly *BMJ Confidential* series. These individuals were selected because they were deemed by the BMJ to be leaders in their clinical, medico-political or academic fields. Of the cohort, 91% were white and 69% male. Clinical mistakes by these individuals were not uncommon (28%) over the course of their careers. Conceit and arrogance were despised most (16%) whereas politics was of interest but not political correctness. The founder of the NHS Aneurin Bevan was identified as the best Secretary of State for Health while the worst was Andrew Lansley (26%) followed by the former health secretary Jeremy Hunt.
Conclusion: Medicine attracts a broad range of personalities, but the characteristics of its perceived leaders seem less diverse.

Background

The characters and personalities of doctors are varied. Indeed, medicine being a broad subject allows a wide section of personalities to thrive within it. At the top of the profession are its leaders and medical luminaries who drive medical and political agendas, orchestrate novel deliveries of care or lead research programs.

Entry to medical school training programs is highly competitive and the training is long and arduous requiring a tenacious, focused and ambitious trait. However, there has been little investigation into the kind of personality required to make it to the top of the medical profession, with most dealing with leadership skills.[1–3]

During the past few years, the BMJ (British Medical Journal) has published a weekly series of interviews with doctors and healthcare personnel under its '*BMJ Confidential*' section. The interviewees were identified by the BMJ as having made a significant contribution to medicine usually through research, clinical leadership or politics. While there have been other publications attempting to identify 'top doctors' (e.g. Tatler magazine, UK) these have mainly concentrated on their clinical (often private) practice. Indeed, the level of independent scrutiny for many of these publications is unknown. However, little work has been undertaken of the personality of leaders in medicine or identifying what traits or characteristics makes these doctors notable.

Identifying the traits, career paths, ambitions, aspirations and quirkiness of doctors deemed to be leaders of their field, may shed light on their inner thoughts.

Institute of Cardiovascular Research, Royal Holloway College, University of London, Egham, London, UK

Corresponding author:
Shyam S Sharma, St Paul's School, Lonsdale Rd, Barnes, London SW13 9JT.
Email: shyamssharma777@gmail.com

We sought to formally assess the published responses provided by these doctors to pre-determined set questions asked by the BMJ (Appendix 1).

Methods

The *BMJ Confidential* series interviewed leading individuals within the healthcare profession with a set of written questions provided to them in advance allowing the individual time to return their considered responses over a period of two to three weeks. The standardisation of these questions allowed cross-comparison of the responses. The response to the questions was published in BMJ Online in its entirety and as an abbreviated version in the print issue.

The responses from only persons who graduated as medical doctors were subjected to a thematic content analysis. Those interviewed by the BMJ without a medical degree were not included in our analysis. The more comprehensive online version was used for the purposes of this study. Almost all subjects were asked the same set of questions which allowed comparisons of the answers to be standardised, although there were minor variations to some questions. Answers to each question were recorded and grouped together, where appropriate. We analysed the responses per question as a simple proportional result and then made a more general comparative assessment.

Demographic details were recorded, answers were assessed in qualitative or quantitative manner and a Wordle figure created where appropriate, to show proportions of commonality of answers.

Results

The BMJ Confidential series began on 23 December 2013 and by 2017, 134 (93 males and 41 females; male:female ratio >2:1) medical doctors had been interviewed and their responses published. Only 9% of the cohort were of non-Caucasian ancestry originating from Asia, Indian-Subcontinent (South Asian) and Africa.

Few, 28% (38/134), had wanted to be doctors from a young age, although seven wanted to work in the field of science (5%), four to be astronauts (3%) and six train drivers, 4.4%. A further six wanted to work in journalism, media or television (4.4%). Four hoped to be ballerinas or dancers (3%); four others to be pilots. Two dreamed of becoming 'superheros'. However, perhaps realising their limitations at such desires, they adopted more standard career choices. The most popular response to 'best career move' was identified as being appointed to a particular post (11%) or deciding to become a GP (7.5%).

When asked about their greatest inspiration, most identified senior figures, colleagues and peers (44/134; 33%) or family members (40/134; 30%). The most commonly cited inspirational family member was their father (18/40; 45%).

Making mistakes were relatively common in our cohort. Thirty-eight (28%) of the interviewees stated that their worst mistake was directly related to clinical care. The severity of the mistakes ranged from minor (e.g. calling one patient a grandmother) to serious medical mistakes or poor judgement (e.g. being drunk on duty). Nineteen interviewees (14%) said that their worst mistake was related to their post or career choice.

Over one-third of the cohort, 52 (38%), identified Aneurin Bevan, the parliamentarian who spearheaded the creation of the NHS, as the best health secretary with Frank Dobson a late second at 11%. By far the worst health secretary identified was Andrew Lansley with 35 (26%) of our medical leaders naming him. The second worst was named as the former health secretary Jeremy Hunt MP.

Eighty-two of the cohort (61%) wanted to thank a family member and over a half their spouses, and about 73% their wives, without whom they perceived they could not have reached their goal. Beyond the family, 44 (33%) said they would like to thank their colleagues and 9 (6.7%) their teachers, most of whom were primary school teachers suggesting that the foundations for inspiration and aspiration were laid early on in life. Conversely, while many thanked their family, 64 wanted to apologise to them mostly for being absent in the pursuit of career aspirations.

Family and work was a recurring theme. Although 8% claimed they were at their happiest at work, 33 (25%) identified a specific family event, e.g. birth of their child, graduation, wedding day, etc. and 58 said they were happiest with a specific family member. But work also proved to pray on their mind. Of those who wanted to apologise, 27% (26/129) seemed to be haunted by clinical errors as they wanted to apologise to patients.

When asked what our leaders would do with a £1million gift, the most popular response (26%) was to give at least half to charity with the remainder on purchasing luxury goods, paying off debts and mortgages for themselves and their family members. Their sense of continuing with public service, however, was evident with 11% aspiring to establish educational funds or awards.

Forty-six percent (61) supported doctor assisted suicide as against 30% (40), with the remainder not wishing to say. Staying with death, subjects were asked for their preference as a last supper. The majority, 39%, wanted a meat dish, 25% seafood and 22% said vegetarian food. Only 29% wanted their last supper

accompanied by alcohol. Perhaps surprisingly, just 2% said they would want 'company'.

The doctors were asked about their reading recommendations. Just over a third, 34%, suggested various medical related non-fictional books (*The Great Influenza*, *Nazi doctors*, and *BNF*) while 38% suggested non-medical fiction (*Pride and Prejudice* by Jane Austen, *Middlemarch* by George Elliot, *Great Expectations* by Charles Dickens and *Of Mice and Men* by John Steinbeck) and 39% suggested medical fiction (*The Citadel* by A J Cronin *A fortunate man: the story of a country doctor* by John Berger, *A Country Doctor's Notebook* by Mikhail Bulgakov). The black comedy *House of God* (Samuel Shem) was suggested by 2%. The most popular author was Athul Gawande (7%) with his most popular titles of *Being Mortal* and *Better: A Surgeon's Notes on Performance* and *Complications*. Reassuringly, only one interviewee suggested reading *The Health and Social Care Bill (14th edition)* while one interviewee suggested watching the television series 'Star Trek' rather than book reading.

When asked about their guiltiest pleasure, most (40%) identified food-related items, most commonly (41%) chocolate while 11% said alcohol with two interviewees preferring smoking. Even in this age group, 7% claimed their guiltiest pleasure was using or playing with technology, gaming, social media and smartphone or (6%) watching TV shows. Clearly the interviewees were well aware of modern technology. When asked about the most important change in their field during their lifetime, the majority of 34% (46/134) stated something involving IT (e.g. computing, smartphones, Internet).

If granted a cloak of invisibility, 20% would sit in Cabinet meetings to observe proceedings, while 17% would spend time spying on junior doctors, their own children, wife or their elderly mother to see 'what she really eats'. Living in the age of Instagram one commented, 'I'm a middle aged woman, I AM invisible'.

Presumably, in an attempt to test the extent of cultural interest in its cohort, the BMJ asked whether the cohort would prefer watching the highbrow Kenneth Clark (*Civilisation*) or the lowbrow Jeremy Clarkson (*Top Gear*). *Civilisation* was the easy winner with 41% of respondents with only 18% preferring Top Gear, the remainder not responding or having been posed the question. But television did seem to be a favourite pastime: 49% enjoyed watching crime dramas with 16% preferring period dramas. Science fiction and comedy shows were enjoyed equally by 13%.

Of ambitions that remaining to be fulfilled, 19% remained idealistic wanting to improve the NHS while 7% wanted to write a book.

There was a wide variety of pet hates. The most was "conceit and arrogance" (16%) followed by the political elite (6%) with 4% rather sternly pointing to poor or incorrect use of the English language. "Political correctness" was a turn-off (2.3%) as was "negativity" (3%) and "The Daily Mail" newspaper (1.5%).

Thankfully, 96% had no regrets about becoming a doctor with the remaining regretted time spent away from family. If not in medicine however, the most commonly identified alternative career choice was medical education (10%) followed by politics (6%) or journalism (4%).

Finally, the respondents were asked to describe themselves using only three words. Their responses are summarised in Figure 1 as a Wordle diagram.

Discussion

We have assessed the responses of specific formulated questions to 134 medical doctors deemed by the BMJ to be leaders in their fields. The doctors range from practising clinicians, academics, medical celebrities and medico-political figures. This work provides insight into the characteristics and personalities of those who would be leaders of the medical profession in the UK. These individuals drew inspiration from colleagues, thanked (and felt the need to apologise to) their family, admired Aneurin Bevan but despised Andrew Lansley and Jeremy Hunt MP. They would gift money to charity and highlighted IT as the greatest difference to their medical lifestyle. A small majority supported doctor-assisted suicide. Politics was of interest to many of the respondents with many wanting to invisibly sit in on cabinet meetings and nearly one-fifth still had desires to make the NHS a better place. Almost no one regretted a pursing their career in medicine.

Doctors also seem to be philanthropic. What do they do with a million pounds? A quarter would give at least half to charity, while one in 10 would set up educational funds or awards. However, despite this desire to be philanthropic, doctors are not immune to the lure of fame with working in media, television or becoming dancers being frequently cited as alternative careers.

Chocolate, alcohol, gaming and watching television were the commonest stated guiltiest pleasures.

While chocolate was predictable, the age range of the interviewees from middle age and beyond made the inclusion of gaming using modern technologies surprising. Only 11% cited alcohol as their guiltiest pleasure. This relatively low proportion could be accounted for by a lack of self-awareness, although unlikely in such a senior group of physicians, or a reduction in alcohol consumption with the recognition of its damaging health implications.

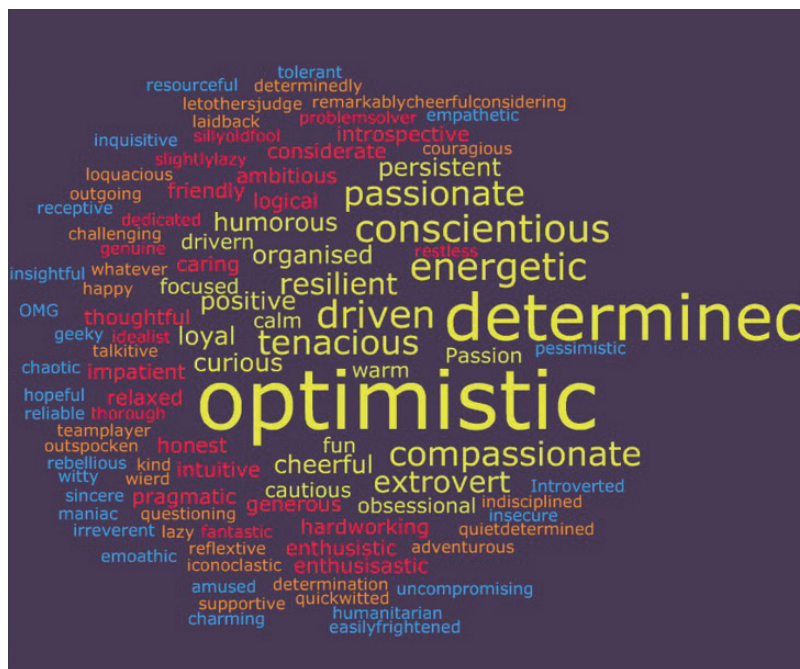Television was the favoured pastime, particularly detective shows perhaps appealing to the diagnostic

Figure 1. Wordle of the adjectives most used by the respondents when asked to describe themselves.

mind. Sports was not represented, perhaps due to time restraints or age-related infirmity.

Even top doctors make mistakes, with over one-quarter admitting their worst career mistake was directly related to clinical care. However, the ability to recognise these mistakes is clearly acknowledged but may also be helped by security of their now seniority. Assisted suicide remains controversial with only Switzerland allowing it within Europe. Our survey suggests that doctors were willing to support such suicide, but this was finely balanced. This is consistent with the recent survey published by the Royal College of Physicians on assisted suicide which found that although views clearly opposing assisted suicide in 2014 had softened, there is still no clear majority (Royal College of Physicians position of assisted suicide in 2019).

Politics seem to be a recurring interest in our cohort with many citing the desire to sit in on cabinet meetings if given the opportunity (and be invisible at the time). The respondents seem to be familiar with the political leadership of the NHS, perhaps not surprising as they themselves were regarded by the BMJ as medical leaders; 52% of respondents cited Bevan, the creator of the NHS as the best health secretary. The top two worst named were Lansley and the former secretary of state Hunt. There may of course be bias with the respondents remembering the most recent health secretaries and their actions compared to those of a generation ago. Nevertheless, the fact that the current secretary

has presided over the first junior doctor strike in a generation probably influenced this outcome.

Medicine attracts a wide range of personalities and its career opportunities are broad enough to welcome different personalities but there have been few studies attempting to characterise those qualities.[1–4] However, it is noteworthy that the majority of those identified by the BMJ as leading figures in the medical field were male and white (81%). This is despite a 41% of doctors who work in NHS hospitals in the UK are 'non-white' with 37% at consultant level.[5]

In 2016, 66% of all hospital doctors of British nationality were white, and of consultants 68% were white British. The largest group of non-white doctors are south Asians who in 2016 represent 23% of the total number of consultants. By 2014 the percentage of male doctors had fallen to ∼57% and that of female doctors rose to ∼43%. It would be fair to say female doctors are underrepresented in this cohort of 'top doctor'. This gender inequality 'at the top level' in medicine is unfortunately not unique to it but mirrored in many professions.[6]

This study of course has a number of caveats. The number of doctors invited by the BMJ was small and identified by the BMJ themselves. Their criteria for choosing these particular individuals are not known but almost all of those named do have national and international reputations. The subjects were given time to respond to their questions. Their answers therefore are likely to be considered, possibly restrained and

may not represent their true beliefs. However, those at the top of their profession are usually politically astute so had they been given less time they may still be cautious. Looking at the responses did not suggest to us that the answers were hesitant and of course the subjects are likely confident in their senior positions not to be concerned too much about their answers. Finally, the selected cohort is a tiny proportion of practising doctors most of whom do not head organisations and influence opinion. Thus, the traits identified may only apply to those who aspire to such positions and cannot be extrapolated more widely.

This study analysed the responses to a set of questions posed by the BMJ on doctors it considered to be influential in medicine today. These individuals seem to be mostly white, male, not shy of publicity nor averse to moving into politics. Medicine is indeed a broad profession but its leaders seem predictable.

Strengths and limitations of study

- This is the first study to examine the inner thoughts of medical luminaries
- Persons analysed were from the BMJ Confidential series
- Systematic questions were asked to each person allowing cross analysis of data over four years
- Limitations include identification of luminaries selected only by the BMJ

ORCID iD

Shyam S Sharma 🆔 https://orcid.org/0000-0003-4729-4803

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Appendix 1

Questions asked of interviewees:
What was your earliest ambition?
Who has been your biggest inspiration?
What was the worst mistake in your career?
What was your career move?
Beven or Lansley? Who has been the best and worst health secretary in your lifetime?
Who is the person you would most like to thank and why?
To whom would you most like to apologise?
If you were given £1 m, what would you spend it on?
Where are or where you happiest?
Do you believe in doctor-assisted suicide?
What book should every doctor read?
What poem, song or passage of prose would you like mourners at your funeral to hear?
Where does alcohol fit into your life?
What is your guiltiest pleasure?
What does your pet hate?
If you could be invisible for a day, what would you do?
What would be on the menu for your last supper?
Clarkson or Clark? Would you rather watch Top Gear or Civilisation?
Do you have any regrets about becoming a doctor?
What is your most treasured possession?
If you weren't a doctor what would you be doing instead?
If you weren't in your present position, what would you be doing?
What personal ambition do you still have?
Summarise your personality in three words.
What single unheralded change has made the most difference in your field in your lifetime?