Are People Born to Lead?

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Introduction

Are leaders born or made? This is one of the most frequently asked questions when discussing leadership development. A Google Scholar search on this topic provided over 1.6 million results with early references attributed to Plato and Machiavelli [1]. Not surprisingly, the answer is not black and white but an amalgam of varying thoughts often not evidence based. Over 100 years of leadership research have led to competing paradigms and no consensus; the debate continues today [2]. The psychologist Warren Bennis wrote in 1959, "....probably more has been written and less is known about leadership than about any other topic in the behavioral sciences" [2, 3]. In a recent Harvard Business Review article, the author puts forth whether the question's focus should be clarified to determine the origins of an *effective* leader [4]. Despite the lack of a clear answer, this question is relevant as one contemplates future career goals and formulates a plan to achieve them.

Background

In an earlier edition of this chapter, Jeffrey Matthews MD provided a comprehensive review of the historical references of the nature versus nurture argument. Early on, the assumption was that leaders were born and the "great man" theory prevailed until the mid-twentieth century. First described in the nineteenth century by Thomas Carlyle, the "great man theory" contends that the qualities necessary for leadership are inherited and most often found in the upper class [5, 6]. As such, "the course of history was determined by the actions of a small number of extraordinary men possessing extraordinary skills" [7]. Following this, the leadership trait theory came into favor, with a focus on identifying

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personality characteristics, motives and behaviors that differentiated leaders from non-leaders, regardless of being inherited or acquired [8]. Gordon Allport concluded that successful leaders have the right combination of traits [5, 9]. A sound scientific method was lacking in the scholarly approach to these theories and their subjects were positional leaders (occupying a leadership position based on pedigree and "right") and not necessarily effective leaders. The complexity of this topic makes it quite difficult to define leadership and without a consensus, research is unreliable. Until recently, most research did not utilize more rigorous scientific methods such as longitudinal evaluations and measurement of outcomes at multiple levels [10]. Eventually, the leadership trait theory fell out of favor as it was clear that possessing specific traits did not alone create a leader.

In the latter half of the twentieth century, behavioral psychologists led the way in defining emergent leadership as it addressed the concern above that leadership traits are situation or context-dependent. The belief was that leaders can be made, and that individuals can learn to become leaders through teaching and observation [5, 11, 12]. As Fielder describes, it is when individuals, possessing the right degree of visibility and the right combination of skills and resources that matched the needs or goals of a group, emerge as acceptable leaders [13]. This contingency theory asserts that leaders come forward when in "the right place at the right time" and there are no universal set of traits a leader must possess. Other conceptual models including transformational leadership and adaptive theory emerged, addressing the transactional nature of leadership [5, 14, 15]. More recently, leadership scholars have gone back around to earlier ideas and are studying traits within the situational context of the relationship between leader and follower.

Current Thought

In an attempt to answer whether there is a leadership gene, DeNeve performed twin studies based on leadership role occupancy [16]. The longitudinal methods indicate an association with rs4950, a single nucleotide polymorphism (SNP) on a neuronal acetylcholine receptor gene: CHRNB3. Similar to earlier twin studies, the results suggest that the heritability of leadership role occupancy is close to one-third while the remaining variance is associated with environmental influences [17, 18]. Some individuals will have a genetic advantage ("good genes") as relates to assuming leadership-related roles, however the results suggest that anyone might become a better leader and with learning and experience, positively influence their opportunity to hold a leadership role. The topic of leadership development effectiveness is just as complex whether leaders are born or made, and also requires more rigorous scientific investigation. What is clear, however, is that within the business world where between 20–40 billion dollars are spent annually on development programs, our actions support the belief that leaders can be made. Furthermore, 86% of respondents to a 2014 survey of business leaders around the world rated broadening, deepening and accelerating leadership development as urgent or important [19, 20].

Interestingly, The less rigorous investigations into the born versus made question have led to similar conclusions. In 2012, the Center for Creative Leadership (CCL) published the results of a survey given to top executives, specifically asking whether leaders were born or made [21]. Just over half believed leaders are made while 20%

believe leaders are born with inherent traits. Almost 30% felt that both are important. When each group was asked to prioritize specific development elements: training, experiences or traits, the "Born" cohort chose traits (41%) in comparison to the "Made" group, which chose experiences (45.6%) followed closely by training (34.45%). Interestingly, the "Born" group also highly valued experiences (38.23%). The authors suggest that the difference may actually be seen in the behavior of each group. The "Born" group may be selective in who gets the development "experiences" whereas the "Made" group may be more inclusive in offering experience opportunities.

The CCL points out that there is value in understanding the beliefs of those in top-level leadership roles as it may influence recruitment, promotion and the investment into leader development programs. Believers of the born theory may focus on selection (identify the "right" people) as compared to the made theory, where the emphasis is on ensuring the people you have are given the right opportunities to develop into leaders. Understanding the leaders' beliefs may also lead to behavior adaptation, not only to ensure tasks are achieved but also to assess our likelihood to obtain leadership roles that we may be seeking. "Top leaders set the tone for the development of others within their organization, so understanding their view" can help you understand your own opportunities for leadership [21].

A 2005 Harvard Business Review article describes the 25 year experience studying more than 6000 business executives and further supports the benefit of a focused approach to developing leadership skills [22, 23]. Measuring leadership actions using well-described performance parameters, the authors conclude that those individuals with the willingness to be self-reflective and develop themselves can successfully advance along the continuum of leadership development profiles (Table 4.1). More importantly, institutions that commit to prioritizing leadership development may economically transform their companies.

Table 4.1 Seven	types	of action	logics	[24	J
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Leadership		Skill	
profile	Description	level	% cohort
Opportunist	Tendency to focus on personal wins, sees world/people as opportunities to be exploited	Below average	5
Diplomat	Loyally serves group, seeks to please higher status colleagues while avoid/ignore conflict		12
Expert	Exercises control by perfecting their knowledge; pursues continuous improvement and considers emotional intelligence as irrelevant		38
Achiever	Creates positive work environment, focus on deliverables may inhibit thinking outside the box	Average	30
Individualist	Puts personalities and ways of relating into perspective as is aware of potential conflict between principles and actions; may ignore rules deemed irrelevant	Above average	10
Strategist	Treats organizational constraints as transformable; adept at creating shared visions that encourage individual and organizational transformations		4
Alchemist	Ability to renew or reinvent themselves and their organizations in historically significant ways; has capacity to deal simultaneously with many situations at multiple levels without losing sight of long-term goals	Rare	1

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Are Surgeons Born or Made?

Beginning with the assumption that surgeons are leaders, the literature is sparse in addressing this question. While most would agree that surgeons have at the least, an affinity for leadership and a willingness to take on significant responsibility, it does not automatically translate into effective leadership. Traditionally surgeons have expressed an authoritative style of leadership that may have been more "natural". The current emphasis in surgical leadership has shifted from the traditional autocratic and transactional styles to a more transformational model [24]. Modern leadership styles for surgeons now require additional training, development and enhancement of skills—thus made [5, 25]. While technical competence and clinical acumen are essential, successful surgeon leaders will exemplify:

- Professionalism (adhere to and model ethical principles, take responsibility for actions),
- Motivation (desire and energy directed to achieving a goal),
- Innovation (open to new ideas, embrace change, exhibit creativity),
- Resilience (optimism, the capacity to recover from setbacks, forge a new course),
- Teamwork (form an effective, diverse team with common goal, shared responsibility),
- Communication skills (convey important information so that it is received, in multimodal fashion—not just facts but overall strategic vision and purpose),
- Business acumen (essential management skills, transparency, transactional understanding),
- Effective teaching (ability to teach knowledge, develop leadership team) and
- Emotional intelligence (humility, empathy, self-awareness, self-regulation).

While surgeons may hold some or all of the traits associated with these skills, surgeon leaders must invest the time to further develop themselves as well as those under their supervision. A 2013 review of the development of surgical experts acknowledges that technical skill is at the core of surgical training and some individuals may have innate capabilities making it easier to develop these skills [26]. The authors highlight a study performed in the UK which studied medical students' introduction to arthroscopic procedures. They classified the novices into three groups of surgical ability: innately gifted almost from the outset, able to reach competency with repeated practice on simulator and those who could not achieve basic competency despite repeated practice. Does this hold true for leadership ability? The authors recognized the lack of research in the development of non-technical skills among surgeons and advocated for further exploration as it will be essential for the development of effective surgical training programs. The authors conclude that while some individuals possess innate abilities that set them apart from the rest, surgical experts are made and not born. Not surprisingly, due to the lack of hard evidence for the right balance and form of non-technical skills training, many surgical programs are just starting to incorporate such curricula. For those surgeons already in practice, myriad leader development programs have begun to address this

need. Mentorship, coaching, networking and 360° evaluations all have their role in the making of a leader as well. There is not nor will there be a consensus on the best or right way to develop leadership skills, as each individual's needs are unique.

In summary, the adage that someone is "born to lead" has its place in historical reference but does not sufficiently acknowledge the question of whether leaders are born or made. Despite the vast number of writings, most are not evidence based and fell out of fashion at a particular point. Current psychologists are now employing more rigorous scientific methods to this research arena—most importantly, longitudinal studies that will address leader effectiveness rather than just leader role occupancy. These studies should enhance the few heritability studies which produced the generally accepted rate of about 1/3 of leadership as inherited in some way. In the meantime, we will have to be content with the moderate view that the answer is both—a hopeful position for anyone wanting to be a leader in surgery.

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