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Values and Reflections from the Field:

An Informational Interviewing Experience and Collections from the Harvard Leadership Studio



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“Sometimes you just have to do what feels right. In the end, you want to be able to sleep at night. But be truthful to what you believe... persuasion is listening. Be humble, and don't worry about who gets the credit.”

— Dr. Harvey Fineberg , President of the National Institute of Medicine

Abstract

Background: Leadership has been described as the organization of people to achieve a goal, which often entails characteristics such as charisma and intelligence. While the *Trait Model* in leadership is often used to define characteristics of effective leaders, little is known about how many public health leaders transcend these leadership qualities and values in making decisions, particularly in situations of great uncertainty.

Objective: To understand values of leaders in the decision-making process, using informational interviews at the Harvard School of Public Health as well as collections from the Harvard Leadership Studio, *Voices from the Field* Programming, and other symposiums.

Methods: I approached public health pioneers and asked them what personal characteristics they considered to be essential for effective leadership, how they defined personal success, and what advice they would share with the next generation of public health leaders. The quotations expressed were extracted from informational interviews and recorded videos. Opinions expressed were paraphrased from the viewpoint of the writer.

Results: The interviews and programming identified values that centered on taking risks, having a vision, open mindedness, knowing where one's moral compass lies, and willingness to encounter resistance to change.

Conclusion: This report represents a reflective and qualitative approach to understanding how value-based characteristics influenced the decision-making of successful leaders as well as provides advice to the next generation of public health leaders. Further analysis could include reflections on successful leadership training models and evaluating performance in leadership.

Introduction

Seeking advice from leaders can sometimes be a daunting and intimidating experience. On one hand, these are leaders you admire and aspire to become, yet there is no certainty whether they will answer your questions – which at times can be personal. At the end of this experience, I left with the understanding that many leaders think about giving to the next generation; addressing my questions was just one of many ways to do so. More structured environments may not facilitate the type of open dialogue that explores values which underlie critical decision-making in public health. More impromptu conversations allow for spontaneous responses that may uncover the thought processes of many leaders – something which often does not appear in the literature. Not everyone has the opportunity to have these unstructured conversations with public health leaders in this manner. Hence, this work is unscripted and valuable.

While there is a school of thought that believes in personality differences between leaders and non-leaders, from the writer's experience, a common theme that arose was not so much predicated upon personality differences or traits in decision-making, but on values: a consistent set of preferences concerning the appropriate course of action which reflected what these leaders thought was right, wrong, or desired. The inherent sense that there is a non-rational or quantitative approach to making decisions was often difficult to label. Ostensibly, public health leaders must weigh ethics, evidence, and resources. In this manner, values are just as important as traits are in the decision-making process. The success or outcome of a decision made by public health leaders appeared to be as important as the values driving the decision. Thus, many leaders remarked – even in situations of great uncertainty – on the importance of staying true to one's self.

My first informational interviewing experience was with Dr. Atul Gawande in the Department of Health Policy and Management, who described his journey in public policy and surgery in the following manner:

“I wanted to do policy, to write, to have an impact; many of my colleagues went on to sub-specialize but I decided that public health played an important role in my future. I knew the story of my parents growing up in rural India and the opportunity to not only have an impact locally but internationally. Public health is how I defined my success.”

When asked about advice geared to upcoming Masters in Public Health students, Dr. Atul Gawande responded: *“Always think in terms of having an outcome, a skill set that is invaluable. I took as many classes in biostatistics and epidemiology as I could when I was a student here.”* I conveyed to Dr. Gawande that after my own placement in the Peace Corps several years ago to serve in Cameroon, I experienced a change of heart. I changed my mind because I felt that I did not have enough skills to make much of a difference only recently graduating from college at that time. I wanted to wait until completion of medical school. Dr. Atul Gawande commented on this decision:

“To be honest with you Juliet; I probably would have gone to Cameroon anyway. Sometimes you have to take risks in life, learn from your mistakes and move on” (Gawande, Atul. *Personal interview*, 29 October 2012).

Value: Taking Risks

The concept of risk-taking appeared to be central to the success of many leaders interviewed. Dr. William Hsiao, Department of Health Policy and Management, Global Health and Population, who played an instrumental role in health reform efforts in over nine countries, expressed this sentiment,

“I didn't always know I was going to be a health economist, but I knew I was a risk-taker. When I made my decisions to pursue health systems, I did not have many colleagues to talk to, for even up to twenty years. In my twenties, I thought if I was to leave this world what would I want to be known for...I wanted to make a difference” (Hsiao, William. *Personal interview*. 12 February 2013).

Dr. Robert Blendon, Senior Associate Dean for Policy Translation and Leadership:

“We took risks in our generation. This generation is more open-minded. Make sure you go someplace where people are open. I couldn't believe starting off as a graduate student at John Hopkins, a department head of surgery would allow me to survey surgeons. He was open to having the discussions on health services research with me, understanding the results of my study and impact. I picked projects not necessarily because I knew at your stage I wanted to work in the United States or abroad, I went where I felt I could have a major impact... most people make decisions that way” (Blendon, Robert. *Personal interview*. 21 May 2013).

Value: Having a vision and staying true to one's self

Having a vision also appeared to be a central theme guiding the success of the leaders interviewed. Defining one's values and being truthful to one's self, even in the face of adversity, appeared to be important attributes characterizing how these leaders made decisions. Dr. Harvey Fineberg, former Dean of the Harvard School of Public Health and President of the Institute of Medicine, opined:

“Sometimes you just have to do what feels right. In the end, you want to be able to sleep at night. But be truthful to what you believe... persuasion is listening. Be humble, and don't worry about who gets the credit.”¹

Supporting this need for vision and authenticity, U.S Secretary of the Department of Health and Human Services, Kathleen Sebelius, expressed:

“You have to know what you believe. Ideally, you learn more every day but some form of moral compass is essential or you can never figure out how to make a decision about anything! Ever! Having a constant debate with yourself about where your moral center lies is a deadly way to discuss policy. Secondly, you have to be willing to take risks. You will never be able to know all you need to know about any decision.”²

Dr. Robert Riviello, Associate Professor of Surgery, Brigham and Womens' Hospital, echoed the sentiment of being authentic, visionary, and consistently reflective:

“I wanted to affect the most vulnerable and marginalized through my work. I remember my experience living in Angola, asking a local if he wanted to go to school. His response was, ‘I have dreams all the time, I want to go to school but it is only a dream.’”

Realizing his privilege had been key to his own values evolution, Dr. Riviello acknowledged: *“I, unlike many people in different parts of the world, have the means to achieve my dream.”* He further discussed the importance of risk-taking in personal growth and development:

“Sometimes you may not see the direct outcome of your work, but you have to take risks to grow as a leader. It would be very easy for me to move to rural Africa to work. Life may be less

VOLUME VI • ISSUE II • SUMMER/FALL 2013

complicated; I don't have to bear the shock of living in both worlds. I stayed here because the residents need me. I want to train the future of academic global surgery. However, the concept of this is not me, who am I, what do I stand for, and does my work depict my true character is recurring. Sometimes people may think you are crazy for having a vision, self-reflection, and trying to define what you do" (Riviello, Robert. Personal interview. 2 April 2013).

Value: Open-mindedness and flexibility

Being open-minded and flexible were qualities advocated by many leaders. The idea of *"It all makes sense now... but it didn't before"* resonated in many discussions. Dr. Lisa Hirschhorn, Director of Quality Improvement at Partners in Health, stated:

"I thought I was always going to do basic science research; never really saw myself as a leader in global health until the AIDs epidemic of the 1980s hit. Your generation should remain flexible, be prepared for who knows what is coming next" (Hirschhorn, Lisa. Informal discussion on "Resistance to Change," 21 May 2013).

Dr. Thomas McIntyre, Assistant Professor of Surgery, Suny Downstate Medical Center, explained:

"During my fellowship, I walked into the Partners in Health office and asked them if they needed a surgeon. Keeping flexible and open in terms of how you will get to your ultimate goal is a very important attribute of a leader. Work outside your home, out of your comfort zone. Try to understand the needs of the place you are working in as much as possible. When you are not sure if you are doing the right thing, focus on service, your service to the patients" (McIntyre, Thomas. Personal interview. 28 February 2013).

Value: Persistence and developing key partnerships

"I learned to swim in a river when my parents did not want me to in China. I went at night when no one saw me. I persisted and finally I became a good swimmer" – Dr. Yuanli Lui, Department of Global Health and Population, Director of Harvard School of Public Health China Initiative.

Persistence seemed to define many of the leaders' work. From China to Rwanda, they all expressed sentiments of being persistent in developing allies and key partnerships to advance their respective interests. Dr. Lui added: *"The Mayor of Wenchuan County is my soul mate in public health and brother; I have never met a leader so dedicated that he has transformed the health of the county starting with his entire cabinet."* In this light, Secretary Sebelius stated on her appointment to the U.S. Department of Health and Human Services: *"I will know, I will learn, I will surround myself with people that know, but I can do this. You will not know all you need to know but you will find people who do and ask the right question."*²

Value: Willingness to encounter resistance and change

Many leaders also advocated not being afraid of failures or encountering resistance to change. According to Dr. Harvey Fineberg:

"Think for a moment at the last time you changed your mind about making a decision....the world won't change if you don't try.... part of making decisions is what you know. Part of it is a feeling you get. It just feels right." (Fineberg, Harvey. Informal meeting with HSPH students. 12 March 2013).

Dr. Hamish Frasier, associate physician at Harvard Medical School and former Director of Informatics and Telemedicine at *Partners in Health* commented on the success of health information systems in developing countries:

“Starting small... small incremental changes and building on that...you are always taking a risk and encountering resistance” (Frasier, Hamish. *Personal interview*. 5 March 2013).

This sentiment was echoed by Secretary Sebelius:

“You can never win an election if you are afraid of losing.”²

Value: Don't be afraid to say you don't know and to learn

Acknowledging naiveté yet desiring to acquire knowledge, Dr. William Hsiao explained:

“When I was asked by the Taiwanese government to help transform their health system, I admitted, I do not know what a health system is.”

Dr. Harvey Fineberg opined that, *“A leader is a learner”* while Secretary Sebelius explained, *“You will never know all you need to know about making a decision.”* Accentuating this theme, Dr. Robert Riviello revealed: *“I am still trying to figure it out!”*

Knowing whether you are making the right decision, Dr. Michael Watkins, Associate Professor of Surgery at Massachusetts General Hospital, said:

“There are many scenarios where you will not have data, but if you have a negative feeling about a decision, pay attention to it. Other parts of your psyche are as important as the data in front of you...When making decisions, forget and remember... take an extra minute to think about a decision you have made...you are not going to make the right decision all the time.” (Watkins, Michael. *Personal interview*. 11 May 2013).

Value: Mentorship

The role of having a mentor is key to the success of effective leadership. Identifying individuals who have experienced similar challenges in making decisions can be a powerful success metric or tool. Dr. Ashish Jha, Professor, Department of Health Policy and Management, remarked:

“At your stage, I would not focus solely on one thing. When the time comes, find a mentor that you really admire and work with them” (Jha, Ashish. *Personal interview*. 30 January 2013).

Emphasizing the importance of mentorship, Dr. Kim Rhoades, Assistant Professor, Stanford Cancer Institute added:

“In the 7th grade, I had a mentor who told me I was going to Stanford, so I went to Stanford. Then I had a mentor who told me I was going to medical school, so I went to medical school. I have no regrets. In fact, everywhere I go, I feel like there is an angel guiding my decision” (Rhoades, Kim. *Personal interview*. 16 April 2013).

Value: Thinking broadly in a new generation and century

Lastly, the idea of a transitional generation highlights the importance of recognizing when existing paradigms are insufficient. Drs. Blendon and Hirschhorn remarked that a new generation of leadership is charged with the very important task of being broad thinkers. In support of this charge, Dr. Kim Rhoades stated:

“I am caught in a transition between generations. Gone are the days of training good general surgeons. We need broad thinkers; we can't do it all alone. Your generation will be charged with doing this and will do so effectively.”

Harvard School of Public Health Dean Dr. Julio Frenk often remarked about removing the artificial silos in public health, the false dichotomies, and the idea that individuals make up health-systems: *“We need to have much more multipolar thinking and integration.”* And on the topic of the human experience and disease, he remarked, *“There has been a great transformation in the human experience of disease...now disease is a condition of living; people spend significant amounts of time in states of less than perfect health, living with a disease and it becomes part of our identity... and very often by the way, a stigmatized identity. And finally, on the importance of health systems: “The health system is not something abstract; it is an integral part of the fabric of societies. People are the fundamental part of the health system ... the heart of health systems.”*³

Speaking on the issue of the global burden of disease, Lord Nigel Crisp, a member of the U.K House of Lords and former Chief Executive of the National Health Service, explained:

“[The] 21st century isn't the 20th century. What we have to deal with is simply different... and whilst I take the point that communicable diseases and non-communicable diseases are affecting the same people, once your burden is much more oriented towards non-communicable diseases, we have to think much more about society than we used to do – and society not just in terms of people's behavior.... but how societies are organized to enable people live healthy lives...If I was running the health service today, I would address that... I would change the aim of what we were doing in the NHS. In the NHS, we tended to think about providing health services; we didn't think about the wider social context even in a socialized health system.”³

Advice on public health solutions

According to Dr. Robert Blendon:

“We have had disparities in America for fifty years. I am not interested in knowing that you ran a logistic regression and found race important. We need to focus on solutions.... there is no point setting a target or goal when people are not reaching it. Goals need to be consistent with people's perceptions of reality. We did some work in Latin America attempting to curtail teenage drinking, only to find rum was cheaper than Coke.”

Dr. Atul Gawande remarked on the future of global health: *“I think the private sector in many countries, including India, can play an important role in delivering solutions to common public health challenges.... We need to make public health appealing by engaging the public.”* And on the future of universal health coverage as a solution to complex health systems challenges, Dean Julio Frenk opined: *“I think if we want universal health coverage to be a reality, we need to think about integration. These dichotomies have only hurt us; that is what I tried to do in Mexico... .”* And with respect to the topic of health reform in Mexico, Dean Frenk described two pillars for his decision-making process: it is essentially a deliberation process that is both ethically-grounded and evidence-based. He further examined the problem of achieving universal access and health disparities in the United States:

“What is lacking in the United States is an explicit agreement on the terms of healthcare. If it is part of the general reward system, then it is fine if you have forty million people uninsured. If you think that health is not part of the reward, but the conditions that make the rewards fair, health then is a right and you do not accept the disparities. It has to be an explicit discussion and most

industrialized countries had this discussion and agreed. If you think it is the latter, you will not repeal health reform...the essence of the reform in Mexico was to decouple access to insurance from formal employment. It is not a formal benefit of employment; it is a right of citizenship. The constitution was amended to recognize it as a right.”³

On supporting global health efforts around the world, Lord Nigel Crisp explained:

“Blair asked me what we could do to support improvements in health around the world. I came back with three answers: first is to stop telling people what to do and support them in doing what they already know they want to do. Secondly, we have a great amount in terms of education and training of health workers.... what Africa needs is not money but the time of a skilled health worker. Thirdly, we have an amazing amount to learn from people without our resources in all kinds of ways in health.”³

My own thoughts on possible healthcare solutions are that public health interventions and clinical medicine are necessarily interjoined and not sufficient standing alone in dealing with the needs of complex health systems. Unfortunately, in many settings, political and structural policies that result in the vulnerable being marginalized by their own government originally established to protect its people, makes clinical training a bandage over the denuding wounds of the helpless and poor without offering real solutions to the cause of their problems. Thus, we need to focus on needs assessments and building capacity in prevention and treatment collectively if we are to tackle the inequities in global healthcare.

My values

My personal journey of leadership stems from being placed in a military boarding school as early as age eight in Lagos, Nigeria. I was assigned the post of prefect to a class of students at least four years older than I. Listening and perseverance, I would say, are my guiding principles.

J.D. Valerie Dabady, Principal Legal Counsel at the African Development Bank, once said:

“As a leader, be humble. Try to be the last to speak and the first to listen. Persistence has been my key. I believe up to ten people can say ‘no,’ but someone will eventually say ‘yes’ and in the end, it is worth the ten rejections to arrive at a great answer.”

Furthermore, I share the sentiment described by Dr. Harvey Fineberg concerning doing what feels right. Someone recently asked when I would move Nigeria to build a hospital. I responded: “When Nigeria has health insurance with adequate social protection; significant and catastrophic out of pocket payments are not sustainable. We have to talk about equity because quality and access are interconnected. Building a new hospital just doesn’t feel right.”

Conclusion

I have shared my encounters with leaders in attempting to understand their values and to explain how this helps them assess situations and ultimately, make decisions. Personality traits – defined as important attributes of recognized leaders – seem to suggest that *leadership* is an inherent quality. However, from my understanding and analysis of the acts and beliefs of these leaders, *values* seem to play an important role in how they thought about making decisions as well as the importance of the decisions they made. I am left with a sense that, in the end, the best course of action to be

VOLUME VI • ISSUE II • SUMMER/FALL 2013

employed when dealing with adversity may not always be as apparent since individual situations may warrant a customized understanding and approach. Hence, making decisions in public health is not so different from how individuals make decisions in other aspects of their lives.

Furthermore, I learned that leadership is not an end, but rather a process of constant ethical reflection and deliberation on shaping and defining one's values. This journey of learning and self-examination was inevitably fundamental to the growth and personal development of leaders whom I interviewed. Lastly, with the understanding of the importance of values in decision-making, further analysis could include exploring the source of these values and how best to train the next generation of public health leaders. Should quality leadership be premised upon the number of effective and successful decisions made or rather upon the value of making the decision itself? These are critical questions and directions to contemplate particularly in understanding and identifying the best practices for training the new generation of leaders. I conclude with a quote by Jack Welch:

“Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.”

Endnotes

¹ Harvard School of Public Health, Division of Policy Translation and Leadership Development, Decision Making. *Voices from the Field* Speaker, Harvey V. Fineberg, President of the Institute of Medicine. 12 March 2013. Available at <<http://www.hsph.harvard.edu/policy-translation-leadership-development/decision-making-voices-from-the-field/archive-of-videos/>>

²*The Forum at Harvard School of Public Health*. “A Conversation with Kathleen Sebelius: U.S Secretary of Health and Human Services.” 08 April 2013. Online video clip. *The Forum Official Site*. Accessed on 03 May 2013. <<http://theforum.sph.harvard.edu/policy-debate/>>

³ Harvard Medical School, Department of Global Health and Social Medicine & Harvard School of Public Health. “The Coming Transformation in Global Health: A Conversation with Nigel Crisp, Julio Frenk, Paul Farmer.” 28 February 2013. Online video clip. Accessed on 05 May 2013. <<http://mycourses.med.harvard.edu/MediaPlayer/Player.aspx?v=%7BB1429103-840C-4EFF-8E08-A1CA02985A39%7D>>

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About the Author

Juliet Siena Okoroh, born and raised in Nigeria, is an M.D. /M.P.H Candidate in the Department of Health Policy and Management, Harvard School of Public Health and The University of California San Diego School of Medicine. Her passion to foster ethical leadership in the provision of healthcare services stems, in part, from her early exposure to inequities in health care services provided at boarding schools she attended during her youth. She was inspired to consider a career in medicine, combining the study of diseases with the art of healing and is personally committed to expanding the realm of physician leadership beyond her own institution, community, and country.

Ms. Okoroh was a *Barbara Jordan Health Policy Scholar* in the Office of U.S Congressman Senator Tom Harkin, during which time she focused upon the prevention and wellness sections of the *Affordable Care Act* as well as the FDA's *Regulation of Tobacco Bill*. While a medical student in the Program on Medical Education – Health Equity at the University of California–San Diego School Of Medicine, Ms. Okoroh worked with the Department of Public Health in Cape Town, South Africa, attempting to understand and identify the social determinants of risk factors for HIV infection. As she pursues a career in surgery, Ms. Okoroh also continues to explore the intersection of surgery and public health leadership. During her Master's program at the Harvard School of Public Health in the Department of Health Policy and Management, Ms. Okoroh explored the role access to basic surgical services in a human rights framework plays as part of the *Harvard Humanitarian Initiative*. This concentration of research resulted in the examination of the inclusion of surgery in the right to healthcare services and in achieving the post-2015 millennium development goals of sustainable development. Her long-term goals are to improve access to essential and emergency surgical services in Nigeria as well as in other Sub-Saharan African countries by developing policies in cooperation with governmental agencies that cover vulnerable populations. Ms. Okoroh can be contacted as follows:

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