

Leadership: An Overview

Ronald J. Vender, MD¹

Despite the influence of leadership in our lives, it remains poorly understood by most of us. This review defines leadership as “a combination of position, responsibilities, attitude, skills, and behaviors that allows someone to bring out the best in others, and the best in their organization, in a sustainable manner.” There are many traits and skills demonstrated by leaders. These include talent, drive, willpower, practical wisdom, loyalty, ethical behavior, emotional intelligence, integrity, self-awareness, and resilience. However, to best understand leadership we focus on what leaders are actually required to do, rather than on the skills and traits used to accomplish these tasks. We review nine functions that are at the core of leadership: serve as the public face of the organization; articulate the vision and mission; create culture; strategic planning; decide what to focus on; select, and develop, the right people; establish a decision-making process; manage your boss; and be responsible 24/7. All leaders operate in a specific context, during a unique point in the history of their organization, with a unique set of circumstances. What is required of the leader in one set of circumstances will change as those circumstances change. If the leader understands her core responsibilities, and if she develops the people, culture, and processes necessary to deal with a changing environment, she will have the self-awareness and support necessary to continue to lead successfully.

Am J Gastroenterol 2015; 110:362–367; doi:10.1038/ajg.2014.199; published online 22 July 2014

We are regularly exposed to leadership; yet it remains poorly understood by most of us. We likely have a mental image of successful leaders, largely based upon those high profile individuals whose photographs regularly appear in the media. We assume they are charismatic, extroverted, eloquent, brilliant, and were born to lead. Surprisingly, this popularly held image is largely incorrect. Many successful leaders are humble, many are introverts, not all are eloquent speakers, and most will acknowledge that they are rarely the smartest person in a room (1–3). Our lack of understanding is particularly striking as we all have leaders in our lives. Although we do not always recognize the importance and relevance of these leaders, they do in fact have a major impact that affects each of us on a daily basis.

This review will argue that leaders are incredibly influential, and that understanding leadership is important in our personal lives as well as in our professional careers. Understanding leadership has the potential to allow us to function in our organizations more effectively. We can select leaders more thoughtfully, work with them more productively, and utilize their skills to improve our lives. We, ourselves, can better understand our own leadership roles and can improve our performance in these roles.

How, then, can we better understand what leadership is? Perhaps the easiest method is to examine how thought leaders in the field have offered their own succinct definitions, many of which provide great insight into the world of leadership. Alternatively,

we can examine how leadership has been classified into “styles” by theorists. One way is to look at how the subject is studied in the academic literature. Finally, we can examine what leaders actually do, and how their time is spent.

Definitions. Philosophers, psychologists, writers, and others have offered definitions of leadership literally for centuries. More recently, this has become the province of management and leadership authorities. These definitions, often quoted, are thought provoking, clever, and quite useful in capturing aspects of leadership in a succinct and memorable manner. However, as we examine a few such quotes, my opinion is that they are insufficient in explaining the diversity and complexity of leadership roles.

For example, a leader has been defined by Peter Drucker as “someone who has followers” (4). Although this is obviously true, having followers is not sufficient for someone to be an effective leader. History is replete with examples of so-called leaders of questionable reputation and controversial beliefs who for a period in time had followers. There are also those who have followers but who have no interest or inclination to lead them. In addition, there are those in positions of leadership but who function as bosses rather than as leaders. These people have subordinates, not willing followers, and typically are not effective leaders.

Warren Bennis suggested that a leader “translates vision into reality” (5). However, an individual may design an elegant garden, and then construct, plant, and nurture the garden. This is an impressive accomplishment, but it is not leadership.

¹Yale School of Medicine, New Haven, Connecticut, USA. **Correspondence:** Ronald J. Vender, MD, Yale School of Medicine, 333 Cedar Street, SHM I-207, P.O. Box 208067, New Haven, Connecticut 06520-8067, USA. E-mail: Ronald.Vender@Yale.edu

Another definition is that “leadership is influence” (5,6). Most leaders are in fact enormously influential. However, influence alone is necessary but not sufficient to define a leader. A burglar with a knife has influence. An impaired driver driving down the wrong lane of a highway has influence. As some of us have experienced, a disruptive medical partner may be extremely influential within a practice, yet is the very antithesis of a leader.

An often cited and admired quote from former President Eisenhower states that “leadership is the art of getting someone to do something you want done because he wants to do it” (7). As a military leader and president, few had as much success in leadership as Eisenhower. However, although I accept that his quote is correct about the exercise of power, this definition could just as easily be describing manipulation or deceit rather than leadership.

My own definition of leadership is: “a combination of position, responsibilities, attitude, skills, and behaviors that allows someone to bring out the best in others, and the best in their organization, in a sustainable manner.”

Leadership styles. Kurt Lewin described three predominant leadership styles: authoritative, democratic, and delegative (8). This formulation has been used in the Train-the-Trainers curriculum of the World Gastroenterology Organization. Leaders are encouraged to understand each of these styles, and then to apply the appropriate style in the correct circumstance. For those so inclined, this approach certainly has merit. However, other authors have offered their own equally compelling descriptions of styles. One formulation categorizes leaders as coercive, authoritative, affiliative, democratic, pace setting, or coaching (9). In another, leaders are directive, engaged, coaching, consensus, affiliative, or expert (10).

Although there is much to be learned from studying these leadership styles, most leaders will succeed most consistently by being true to their own nature, learn to work with and improve the skills they already possess, and not attempt to fit into a rigid description of an archetype (11).

Research approach. Academic research on leadership has described a wide variety of theories: traits, skills, style, situational, contingency theory, path-goal theory, leader-member exchange theory, transformational leadership, authentic leadership, team leadership, and psychodynamic approach (12). Most of these are not easily understood by the casual student of leadership, and most are not easily applied in a practical manner. Of those listed above, transformational leadership and authentic leadership have more recently become mainstream topics of discussion, and team leadership is increasingly becoming an important topic in medicine (10,13,14). Except for those interested in becoming investigators in research theory, these approaches offer very little practical value.

What do leaders do? All leadership occurs in a context, at a specific point in an organization’s history, with a unique set of circumstances. What is required from a leader of a technol-

ogy company is different depending on whether it is a start-up, a well-established entity, a small firm, a national firm, or even an international company. The decisions faced by a solo practitioner are different compared with those of the managing partner of a large single specialty medical group. Similarly, leadership in a stable business is very different from what is required in a field undergoing major transformation. The skills required to lead a medical practice just a few years ago may not be the most valuable in this time of transformation in medicine. Finally, should you face a crisis, be it an international recession or a major public relationship catastrophe, a different set of skills is required of the leader. Nevertheless, I believe there are some essential responsibilities that are common to most sets of circumstances.

(i) **Serve as the public face of the organization or group**
The leader is the embodiment of the organization. They are the face to the external world, the one expected to articulate issues and solutions, and the person whose photograph and name are synonymous with the organization they lead. Although these responsibilities are often delegated to public relations or to human relations staff, the leader ultimately remains the figurative and literal face of the organization.

In a medical practice, the leader of the group may be different from the individual who is the public face. For example, the group may be widely associated with the name of the founding partner; yet the actual leadership may be provided by another member. In many groups, particularly smaller and medium sized ones, all of the members have equal responsibility for being the public face of the organization. However, ultimately, someone has to represent the group’s interests to external constituencies such as a hospital administration, or to business, legal, financial, or accounting interests.

(ii) **Articulate the vision and mission**
Some remain uncomfortable with “the vision thing,” and others believe that vision and mission statements are intended to be hung from a wall and then ignored. However, most authorities agree that well-developed and articulated vision and mission statements are essential. They describe the aspiration of the organization, and clarify the very purpose for the organization’s existence (15–17). They are a succinct roadmap for management and employees to follow in their behavior and decision making, and should guide all of the actions within the organization.

In addition to the organization’s vision and mission, the leader should have her own personal vision and mission (16,18). People have a strong desire to understand their leader. It is hard for someone to enthusiastically embrace and follow a leader if they do not know what that person stands for. It is also hard for the leader herself to succeed in a complex world of priorities and decisions without a strong system of values to provide guidance (19).

(iii) **Create culture**
Culture is the glue that holds an organization together, the often unwritten rules of behavior and attitude, which are critical for

creating a well-functioning group. The reverse is also true. A dysfunctional or “toxic” culture can impede, if not prevent, a group from fulfilling its potential. The work of an organization is performed in the “microenvironments” of the company. This is where culture lives, where the real work is performed, and where results are determined.

You create culture whether you intend to or not, whether you do so consciously or unconsciously. As Ralph Waldo Emerson stated, “your actions speak so loudly that I can’t hear what you say.” This is done in many ways: by the values that you espouse; how compensation is awarded; who is recognized and who is promoted; which projects receive funding; and what behaviors are tolerated (20,21). Is your compensation based on pure productivity, or is revenue shared? How do you deal with a partner who is disrespectful toward staff? Do you pay strict attention to medical billing compliance, conflicts of interest, or issues of confidentiality?

(iv) Strategic planning

Despite the daily demands that confront us, a leader must always be looking ahead and planning for the future (22–24). The success, and potentially the very existence, of the organization depends on this. Where might competition that does not even exist today arise? What will our existing competitors do? Are there any disruptive technologies that pose a significant threat? Do any of these offer a new market, or a competitive advantage?

This is an area that many physicians have been slow to adopt. We had the luxury of working hard, doing a good job, and looking out for the interests of our patients, knowing that there would be plenty of patients to care for. However, as hospitals merge, more physicians become employed, and networks solidify, the supply of patients may become limited. There will also be continuous pressure to lower costs. What impact will this have on the provision of deep sedation for routine endoscopic procedures? Will improving technology, such as fecal immunochemical testing, become the preferred option for colorectal cancer screening? How will bundled payments and ACO participation impact both utilization and reimbursement?

(v) Decide what to focus on

The leader must decide what to focus on and, even more challenging, decide what to abandon (25). Resources are always limited. Therefore, new investments, and continuing the support of existing projects, must be directed toward those that are essential to the mission of the organization, and those with the greatest potential to maximize benefit. This requires difficult decisions. Even worthy investments may not be able to be supported, either because of limited resources of time and people, or because of competing priorities. Similarly, existing initiatives may need to be abandoned. Not just finances are at stake. Employment, and even careers, depends on these decisions, so they can never be undertaken without deep analysis and reflection.

As a section chief considers recruiting a new faculty member, will she recruit someone to generate income by

performing screening colonoscopy, or will she recruit someone to develop a program in benign pancreatic disorders? If you own an ambulatory surgical center, is this the time to look for a partner, or even consider selling? If you opened a satellite office but it is underperforming, is it time to close that office, or do you spend more time and resources to allow for the practice to develop?

(vi) Select, and develop, the right people

It is critical that a leader develops her leadership team. You need to recruit and select those who have the right combination of skills, values, and attitude to help you and your organization succeed (26,27). The people you select must represent you well and provide you with the input you need to make decisions. Poor selections in personnel can drain enormous time and energy if they do not perform their jobs well. These same people will be selecting their own team, and will base their hiring decisions on your expectations and values, so your impact will be multiplied. You want to be surrounded by people who are smarter than you in their area of expertise, who are self-confident and self-motivated, who are a good cultural fit, and who will be honest and open in sharing information and input with you. You then need to help those you have hired succeed. They need to be responsible for their own work, allowed to lead their own efforts, even allowed to make mistakes, and then be expected to learn and grow as a result. As the leader, you serve as their mentor and coach.

(vii) Establish a decision-making process

Decisions must always be made. Are these made individually or by a committee? Are committees small or inclusive? Is the process risk averse or tolerant of risk? Are the decision makers expected to have all of the available information at their disposal, or only 60–80%? Who needs to sign off and what decisions require higher approval? These are just some of the questions that must be answered. Every leader, and every organization, will have its own unique process. What is important is that everyone understands the process, and that it functions in the manner it is intended to.

This is an area that has been problematic for many small and medium sized medical groups, which have typically operated as democracies. In the absence of a defined process, a unanimous decision may be difficult to achieve, and decision making can become captive to the loudest and most insistent partner. As more physicians consider employment options, their role in decision making requires careful consideration. It will be difficult for an individual who has grown accustomed to making autonomous decisions to suddenly find themselves part of a larger organization with little voice in decision making. This has implications for both the individual and the group, and deserves discussion in advance.

(viii) Manage your boss

Most of us do not recognize that our leader has a boss. We look to our leaders to make decisions, not realizing that they, too,

are accountable. You may assume that the section chief is your ultimate authority, but she must report to her chairperson, who in turn is accountable to the Dean. Even the medical school Dean has a superior, typically the university provost or president, and the university president must fulfill the expectations of the university Board of Trustees.

At whatever level you function as a leader, your ultimate ability to succeed will in large part depend on the support you receive from your superiors. It is therefore imperative that you develop a close working relationship, based on close communication and trust. This is what is meant by “managing your boss”. This is not meant to suggest or recommend manipulation. Rather, it is understanding how you can best serve your leader and your organization, knowing when and what information to share, recognizing when to offer a “heads up,” and how to keep her informed of the status of your efforts.

In medical groups, the managing partner typically does not have the ultimate decision-making authority. Their “boss” is the partner, or the managing council, of the practice. An effective leader needs to work with what is essentially a board if they want to be successful.

(ix) Be responsible 24/7

Your responsibilities are not limited to the working day. To your followers, and to your organization, you are the leader 24/7. Your words are listened to carefully; your statements are considered factual; your behavior is closely observed. Even when least convenient, it is your responsibility to respond to issues that arise, to interpersonal conflict that must be managed, to performance issues that cannot be ignored, and to the minicrisis of the day.

Your staff recognizes you as the leader of your medical group. As such, your words and actions will be closely watched and scrutinized. You may espouse patient-centered care, mutual respect, and improving the patient experience to your staff. However, if they do not see you modeling these behaviors, they will not fulfill your expectations.

Even more importantly, it is necessary to recognize that there are no minor breaches in integrity. Trust is difficult to earn, and easy to lose, as are both respect and your reputation (28). Your success as a leader depends on these. Actions both within and outside of the work environment must be thoughtfully considered. This is a burden for many, but that is one more reason why leadership is hard, and maintaining success as a leader over time even harder.

Leadership traits and skills. It is beyond the scope of a review article to describe all of the traits, skills, and behaviors relevant to leadership. The literature and bookshelves are filled with attempts to characterize what qualities make for unique, special, and successful leaders (29–35).

Among the many qualities described are talent, drive, willpower, practical wisdom, loyalty, ethical behavior, articulate, prepared, emotional intelligence, and joy. Leaders have been described as having high energy, resilience, high integrity, and self-awareness.

They may have the skills of a “multiplier,” an “influencer,” a “linchpin,” someone with “mojo,” capable of “crucial conversations,” a “servant,” and one who generates trust (36–42). Warren Bennis believes the most essential are guiding vision, passion, integrity, trust, curiosity, and daring (43).

My personal list of essential skills includes listening, asking the right questions, being comfortable with ambiguity, willingness to make mistakes, capable of differentiating minor from major issues, being proactive, recognizing crucial concerns, being calm in a crisis, having courage to make decisions, being a lifelong learner, having intelligence, having willpower, and being value-based.

Different skills will be called upon depending on the circumstances at any period of time. When an industry leader is required to lead a major manufacturing transformation, the most valuable skills are likely to be different than when that same leader is called before a congressional hearing to deal with a manufacturing defect that had not been addressed and which led to customer fatalities (44–47).

It is obvious that nobody is capable of displaying all of these skills, characteristics, and behaviors. Like all human beings, leaders are imperfect. However, if they understand their core responsibilities, and if they display the most important characteristics, they will develop the people, culture, and processes necessary to deal with the many challenges faced by any organization.

Does leadership matter? There are those who have lost faith in our elected leaders, or who no longer believe that organized medicine provides meaningful leadership. Even in our own institutions some find it hard to have trust in the decision-making process of leaders. Within practices, many doctors take for granted the leadership provided by certain members of the group, and neither appreciate nor reward their efforts. The impact of leadership may take years to recognize, and may not be appreciated until it is lost. However, if we pay attention to the world around us, the potential influence and impact of leaders is clear.

We are all familiar with talented coaches who are recruited to a new university, or by a professional team, and are able to produce outstanding results that other coaches had not been able to accomplish. Is this because they are dealing with small organizations of highly motivated individuals? Are these the sort of results achievable in a medical environment? Let me offer two brief case studies to address these questions.

The first involves a surgical section at an academic medical center that had only a few clinicians, the most productive of whom was beginning to have deteriorating surgical skills because of physical impairment. A new section chief was recruited. In a short period of time, she recruited several talented surgeons, developed a translational research program, ran a residency training program, and became a departmental leader in quality and safety. Although she was recruited to a major leadership position at another institution, a successor was successfully recruited.

In the second case, a new section chief inherited a moribund clinical program that had not achieved success under several previous leaders. He personally reached out to referral sources, recruited talented colleagues, and reinvigorated the program. He was a role model of dedication and clinical excellence and set high standards for all in the program. Within several years there was growth in volume, superior clinical outcomes, high patient satisfaction, and a committed referring physician base.

Is this relevant to me? Because of the popularly held views that leaders are extroverts, charismatic, tall, thin, glamorous, brilliant, and born to lead, most of us do not think of ourselves as leaders. We also find that the people we identify as leaders in our own institutions are isolated from us, and we cannot connect their actions to our daily lives. However, these leaders are making important decisions that do in fact impact us directly. In medical schools, such leaders include the Dean, the C-suite of the Dean's office, chairs, vice-chairs, section chiefs, training program directors, and a variety of medical directors. In the hospital, the equivalent positions include the CEO, president, C-suite leaders, vice presidents, and service line coordinators. All of us interact, or are directly influenced, by some if not all of these people.

It is too easy to be fatalistic or passive when it comes to those who lead us. They matter. They make a big difference, for better and for worse. To the extent that we can influence the selection of our leaders, we should exercise that ability. To the extent that we are encouraged and empowered to offer advice and feedback, we should do so in a thoughtful, balanced, and nonconfrontational manner.

In gastroenterology, there are a variety of leadership roles. These include section chief, clinical vice-section chief, research vice-section chief, chief of endoscopy, fellowship program director, medical director of quality and safety, disease team leader, physician office manager, research lab leader, and principal investigator. For those in private practice, there are multiple leadership roles within a group, such as managing partner, office medical director, director of endoscopy, research director, or director of quality and safety initiatives.

Without necessarily recognizing it many of us are leaders already. We may not be section chief or department chair, but we may be a medical director of a hospital service, the clinic director of our outpatient practice, or the chief quality and safety officer for our program. These are leadership positions. You have the potential to improve your program, and provide great value to patients, by the effective application of leadership.

For those whose professional life is devoted to patient care, you are the leader of your patients' medical care. Your patients look to you for leadership of their personal well-being. You are also the leader of your own practice, or at least the manner in which care is provided to all of your patients. In addition, you are the leader of your career. Developing a career should not be thought of as a passive process. You need to be responsible for your own development, growth, and progress. Finally, you

are the leader of your own life. You may be a spouse, parent, friend, Little League coach, or Girl Scout leader. You may serve on a not-for-profit board or a committee in your town. In all of these activities you function as a leader, whether or not you recognize it.

Conclusion. We are influenced by leadership on a daily basis; yet few of us fully appreciate its impact. When performed well, it has the capacity to elevate both individual and organizational performance. When accomplished poorly, it degrades culture, diminishes performance, and harms the organization. Although many definitions of leadership have been offered, I believe that it can be summarized as a combination of position, responsibilities, attitude, skills, and behaviors that allows someone to bring out the best in others, and the best in their organization, in a sustainable manner.

There are any number of styles utilized by leaders, along with a large variety of skills. Different ones are required depending on the immediate issues facing the leader. As a result, a leader hired for one set of circumstances may not have the well-developed skills necessary to accommodate a major transformation (47). Under these circumstances, the leader must have the ability to reach out to others for assistance. This can happen only if the leader possesses sufficient humility and self-awareness, and has developed the appropriate team to turn to for support. What skills or traits are essential? There is no consensus. However, among them are certainly a guiding vision, passion, integrity, trust, curiosity, and daring. Of these, integrity is probably the most important. Although character and integrity are not sufficient to guarantee effectiveness as a leader, they are absolutely essential for success (48,49).

Most of us recognize leaders in our professional worlds. Few, however, realize that we are leaders even if we do not hold a formal position of authority. We lead the care that we provide to our own patients. Every patient looks to us for guidance, for "leadership," of their medical care, even those who actively engage in decision making with us. We are also the leaders of our own careers. The decisions we make regularly, the manner in which we navigate the challenges of a career, and the attitude we bring to our work are all subject to our control, and are influenced by the attention we pay to developing leadership skills. Similarly, and perhaps most importantly, we are the leaders of our lives. How we approach our roles as a spouse, parent, friend, or citizen, and how we address issues of work-life balance, is our own responsibility. Although our parents often remain a strong influence, we ultimately become responsible for how we live our lives.

Very few people are born to lead. They develop the necessary attitude and skills through a combination of experience, accepting opportunity, self-reflection, mentoring, and seeking education. These are available to us all. Even when we have no intention of seeking leadership positions, we can improve our individual lives by learning more, and we can certainly improve our organizations and medical groups by embracing the traits of a leader. During this time of transformation in health care, and the stress

of uncertainty, leadership is becoming increasingly important both professionally and personally. We should not passively accept our current circumstances as though nothing can be changed. We must individually and collectively expect more of ourselves and our leaders, assume personal responsibility, and become more effective leaders.

CONFLICT OF INTEREST

Guarantor of the article: Ronald J. Vender, MD.

Specific author contributions: Ronald J. Vender wrote the manuscript.

Financial support: None.

Potential competing interests: None.

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