PART 1

Leadership Foundations

CHAPTER 1

Leadership Thought

The leader is a stimulus, but he is also a response.
Edward C. Lindeman, *Social Discovery*

Health professionals, health organizations, and communities served critically need leadership from competent and well-trained administrators and clinicians. Being in a position of leadership is the most important job of any health professional anywhere along the continuum of care. Holding a position of leadership in the health professions may mean making life or death decisions regarding patient care. Here, physicians are recognized for their ability to heal, nurses for their prowess in maintaining patient care, and administrators and ancillary staff for their ability to manage the daily operations of support for continued access and delivery of care. In other situations, leaders in supervisory roles may control the lives of countless others in employment entities regarding issues of merit raises, personnel layoffs, promotion opportunities, and the creation of positive and enriching job environments. In extreme conditions, leaders in high executive positions are responsible for the survival of their entire organization. This may involve providing a continuum of care to thousands of covered lives, as well as the continued employment of hundreds of fellow working healthcare professionals. Indeed, leaders are the individuals who make the healthcare history others read and write about.

As a result, leaders in health organizations are essential. Leadership is as important today as at any time in history, if not more so. Leadership has been important to human endeavor for thousands of years. Debates about leadership and the ways in which leaders came into power have been prevalent for centuries. Some leaders are born with instinctive leadership skills, charisma, and insights into human motivation. Even so, all great leaders must devote time, energy, and study to various aspects of leadership to master the discipline, while developing superior competencies in situational assessment, motivation, communication, and understanding dynamic group behavior. Whatever the case, health professionals should consider the discipline of leadership as one of the more important aspects of personal and professional education. Leadership in the health industry is required to navigate and successfully solve problems of cost, quality, and access to care across the continuum of care in our society. People are led; resources are managed—knowing the difference makes all the difference.

LEARNING OBJECTIVES

1. Outline why the study of leadership is important to professionals in the health industry and what the challenges in the industry requiring quality leadership are.
2. Explain and give examples of leadership as compared with management, and state why health organizations need both leaders and managers.
3. Relate and discuss the application of a prescriptive leadership model compared to a descriptive leadership model.
4. Distinguish the phases of leadership thought from ancient to modern times, and identify unique characteristics associated with each of these phases.
5. Relate the phases of leadership thought to modern leadership practices and research.
6. Evaluate the health industry's need for leadership today and into the next decade.

INTRODUCTION

People are led and resources are managed. Knowing this critical and sometimes subtle difference is the beginning of leadership wisdom. Leadership wisdom is an essential component to being successful in a fast-paced, ever-changing, and highly complex health environment.[1] Today, *evidence-based leadership* is a common term, as are *evidence-based management* and *evidence-based medicine*. *Evidence-based* means that the practice of leadership, management, and medicine is informed by empirical evidence from the structure, process, and especially, the outcomes of practice. This text provides foundations, principles, and strategies for leadership that are also informed by quantitative and qualitative evidence. Performance initiatives such as value-based purchasing, pay for performance, and accountability requirements, coupled with electronic medical records "meaningful use" criteria, and community assessment and integration, all require strong leadership.

This chapter presents some of the basic definitions and distinctions of leadership. Specific emphasis is placed on defining the importance of leadership study in the healthcare environment and its appropriate place in the field of both academics and professional practice. Leadership is differentiated from management; although there are certainly differences between these two skills, health organizations need leaders and managers who are consistently focused on the direction of the enterprise. Emphasis is placed on both descriptive (tells about leadership) and prescriptive (gives direction and guidance) notions of leadership. In summary, this chapter provides an overview of the complex and exciting topic of leadership.

Within the realms of graduate education, business practice, and organizational analysis, there is no topic more important than the study of leadership. The contemporary

study of leadership is a centuries-old, enormously complex discipline; however, fewer topics inspire more interest and have more stakeholder consequences than leadership in any organization in any industry. In the highly complex health industry, the role of leadership is further pronounced, and adept leadership is clearly necessary for success. Furthermore, no great leaders of our time have become successful and prosperous without first understanding the principles of leadership.

As scholars, future practitioners, and current practitioners, we need to perform at least two roles—that is, to wear two hats. One of these hats is that of the practitioner, who is directly in touch with the delivery of human services in health systems and leadership change for process improvement. In this role, you work closely with individuals and families, as well as other groups, organizations, and communities as a helping professional; from this perspective, you are positioned to observe the issues and emerging trends that are the greatest challenges for those people you serve in living healthy and fulfilling lives. The other hat you wear is that of scholar. In other words, early careerists must be capable of becoming a critical consumer of leadership research by personal study. Leaders must be aware of both the practices and habits of successful leaders, as well as the recognized traits and skills that are commensurate with leadership success as documented in the literature over the years.[2,3] For example, as a working health executive, suppose you encounter an issue with outside stakeholders with which you are unfamiliar. It is to your benefit to turn to the archived literature and search out articles and research that can help you gain deeper understanding of the problem facing you. Because of your training in leadership gained from this text, as well as from your mentors and educators, you can approach this literature with a basic understanding of the foundations of leadership and select the most appropriate course of action based on both your burgeoning experience and the successful practices documented in the literature of best practices.

Leadership is holistic. This means that leadership requires leading laterally or collaboratively and not just from the upper echelons in a top-down approach. Leadership entails leading the people, the structure, and the processes of the organization. In addition to the many definitions of this concept, there is an abundance of literature on leadership in general, leadership principles, and topics related to leadership. As a topic, leadership is of immense interest to international militaries, governments, businesses, and health organizations. Leadership and attributed outcomes in schools are commonly taught but likewise encompass varying approaches and lines of thought.[4]

WHY STUDY LEADERSHIP?

Simply stated, leadership is complex. To become a leader, an individual must possess a strong didactic educational background, be focused on taking care of people and resources simultaneously, and be confident in his or her own abilities. Furthermore, a successful leader must have extraordinary critical thinking skills, be a life-long learner, and be willing to (graciously) accept information that may be counterintuitive to his or her sensibilities or current understanding. Additionally, leadership requires—but is not limited to—having the ability to profoundly understand both the big picture and the minutiae, the possibilities and the potential roadblocks, and to do so coupled with the ability to motivate sustainable enthusiasm and focus among key stakeholders, staff, and the community. Finally, leadership may ultimately be about having foresight, hindsight, and vision; the personal presence to garner trust; and the art of knowing not just how to delegate but also how to elicit others' desire to always do their best—including knowing when to seek help and not feeling badly about doing so. At the end of the day, leadership is about having that special "something" that makes others feel they are contributing in a meaningful way to the greater good. This is why we study leadership.

Leaders of any organization encounter issues and decision-making challenges in everyday life. Some decisions are easily solved, whereas others may call for a critical analysis of the situation, a split-second judgment, an assessment made by one individual, or decisions made by a group. Whatever the circumstances, the decisions that are made will have consequences for human resources and the organization. It is, therefore, necessary for individuals to be trained in leadership and to become well equipped to make the right decisions at the right time.[5]

The concept and discussion of leadership is ancient; the discipline of leadership study can be consistently traced back to Machiavelli in 1530, but the first documentation of leadership dates back to 2300 BCE. However, leadership theory and research is a relatively modern discipline. Indeed, the first relevant theories were not proposed until the mid-1800s. From approximately 1840 to 1880, "great man" theorists Carlyle, Galton, and James studied great men from history who exhibited certain traits and suggested that those traits led to successful leadership.[6] This theory was later abandoned for more valid and reliable theories of leadership based on best practices and sound discovery. For nearly 125 years some of the greatest minds have attempted to catalogue and archive best practices in leadership for the benefit of the next generation of leaders

and the current chief executives in the field. Although this area is a relatively modern topic of study, numerous qualitative and quantitative experiments continue to generate new journal articles each year. Clearly, the study of leadership is complex and ongoing, and the current and newer theories of leadership vary with its definitions as defined by the authors.[7] The authors of this text welcome you to the world of the study of leadership research and practice and encourage you to join the many generations who came before, in search of continuing education and new tools for your leadership toolkit.

Leadership is one of the few academic disciplines that is difficult for early careerists to embrace without both didactic training and real-world experience. Although some leaders may possess natural predispositions that allow them to become successful in small circles in colloquial events, successful leadership practitioners will agree that as their ever-increasing circles of influence grow, it becomes necessary to develop and hone natural predispositions while simultaneously cultivating the skills necessary to bring them to the next level of leadership. Leadership skills and traits that enable a person to become successful within one circle with one group of individuals with particular skill sets and academic disciplines may not allow the same person to become successful in the increasingly more complex concentric circles.[8–10] All leaders along the continuum of care must engage in lifelong learning to be successful.

Many early careerists find that the transition from being a follower and an employee to becoming one who leads others and takes responsibility can be difficult. Mistakes must be made and experience accumulated at lower supervisory levels to gain a perspective on which kind of leader each individual can become. However, without knowing the best practices of leaders, the strategies leaders employ for success, and the natural predispositions emulated by leaders, it will be difficult for early careerists to become successful.[11] Also, the health environment is continually changing. For example, recent literature suggests the need for new models of nurse leadership to deal with dynamic change and to serve as the bridge between clinical and administrative practice in health organizations.[12]

Those early in their career will become engaged with many facets of leadership over their tenure in the industry. For example, you may have a natural predisposition toward introversion or extroversion. Although these traits may already be well known to you, formally diagnosing them provides a road map to developing those skills lacking in persons who are determined to be leaders; it also can identify current strengths to build upon. If an early careerist is already leaning toward extroversion, he or she may already be comfortable in delivering clear goals and sharing vision statements with future groups of employees. For those on the other side of the spectrum, developmental opportunities are suggested, such as joining professional organizations and speaking groups where it may be possible to practice developing extrovert tendencies.

Leadership is a "universal phenomenon."[13,14] As long as people are part of the equation of health systems as workforce members and patients, leadership will be a critical component of successful organizations. "Since the effectiveness of the leader has frequently determined the survival or demise of a group, organization, or an entire nation, it has been of concern to some of the foremost thinkers in history, like Plato, Machiavelli, and von Clausewitz. If leadership were easy to understand, we would have had all the answers long before now."[15] Today, leadership far too often focuses more on coping strategies than on leading strategies. As scholars and experienced leadership practitioners in the health industry, the authors believe that leadership needs to be dramatically improved to enhance today's systems and deal with the challenges our society faces. It is not acceptable to merely perpetuate the status quo. The complexity and pace of change in the health industry further emphasize the need for leadership competence. For more than three decades, leadership in the health industry has been a concern. The need for leadership remains salient, and the dynamic elements of the industry are increasing. Consider the Patient Protection and Affordable Care Act, the ICD-9 transition to ICD-10, the explosion of social media, the growth of electronic medical records and meaningful use criteria amid the constant expansion of technology, the increase in community needs integration into healthcare delivery planning and implementation, the necessity for preparedness planning for disasters, the squeeze of reimbursement with value-based purchasing, the initiation of Lean Methodology into health industry culture, and the need for leaders and managers to understand and improve the healthcare supply chain for competitive advantage and cost avoidance. These realities are significant and tangible to health organizations, and there are plenty of other important items that could be mentioned. All point to the necessity for competent leadership throughout health organizations—from the top to the bottom, from administrators to physicians to nurses to technicians, to revenue and supply chain managers. Coping is not leading. Leading people and managing resources in an efficient, effective, efficacious manner with moral means are key. Creating your personal leadership plan will be important for you to contribute to industry-wide success and to your own success. Learning from the past and bringing that knowledge to the present day is a salient method for establishing and mastering leadership competence.

The coping strategy nature of leadership has been a concern for at least the past two decades, if not longer. In 1989, Warren Bennis talked about this issue in *Why Leaders Can't Lead: The Unconscious Conspiracy Continues*, in which he discussed the restrictions leaders place on themselves. More recently, Jo Manion, in 1998's *From Management to Leadership: Interpersonal Skills for Success in Health Care*, discussed the critical decline of skills and the overall lack of leadership in the healthcare industry. Hints of self-protection and self-promotion have begun to taint the noble profession of health leadership. It seems there is a significant lack of morality, knowledge, skills, and abilities at the individual leader level.

In the past decade, nurse managers have learned that they must rely on more "leadership" capabilities than on "nurse" capabilities to be successful.[16] In 2000, Ian Morrison posited several leadership challenges for different sectors of the health industry. He called on political organizations to create consensus, reduce party indifference, and reform Medicare. In the realm of managed care, he noted the need for innovation, a sustainable business strategy, and the establishment of a positive public image. In his estimation, the pharmaceutical and medical technology industries need to take care of rising costs while keeping their primary focus on developing new drugs and devices. As for hospitals and health systems, he called on them to reconcile the differences between improving general health and delivering sick care. Morrison then turned his attention to individual players within the healthcare field. Physicians must advocate for physician leadership, move beyond nostalgic views of the medical profession in years past, and take a more active role in developing organizational models. He then targeted leaders and their support teams:

> Public health leaders and workers must: (1) decide to participate in the mainstream of medical care . . . ; (2) decide how to incorporate the ideas of public health into the mainstream political agenda without sounding too much like socialism for the average American (socialism and fiscally irresponsible social justice ideology will not "play well" in mainstream America); and (3) [recognize that] the public health community can be incredibly self-righteous about having a monopoly on compassion for the poor. . . .[17,18]

To tackle these challenges, leadership is required. Those who wish to lead must be competent; competence starts with knowing what you know and what you do not know.

There are four states of knowing:

- Unconscious incompetence, where "we do not know that we do not know"
- Conscious incompetence, where "we know that we do not know"
- Conscious competence, where "we know how to perform a skill but must consciously think about it"
- Unconscious competence, where performance of a skill is second nature[19]

Moving from one state of knowing to another takes considerable effort. Becoming a "conscious leader" takes study, effort, trial, error, and evaluation. Clearly, the most successful health leaders are not lucky but rather are competent at leading people to do important and tremendous tasks and achieve great success. Successful leaders have discipline, persistence, and humility while continuously working to improve their capabilities.

Studying, learning, and applying leadership knowledge, skills, and abilities are crucial to being a successful leader in the health industry. Regardless of where and at what level you lead—as a laboratory chief, physical therapy director, clinical office administrator, or health system chief executive officer—leadership knowledge, skills, and abilities are important to you, your organization, and the communities you serve. The health industry in the United States is destined for renewal; leadership will be essential to the health industry throughout this period of change.[20]

Regardless of cultural identity, all leaders of health organizations lead people and manage resources. Their work involves focusing the collective energy of leading people and managing resources toward meeting the needs of the external environment in the most efficient, effective, and—most importantly—efficacious approach possible (that is, focusing on the mission of the organization). It is important for leaders to understand that the individuals who make up the health workforce are people with vastly different education, training, and experience. These same individuals also have vastly different roles within the organization—and no leader can ever hope to understand the complexity of all aspects of jobs within the system. As a result, the good leader's job is to successfully motivate individuals within the organization toward goal-directed behavior that supports the leader's vision and organization's mission. As Presidential Medal of Freedom recipient Eric Hoffer has suggested, "The leader has to be practical and a realist yet must talk the language of the visionary and the idealist."[21]

The last important job of leaders is the management of nonhuman resources in the system. The role of a healthcare administrator, healthcare executive, public health leader, or healthcare manager is to merge the complexity of leading people and the complexity of managing resources into a culture that serves communities by maintaining and improving the health of individuals in those communities. This is done by influencing the people and distributing the

resources under their stewardship to serve those individuals who come to health organizations for assistance, by building strong and effective relationships with their communities, and, especially, by building working relationships with the public health infrastructure in their communities.

INTRODUCTION TO LEADERSHIP IN ACADEMICS AND PRACTICE

Leadership has never been defined based on any one experience, theory, or historical study; rather, leadership is the product of several cumulative factors from several different cultural disciplines. The education and development of a leader require a broad perspective that emphasizes leadership as both a process and a set of scientific/technical and artistic/relational skills and abilities in need of development.[22,23]

History is replete with stories and examples of fearless, selfless leaders—people who have risked their lives and fought on against seemingly insurmountable odds or who have been able to motivate those around them to go beyond what they believed they were capable of accomplishing. For example, anthropology, archeology, social anthropology, political science, psychology, business, communication, and numerous other disciplines have all contributed to the foundations of leadership theory and practice. Leadership has been observed and documented for centuries: "leaders as prophets, priests, chiefs and kings served as symbols, representatives, and models for their people in the Old and New Testaments, in the Upanishads, in the Greek and Latin classics, and in the Icelandic sagas."[24] Initiated by necessity, leadership in practice was observed and documented by scholars of the era, and the connection between leadership practice and academic understanding of leadership began. Four thousand three hundred years ago, in the *Instruction of Ptahhotep* (2300 BCE), three qualities were attributed to the pharaoh's leadership.[25] In many ways, the documentation, study, synthesis, and evaluation of leadership have been a key basis of humans' historical record.

Most modern studies and research have been U.S. or "Western" based, although recently some effort has been devoted to international applications of leadership. This has not always been the case: In ancient times, "the subject of leadership was not limited to the classics of Western literature. It was of as much interest to Asoka and Confucius as to Plato and Aristotle."[26,27] However, much of our current literature on leadership is greatly influenced by Western culture and the documentation of history through the exploits of Western leaders, such as during the time of the Roman Empire. Remnants of the Roman Empire attest to the power of leadership in society, as illustrated in **Figures 1-1**, **1-2**, and **1-3**.

FIGURE 1-1 Ancient ruins of the Roman empire: Early "leadership" documentation can be attributed to ancient Egyptian, Greek, Roman, Chinese, and Persian societies.

Courtesy of Dr. Gerald Ledlow.

FIGURE 1-2 The ruins of the ancient Roman senate.
Courtesy of Dr. Gerald Ledlow.

Until the 1930s–1940s, emphasis on leadership focused on trait theories and the "great man" theory. Trait theory assumes that individuals possess certain traits or attributes that serve as the catalyst to leadership and securing leadership roles. Behavioral theory gained acceptance in the 1940s; this research phase focused on which styles or behaviors leaders used and how those styles contributed to subordinate satisfaction, performance, and quality. It was

FIGURE 1-3 Signs of leadership power and influence in ancient Rome.
Courtesy of Dr. Gerald Ledlow.

behavioral research that first acknowledged that leadership and leading could be a learned skill. Very recently (considering the more than 4,300 years of leadership information and knowledge), situational leadership has gained favor. This line of research suggests that successful leaders must assess the situation and then choose the appropriate leadership style to make the greatest positive impact on subordinate effort; it assumes that leaders have a full "toolbox" of capabilities. **Table 1-1** describes the three phases. All phases of leadership research build on each other and are interwoven into various models of leadership.

Is there "truth" in all three phases of research? What can you take away from each phase of study and information? Hundreds of leadership theories have been proposed, although only a dozen or so really show promise.

Despite 4,300 years of leadership practice, observation, and scholarly synthesis and evaluation, what we know about leadership continues to elude mastery. When examining the major leadership theories commonly accepted by practitioners and theorists, the similarities of the theories may be intuitive for many leaders, *but the lessons often have not been learned*. "For example, the following components are shared across theories: (1) vision, (2) inspiration, (3) role modeling, (4) intellectual stimulation, (5) meaning-making, (6) appeals to higher order needs, (7) empowerment, (8) setting of high expectations, and (9) fostering collective identity … models basically share similar beliefs about the role of vision in providing direction and meaning."[28,29]

THINKING ABOUT LEADERSHIP

Leadership is both an art and a science (**Table 1-2**).[30] Fundamentally, the leadership art encompasses relationships, interpersonal skills, timing and tempo, power, and intuition. The science of leadership embodies technical acumen, skills, and principles along with expertise in the business of health.

Table 1-1 Leadership Theory and Model Categorization Through Time

Great Man and Trait Phase (Circa 450 BCE–1940s)	Behavioral Phase (1940s–1960s)	Situational Phase (1970s–Present)
Attempted to determine which specific traits make a person an effective leader	Attempted to determine which particular behaviors/styles leaders utilize to cause others to follow them	Attempts to explain effective leadership within the context of the larger work situation

Table 1-2 Leadership as a Science Compared to an Art

Science	Art
Technical skills orientation: forecasting, budgeting.	Relationship oriented: networking, interpersonal relationships.
Decisions are based more on analysis.	Decisions are based more on perceptions of people.
Developing systems is important to organizations.	Developing relationships and networks is important to organizations.
Expert systems.	Experts as people.
Cost control and evaluation of value are important.	Image and customer relationships are important.

Ledlow, G., & Cwiek, M. (2005). The process of leading: Assessment and comparison of leadership team style, operating climate and expectation of the external environment. *Proceedings of Global Business and Technology Association.* Lisbon, Portugal: Global Business and Technology Association.

From this very broad thought process, six important foundations must be in place for true leadership success, even as the individual strives to better balance the science and the art of leadership. First, communication knowledge, skills, and abilities need to be in place. This means that the individual leader knows how, what, and when to communicate to important constituencies, and how to become known as authentic and genuine. A keen sense of communication means that the leader understands, interprets, and utilizes nonverbal and symbolic communication as well as verbal means. Second, consistency of behavior and temperament is highly prized, both by subordinates and by those to whom the leader is accountable. Third, emotional intelligence is a valued foundation for the leader, because it connotes the ability to monitor self and social settings, and then to govern behavior accordingly. Effective leadership is not a mystery, although neither is leadership an exact science. Studies suggest that an individual's leadership style has an important impact on the working atmosphere of the company. The ability of the leader to establish a relationship with the organization may be defined by the leader's self-awareness of his or her emotional intelligence. Fourth, the effective leader understands the powerful relationship between trust and understanding; increased trust leads to greater understanding, and increased understanding in turn leads to greater trust. Fifth, a leader must be adaptive. Numerous studies have demonstrated that one leadership style

is not enough for effective leadership. Leaders should be able to be flexible and adapt to varying situations, because the environment is continually changing and leaders must respond to that change.

A leader's ability to adapt to numerous situations is profoundly evident with regard to leading people and managing resources within systems that support patient care practice and improve and maintain good quality community health status. These systems, such as large core business components, clinical and patient care, supply chain, revenue management, and financial and human resources, as well as subsystems, such as preparedness and contingency operations, community assessment, and others, must have leadership and integration to work seamlessly together to fulfill the mission of the health organization. The complexity required for leading these systems is a true adaptive challenge for leaders.

Finally, the role of integrity cannot be overstated. In many ways, the previous five foundations are part of what is considered integrity in leadership. That is, a leader with integrity communicates in a fair and balanced manner; is consistent in living a life of integrity, on and off the job; and is trustworthy and understood, because the leader values trusting and understanding others. Integrity in leadership, however, includes many more elements. Leadership integrity means sometimes standing alone to act in a moral fashion. It means doing the right thing for the organization while not forgetting the rights and sensibilities of individuals. It means putting the interests of others before and above one's own. Integrity, coupled with competence, forms the necessary foundation for a successful health leader.

Many leadership theories and models contain elements of both the science and artistry of leadership, either directly or by implication. Consider the model asserted by Chambers of the six agencies of leadership: (1) communication, (2) participation, (3) preparation, (4) identification of options, (5) closure (move beyond past conflicts, negativity, and inequity), and (6) celebration.[31] Of these six agencies, some are artistic, some are scientific, and others could work both ways. The science is embodied in processes and tasks associated with evaluating, planning, decision making, and training. The artistry of leadership is embodied in processes and tasks associated with relationship building, communicating, persuading, coaching, and evaluating or establishing context. The scientist-leader and the artist-leader both envision, create and develop, and implement. The key is to produce the best possible results through solid leadership—to do that which must be done to balance science and art. Where the scientist and the artist converge is in the creation, implementation, refinement, and maintenance of communication systems, strategic planning, decision-making systems, employee enhancement mechanisms, organizational learning, and knowledge management.

Although leaders are gifted in different ways, with different personalities and varying skill sets, all leaders can grow, become more skillful, and become more competent so that they can achieve greater effectiveness. The common factors shared by those who succeed in becoming great leaders in the health industry are the desire to learn more about themselves, the motivation to learn and practice new skill sets, and the need to become more tomorrow than what they are today. This is not the easiest path, but it is the path that optimizes the likelihood of leadership effectiveness and success.

Defining Leadership

Numerous studies have demonstrated that leaders, and more specifically, the characteristics, styles, and traits that leaders exhibit, influence organizational performance and success. Thus definitions of leadership and development of definitions and applications for leadership in the health environment are very important. Different perceptions and paradigms exist across the literature. *Perception* is how people see something within a context; *paradigm* is how they understand something in a context. Perceptions and paradigms may be "right" or "wrong."[32] The five characteristics of paradigms, according to Harris and Nelson, are

- Paradigms mitigate uncertainty.
- Uncertainty leads to unpredictability, so individuals are driven to find a paradigm to make sense of the situation.
- Past successes lead individuals to use the same paradigm, thereby causing them to neglect situation-based or other solutions.
- Paradigms are imitated when homogeneous groups lead paradigm solutions.
- As long as they are logically optimal, paradigms continue to be used even though they may be flawed.[33]

Different perceptions and paradigms create different definitions of leadership. The complexity of leading and the complexity of the industry or organization where leadership occurs increase that ambiguity.

The definition of leadership found in a typical dictionary—in this case, *Webster's Dictionary*—is somewhat tautological. The first two entries in *Webster's* state that "leadership is the position of office of the leader" and "leadership is the capacity or ability to lead." Further review

of the term *leader* is similarly tautological, with definitions stating a leader is "one who leads." Perhaps scholarly researchers of leadership theory do not know how or where to apply leadership theory within the environment. After a thorough review of the literature over a 50-year period, Yukl has suggested that there are as many definitions of leadership as there are researchers attempting to study it.[34] Additionally, new definitions associated with leadership continue to be introduced into the literature every year.

When the famed Native American and cavalry fighter Geronimo was asked what made him a good leader, he replied, "The ability to ride a strong horse." Although this statement may seem somewhat humorous and superfluous to us in modern times, the ability to ride a strong horse was certainly a cultural competency in Geronimo's day. Without the personal courage and fortitude to ride bareback on a stallion (an activity deemed dangerous by even the most skilled Olympic equestrian medalists), Geronimo may not have become the great leader he was among nineteenth-century Native Americans.

Another familiar cultural icon is the famed World War II leader, General Douglas MacArthur. MacArthur's definition of leadership had nothing to do with health care (or peace). He was reputed to have said that a leader's only mission was to win wars.[35] In contrast, the Nobel Peace Prize leader Mahatma Gandhi suggested that leadership was all about getting along with other people. Somewhere in the middle of the dove in Gandhi and the hawk in MacArthur stood our nation's first African American Secretary of State, General Colin Powell (**Figure 1-4**). Powell has provided numerous quotes describing leadership; however, he has suggested that overall, leadership is about problem solving.

Management guru Peter Drucker suggested that leadership was not about being liked but about obtaining results. Finally, President Dwight Eisenhower stated, "Leadership is the art of getting someone else to do something you want done because he wants to do it."[36] The lack of a clear, parsimonious, accepted, and applied model of leadership is a fundamental weakness within the literature. Additionally, few leadership studies actually define leadership before researching variables associated with it.

Within the refereed literature, leadership is said to be as much an art as a science. Leadership is also a cultural phenomenon, allowing for different traits and characteristics to emerge as successful parables across society. Lastly, leadership is a dynamic and evolving paradigm that takes on different literal and figurative definitions over the centuries. With so many available and partisan positions on leadership, it is easy to understand why there continues to be vehement debate on defining, testing, framing, and understanding this concept.

FIGURE 1-4 Secretary of State Colin Powell and Dr. Nick Coppola (coauthor on the first two editions of this text; passed away June 2015) at a leadership conference in Washington, D.C.

Courtesy of Dr. Gerald Ledlow.

Conservative leadership empiricists suggest the understanding of leadership is founded in traditional research methods and may be discerned through the development of testable hypotheses and the operationalization of demonstrable unit variables that are derived from latent constructs. Liberal leadership enthusiasts advocate acceptance of leadership as an art; however, like beauty itself, its definition may lie in the eye of the beholder. One person's leader may be another's despot. Additionally, framing leadership is not culture-free; one's understanding of this concept lives in a sea of bias (or differing perceptions and paradigms). Techniques and activities developed in one society may need to be adapted to be effective in another. U.S. society recognizes leadership regardless of age or gender, whereas Asian and Middle Eastern societies place heavy emphasis on gender and age as precursors to recognition of a leader.

Akin to cultural awareness is the perspective of time. For more than two millennia, many leaders were selected to fill their positions based on their associations with feudal guilds, religious associations, or tribal rituals. In early Greek and Roman societies, leaders were often recognized and rose through the ranks into important senate and military positions through associations with other men of power. Finally, leadership recognition was often a matter of genetics and bloodlines, similar to the situation found in European and Asian monarchies.

With such a broad base and so many potential starting points for leadership, is it possible that the terms *leader* and *leadership* may have been misunderstood and leadership constructs misapplied? Early geographic, anthropological, and scientific literature is often flawed and full of assumptions and opinions often presumed to be fact until something better comes along. A whimsical example is the flat earth theory, which was largely abandoned after the invention of the telescope and the circumnavigation of the globe by early mariners. Other flawed scientific research is less amusing and has produced harmful consequences.

Organizational literature is likewise peppered with misnomers and reevaluated ideas.[37] Older theories, such as Fredric Taylor's scientific management, management by objectives (MBO), and even participatory management, are rarely used and applied as theoretical frameworks within modern literature. These earlier theories suggested micromanagement, a high degree of structure, or consensus making were cornerstones to management success. Contemporary literature suggests that treating employees like objects, restricting their freedom, and allowing too much creativity are counterproductive to organizational goals. Managers must possess some of the skills of the leader to be successful in the practice of management, but management is separate from the leadership discipline itself; that is, leadership is just one of the many assets a successful manager must possess. Care must be taken in distinguishing between the two concepts. The main aim of a manager is simply to maximize the output of the organization through administrative implementation.

Some authors have suggested that the terms *leader* and *leadership* are culturally confounded with alternative and nonequivalent positions. For example, these terms are culturally confounded with the terms associated with *manager*, *supervisor*, *public figure*, and several other nonleadership or nonleader designations. This misapplication has had an adverse impact on health policy and planning, because the wrong caliber of individual is made responsible for areas of responsibility over and above his or her level of competence. The simple truth is that people are led and resources are managed.

A basic definition of leadership, as identified by Peters and Waterman, might suggest that leadership is "the process of influencing others to accomplish the mission by providing purpose, direction, and motivation."[38] These authors may have defined this term best when they suggested the following:

> It is patient, usually boring coalition building. It is purposeful seeding of cabal that ... will result in the appropriate ferment in the organization. It is shifting the attention of the institution through the language of management systems. It is altering agendas [for] new priorities. It is being visible [both in good and not so good times]. It's listening carefully, frequently speaking with encouragement, and reinforcing words with believable action. It's being tough when necessary.

Numerous definitions and variants of definitions can be found in the literature. A few definitions of leadership (emphasis added) are provided here:

- In 1961, Tannenbaum, Weschler, and Massarik defined leadership as *interpersonal influence*, exercised in a situation, and *directed* through the *communication* process, toward the attainment of a specified goal or goals.[39]
- In 1974, Stogdill stated that leadership is the initiation and maintenance of *structure* in expectation and *interaction*.[40]
- In 1982, in their bestselling book *In Search of Excellence*, Peters and Waterman defined leadership as guiding an organization toward success.[41]
- In 1984, Rauch and Behling suggested that leadership is the process of *influencing* the activities of an organized group toward *goal* achievement.[42]
- In 1990, Jacobs and Jacques stated that leadership is a process of giving purpose (meaningful direction) to

collective effort, and causing *willing effort* to be expended to achieve purpose.[43]

- In 1994, Yukl noted that most definitions of leadership reflect the assumption that it involves a "social influence process whereby intentional influence is exerted by one person over other people to structure the activities and relationships in a group or organization."[44]
- In 1999, it was suggested that "the unique and important function of leadership, contrasted with management or administration; is the conceptualization, creation and management of *organizational culture*."[45]
- In 2000, Blanchard, Hersey, and Johnson suggested that leadership is the ability to foster and succeed in obtaining good outcomes and noted that leadership is the result of training, not just the consequence of an accident or good fortune.[46]
- In 1990, Covey stated that leaders catalyze commitment to and vigorous pursuit of a clear and compelling vision while at the same time inspiring and leading the group to achieve high performance standards.[47]
- In 2005, Gupta suggested that leadership is a discipline, and that the ability to effectively discipline an organization's structure and habits consistently is a positive technique.[48]
- In 2008, Ling and colleagues suggested that leadership requires an individual's ability to motivate and instill pride in followers so that followers operate beyond self-interest and do what is necessary for the good of the organization.[49]
- In 2009, Ledlow and Coppola defined leadership as the ability to assess, develop, maintain, and change the organizational culture and strategic systems to optimally meet the needs and expectations of the external environment.[50]

Schein's well-established paradigm of leadership is an excellent example of implied scientific and artistic elementalism; that is, the unique and important function of leadership, contrasted with management or administration, is defined as the conceptualization, creation, and management of *organizational culture*.[51] *Culture* is a learned system of knowledge, behavior, attitudes, beliefs, values, and norms that is shared by a group of people.

> Leaders go beyond a narrow focus on power and control in periods of organizational change. They create commitment and energy among stakeholders to make the change work. They create a sense of direction, then nurture and support others who can make the new organization a success.[52–54]

Other important elements of leadership (including leadership teams) include the cultural impact of leadership. An important consideration in this realm is the cultural impact of communication on leadership effectiveness. The need to be skillful with regard to cultural differences illustrates not just the global challenges of leadership but also the richness of different styles of leadership, individually and as a leadership team. The areas of greatest interest include individualism versus collectivism, time perception, and high versus low communication contexts.

For health leaders in particular, and for leaders in general, for that matter, the definition of leadership used in this text comes from integrating ideas, study, and research from many scholars and practitioners that came before: *Leadership* is the *dynamic* and *active* creation and maintenance of an organizational *culture* and *strategic systems* that focus the collective energy of both *leading people and managing resources* toward *meeting the needs of the external environment* utilizing the most efficient, effective, and efficacious methods possible by moral means.

There is, however, a distinction between what is considered management and what is considered leadership. A manager tends to be more reactive and stays more closely coupled to organizational policies, standards, guidelines, and established processes. A health leader tends to be more proactive and more involved in developing the organizational culture and strategic systems (such as the supply chain, human resources, revenue management, and financial and clinical operational systems of the core organizational functions) necessary to maximize the efficiency, effectiveness, and efficacy of the organization within the external environment.

Leadership is one of the most widely debated and broadly defined organizational theories within the realm of organizational behavior. Strong partisan opinions abound, such that leaders are differentiated by disciplines or positions. The study of leadership has occupied tens of thousands of pages and decades of debate within the refereed literature, with little agreement on discussion and few results to show for these efforts.[55] A review of searchable databases at the Library of Congress in Washington, D.C., performed by employing a series of partially overlapping searches using the terms *leader*, *leadership*, *manager*, *executive*, *supervisor*, and *director*, covering printed material from 1945 to 1995, suggested the common media (comprising television, radio, and newspapers) has popularized the term *leadership* above the other terms.

The discussions of leadership and leaders have transcended traditional boundaries in recent decades, with these terms being used synonymously and extended to describe behavior and phenomena in management, supervisory

positions, coaching, education, role models, celebrities, political representatives, inspirational personnel, sports figures, and subject matter experts, among others. Despite well-respected literature that distinctly separates leadership from other identifiers, the term *leadership* continues to be used to describe a plethora of activities in society.[56]

Because of this misapplication, the terms *leader* and *leadership* have dominated the fashionable connotations associated with nonequivalent positions, resulting in a popularly accepted hierarchy. Being a leader is perceived as better than being just a manager, supervisor, or subject matter expert. Being designated a leader rather than a manager (or something else) results in an artificial perception of status, which translates into a "feel good" perception for the individual.

Perhaps this evolution is, in part, associated with the increasing competition for the best employees and other cultural changes that have occurred within society in the past century. A review of want ads in *The Washington Post* finds few vacancies for "secretaries" but identifies several requests for "administrative assistants." Janitorial positions are advertised as "custodial engineers." The American College of Healthcare Executives contains a directory of search firms that suggests few hospitals are hiring "medical doctors." Instead, the current spin appears to be searching for "physician-leaders."

As a result of these ever-broader applications, the term *leadership* has become ubiquitous within the literature and society. Consequently, leadership constructs are no longer viewed as distinct and mutually exclusive. A review of the literature, in fact, suggests there is no single construct unique to leadership theory. Researchers of leadership theory are often forced to borrow from the plethora of micro-organizational theories in the discipline to explain phenomena associated with leadership theory.

What is your definition of leadership? What is your definition of management? Are your definitions of these two terms different?

Defining Management

There is a definite difference between leaders and managers. For example, one researcher has suggested that managers think incrementally, whereas leaders think radically. Moreover, Predpall states that "Managers do things right, while leaders do the right things."[57] Another distinction is that leaders do not manage daily operations, but rather they create vision and motivation; in contrast, managers implement objectives and programs.[58]

Several authors have suggested that leaders must have good managerial skills to organize and delegate tasks; however, not all managers have the ability to direct complex health organizations and guide vision and strategy.[59] As Maxwell has suggested, an individual is either a follower or a leader: There is no in between—you are either a reactor or an imitator, not both.[60]

As a final distinction, leaders must let vision, strategies, goals, and values become the guideposts for their actions and behaviors rather than attempting to merely control others. This is starkly different from the managerial function, which almost by definition has an inherent obligation to know the daily duties and productivity of the people under the manager's supervisory control.[61]

As a reading of the body of leadership literature quickly reveals, many researchers over the decades have blurred the lines between leadership and management.[62] Today, much of this fuzziness still exists. Within this gray area, you should decide for yourself what makes an excellent manager and what defines an excellent leader. Leadership and management are compared in **Table 1-3**.

A further distinction can be seen in the values associated with team building and relationship nurturing. For example, managers may be involved with evaluating outcomes of employees, whereas leaders are responsible for selecting the original talent in the organization. Another example might suggest that managers oversee the daily accountability to a fiscal budget, whereas leaders direct the strategy that dictates where elements of resources will be allocated. Finally, managers may act as facilitators between employees and the upper leadership team, whereas the leadership team itself instills and builds trust through maintaining a healthy, surviving, and prosperous organization where the job security, benefits, and livelihoods of employees are maintained.[63]

In the simplest terms, management is the process of getting activities completed efficiently and effectively with and through other people.[64,65] Management functions and sets of knowledge, skills, and abilities have been researched for several decades. The most widely accepted approach for classifying managerial skills is in terms of a categorization system (called a *taxonomy*). Those skills are defined as follows:

- *Technical skills*: Knowledge about methods, processes, procedures, and techniques for conducting specialized activity; the ability to use those tools and equipment relevant to the activity
- *Interpersonal skills*: Knowledge about human behavior and interpersonal processes; the ability to understand the feelings, attitudes, and motives of others; the ability to communicate effectively; the ability to establish effective relationships
- *Conceptual skills*: General analytical ability; logical thinking; proficiency in concept formation and conceptualization of complex and ambiguous

Table 1-3 Comparison of Leadership and Management

Leadership	Management
Longer time horizon	Shorter time horizon
Vision, then mission oriented	Mission oriented
Organizational validity (Are we doing the right things?): environmental scanning and intuition	Organizational reliability (Are we doing things correctly and consistently?): compliance with rules and policies, and rule development
Does the organization have the correct components (people, resources, expertise) to meet future as well as current needs?	How can current components work best now?
Developing and refining organizational culture to meet external environment needs	Maintaining organizational climate to ensure performance
Timing and tempo of initiatives and projects	Scheduling of initiatives and projects

Ledlow, G., & Cwiek, M. (2005). The process of leading: Assessment and comparison of leadership team style, operating climate and expectation of the external environment. *Proceedings of the Global Business and Technology Association.* Lisbon, Portugal: Global Business and Technology Association.

relationships; creativity in idea generation and problem solving; the ability to analyze events and perceive trends, anticipate changes, and recognize opportunities and potential problems (inductive and deductive reasoning)

- *Administrative skills*: The ability to perform a particular type of managerial function or behavior (planning, organizing, delegating, negotiating, coaching, conducting meetings)[66–68]

Indeed, leadership and management research, literature, and practice have intermingled to a high degree. A leader can be a manager, and a manager can be a leader. Many times, depending on your job role and responsibilities, you have to be both leader and manager. Typically, the higher a person moves up the career ladder, the more extensively leadership thinking, behaviors, and actions are used. Successful organizations have both effective leaders and effective managers. The key to success is the consistency and focus on the organization's mission across the leadership and management team. Both leaders and managers are on the same health organizational team, focused on similar outcomes, but performing their responsibilities differently to ensure successful results.

In summary, the difference between management and leadership is based on experience and potential. For example, managers are usually employees who have experience in the field and discipline within the area of work and production with which the organization is associated. They are generally individuals who have worked their way up through the ranks of a company from "mailroom"-type activities to a position where their knowledge of policies, practices, and procedures creates a stable environment of institutionalism such that daily operations are consistent and operations of daily reoccurring work remain relatively constant. Managers will know each layer of work under them and, in many cases, be able to perform the duties of their subordinates. In stark contrast is the leader, who may be a new arrival to the organization, yet whose careful risk taking, vision, wisdom, and ideas are capable of breaking down barriers and propelling the organization toward new levels of productivity and performance.[69]

Organizations Need Leaders and Managers

Leaders are essential to organization achievement and success. Managers are essential to organization achievement and success. Both leaders and managers must work in concert to develop an effective system with which to administer an organization. Henry Mintzberg, a prominent management researcher, scholar, and author, describes management in terms of roles.[70] As you read through the descriptions of these managerial roles, consider the leader and manager comparison presented earlier in this chapter, and determine whether a leader or a manager, or both, would perform the roles defined by Mintzberg.

In Mintzberg's work, chief executive officers were observed. During this process, managerial work was categorized as encompassing 10 roles: three that involved mainly *interpersonal contact* (figurehead, leader, and liaison);

three that involved *information processing* (monitor, disseminator, and spokesperson); and four that related to *decision making* (entrepreneur, disturbance handler, resource allocator, and negotiator). Managerial roles can be independent of situations that rely on traits and behavioral theories, although this line of research has proved more valid with the situational approach—where managers move from role to role depending on the situation. The Mintzberg roles for managers are as follows:

- *Figurehead*: Based on formal authority; symbolic duties of a legal and social nature.
- *Leader*: Responsible for making the organization function as an integrated whole in pursuit of the mission/goals of the organization.
- *Liaison*: Behavior intended to establish and maintain a web of relationships internal and external to the organization.
- *Monitor*: Continually seeking information from a variety of sources (situational analysis, environmental "scanning").
- *Disseminator*: Special access to information not available to subordinates; passing on of information to subordinates and, in some degree, to peers and superiors.
- *Spokesperson*: Obligation to transmit information and express value statements to people outside of the organization.
- *Entrepreneur*: Initiator and designer of controlled change; exploiting change to improve the current situation or position for future risk.
- *Disturbance handler*: Dealing with sudden crises that cannot be ignored (conflict, for example). Typically, the manager gives this role priority over others.
- *Resource allocator*: Authority to allocate scarce resources (power).
- *Negotiator*: Negotiations requiring substantial commitment of resources are facilitated by the manager having the authority to make commitments.[71]

Leaders and managers have different perspectives on the health organization and their personal roles within that organization. Both need to be on the same page to meet the organization's mission and vision. Again, an administrator or executive can be both a leader and a manager depending on the situation, job position, and immediate role required at the time. As long as the health industry remains dynamic, both leaders and managers are essential to the organization's success and survival; coordination and consistency of their efforts are keys to determine how well the strategic leadership/management system performs over time.

LEADERS AND SYSTEMS: INDIVIDUAL, GROUP, ORGANIZATION, AND INDUSTRY SUCCESS

Leadership requires a predetermined vision of an individual, group, organization, and industry as a whole. The complexity of the leader's actions and behaviors increases as one moves from individual to group, to organization, and so on. As complexity increases, the need for a predetermined vision, consistency, development of a strategic leadership and management system, and development of an improved culture intensifies as well. Leaders use strategic systems to direct the organization, but people are still led and resources are managed. In health organizations, a number of systems are integrated (or should be integrated) to provide tools for leaders to lead, including strategic human resource management systems, strategic supply chain systems, financial and revenue management systems, information and decision support systems, a strategic planning system, and a strategic network of internal and external stakeholders.

A significant system used by leaders is that of the leadership and management team. The members of this team, when aligned with the mission and vision of the organization, are the developers of organizational culture; strategic decision makers; directional, competitive, and adaptive strategists; and prime movers in the organization. The more knowledge, skills, abilities, and propensities the leadership team brings to the collective table, the better able the organization is to be successful in dynamic or changing times.

Leadership at the health industry level is difficult because of the industry's enormous size, unaligned motivations, differing incentives, scarcity of resources, and, especially, lack of a unifying and widely accepted (consensus of all stakeholders) common vision. However, there is a desperate need for a unified leadership effort at the industry level. Maybe you are the leader who will fill that gap.

DESCRIPTIVE AND PRESCRIPTIVE THEORIES

Leadership theories and models can be descriptive, prescriptive, or both descriptive and prescriptive. Descriptive theories and models illustrate, define, and capture leadership phenomena but do not recommend or prescribe specific actions, behaviors, or processes to employ. Prescriptive theories and models provide recommendations to

the leader-practitioner with regard to actions, behaviors, or processes to use to be a successful leader. Some leadership theories and models both describe and prescribe.

THE STUDY OF LEADERSHIP: WHAT'S IN IT FOR ME?

All disciplines across the spectrum of education discuss leadership in one form or another. Whether they are chemists or musicians, successful individuals must know how to motivate people toward goal-directed behavior. The study of leadership provides the tools needed to accomplish this outcome and make you successful in your own endeavors in achieving success.

Being a leader is a special privilege. To have power, influence, and control over the lives of employees is a special responsibility. Of course, with that responsibility come special rewards, similar to those associated with being a parent. It is a special privilege to guide, nurture, and coach a group of employees toward an organizational objective and then share in the pride of accomplishing that objective. It is a joy to celebrate the success of those whom you lead. It is rewarding to mentor and develop the next generation of leaders and managers under your guidance as they look to you to provide them with the examples, tools, skills, insights, and judgments needed to be successful. And similar to the joy of parenthood, when your employees move on to assume positions of responsibility of their own and later call to say "thank you" for helping them to become successful, you can share in that special pride and reward that all leaders experience when they have successfully passed the reins of responsibility to one of their protégées.[72,73]

Leadership continues to be a concern in the forefront in healthcare delivery organization senior management discussions, professional literature, and academic literature. Recent leadership literature is plentiful in health leadership domains. The following provides the evidence.

- Leaders must have the ability to motivate as well as inspire; they also need to be willing to change leadership strategies and behaviors in order to remain effective.[74] "Leaders often integrate values into sustainable development," and sustainable development is important to balance the needs for today's society as well as the needs of the future.[75]
- Communication style and personality are traits that leaders rely on every day, and these are connected in overall leadership qualities. The authors suggest that communication styles, specifically expressive and precise communication styles, add value over personality traits in leadership outcomes.[76]
- The demand for healthcare, accountability, quality of care, and patient satisfaction relate back to leadership training and professionalism within the healthcare industry. In many countries, a comprehensive development of strategic management and effective leadership skills must be learned to facilitate growth and achievement within the organization.[77]
- Although the Mayo Clinic forefathers followed the servant leadership model, it is important to inspire and motivate Mayo colleagues to fulfill the positive patient experience. The Mayo Clinic's physicians currently utilize transformational leadership to motivate and inspire the faculty and staff at Mayo in addition to using servant leadership; leadership development is essential to provide the best quality services to Mayo's patients.[78]
- "Effective leadership is critical for optimizing cost, access, and quality in healthcare."[79] Tailored programs in leadership should be focused on medical professionals to develop specific competencies within their roles. Overall leadership development should include collaboration, adaptation, initiative, a vision to promote quality healthcare, and active leadership experience.[80]
- 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."[81]

What's in it for you? To be the best leader and have the best career in serving others that you can achieve. As you study leadership, you should focus on several goals. You may add your own goals to the following list:

- Define, describe, and categorize leadership knowledge, skills, and abilities.
- Understand leadership principles that contribute to successful groups and organizations.
- Apply leadership principles in thought, in writing, and then in practice.
- Analyze, compare, and deconstruct the various leadership theories, models, and skills.
- Combine elements from personal study to develop, refine, and defend a personal model of leadership that you can use in practice.
- Compare and contrast several leadership theories, models, and skills, and summarize the expected outcomes of the various leadership elements.
- Mentor, coach, and guide others in the health professions to be better leaders.

SUMMARY

This chapter focused on the basic definitions and distinctions of leadership. Specific emphasis was placed on defining the importance of leadership study in the healthcare environment and its appropriate place in the field of both academics and professional practice. Leadership was differentiated from management, and a distinction between managers and leaders was presented. Final emphasis was placed on descriptive (tells about leadership) and prescriptive (gives direction and guidance) theories and models before the basic goals of leadership study were presented. The importance of leadership today was presented to compel health professionals, established in the profession as well as new to the profession, to strive to achieve leadership competence to successfully lead people and manage resources throughout the dynamic health industry.

DISCUSSION QUESTIONS

1. Why is the study of leadership important to early careerists in the health industry? What are the challenges in the industry that require quality leadership?
2. Can you explain and give examples of leadership as compared with management? Why might health organizations need both leaders and managers?
3. Compare the application of a prescriptive leadership model to the application of a descriptive leadership model. What is the difference?
4. What distinguishes the phases of leadership thought from ancient to modern times, and what are the differences of each of the phases?
5. Can you relate the phases of leadership thought to modern leadership practices and research and provide examples?
6. What is your evaluation of the health industry's need for leadership today and into the next decade? Which specific leadership knowledge, skills, and abilities are particularly important today?

EXERCISES

1. What is leadership, and why is leadership vital to successful health organizations? Write a paragraph that supports your definition and another paragraph explaining why health organizations need leadership.
2. Distinguish between leadership and management. How are leadership and management similar? How are they different? Answer this question in three to four paragraphs.
3. Construct a list of leadership principles based on the actions and behaviors of a leader (preferably a health leader) you observe or have observed. Why are those principles successful or not successful in leading the organization? In two to three paragraphs, list and relate observed principles to outcomes.
4. Upon considering the trait, behavior, and situational leadership phases of research, which phase seems most relevant today in the health industry? Are there underlying constructs from each phase that can work together to form a coherent leadership model that explains leadership and can predict organizational outcomes? Break down each phase and relate the underlying constructs to leadership in health organizations today, paying particular attention to organizational outcomes.
5. Which attributes do you (or would you) look for in a manager? Which attributes do you look for in a leader? In your answers to these questions, is there a theoretical link in your response? (Can you reference this chapter, another reading, or a lecture that forms a connection to your responses?) Compile a list of manager attributes and a list of leader attributes. Categorize each manager and leader attribute as a "trait," a "behavior," or a "situational" attribute, and summarize the major themes of your lists in one to two paragraphs.
6. Critique one of the following articles, or an article provided by your instructor, in four to five paragraphs. Relate the critiqued article to the content in this chapter in two to three paragraphs.
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