

# Reading list: Leadership Essentials 2

Date of webinar: 12 September 2023

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## 1 Description

- This tailored reading list includes signposted web links, links to e-Books held by the BMA library, and journal articles on the topic of **Leadership Essentials** as a supplement to the Learning and Development webinar you attended on 12 September 2023.
- The selected content is representative of the current literature on this topic, inclusion on this list does not imply endorsement from the BMA.
- If you would like to request a literature search on any aspect of this topic please fill out a [request form](#) (this service is available to BMA Members only).
- This reading list prioritises online content to ensure all attendees can benefit from this supporting resource. However most full text links will be accessible to BMA Members only. Find out more about [the benefits of BMA Membership](#) and [join here](#).
- The BMA Library prioritises an e-first approach, however if you are near BMA House in London, we have a modern, purpose-built library space where members are welcome to come and study. Find out more and see how we can help you [here](#).

## 2 Obtaining full text articles

### 2.1.1.1 Full text links

If available, the full text link has been included.

### 2.1.1.2 Search for Journals

The BMA Library provides access to thousands of e-journals for all BMA members. Use our [journal search](#) or [search by citation](#) options on the library website.

### 2.1.1.3 Article Requests

Members can use our article request service to request digital copies of articles that are not available in our library collections. We will try to obtain these copies from other libraries in the UK on your behalf for a fee: £5.10 (+VAT) for the first ten article requests; £13 (+VAT) for all subsequent requests. To request digital copies of articles, use the [order an article form](#) on the library website (you must be signed in).

### 2.1.1.4 E-Books

We provide free, direct access to thousands of e-books for BMA members.

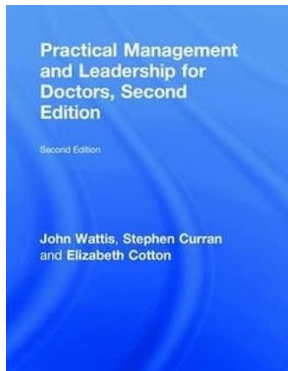
### 2.1.1.5 Further help

For any further help with getting full text articles, please contact the BMA Library Team ([bma-library@bma.org.uk](mailto:bma-library@bma.org.uk))

## 3 Results

### Results

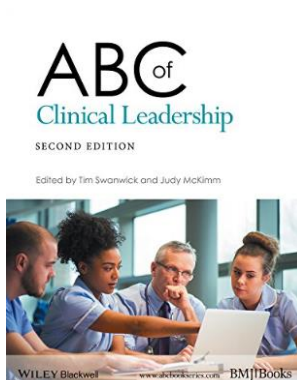
#### 3.1 e-Books



Wattis, John, Stephen Curran, and Elizabeth Cotton. **Practical Management and Leadership for Doctors**. 2nd ed. CRC Press, 2019.

Available online [here](#)

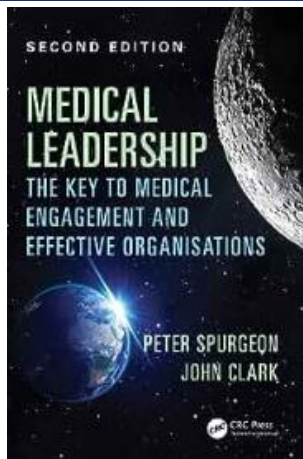
This practical, concise book offers a hands-on introduction to the knowledge, skills, attitudes, and behaviour required to succeed in a modern healthcare setting. Focussing on common issues and challenges, it examines organisational structures and strategies for productive relationship-building, goal setting and quality maintenance, encouraging innovation, and how to lead and manage in difficult circumstances.



Tim Swanwick, Judy McKimm. **ABC of Clinical Leadership**. 2nd ed. New York: Wiley, 2017.

Available online [here](#)

Outlines the scope of clinical leadership, emphasising its importance in the clinical context, especially for improving patient care and health outcomes in rapidly changing health systems and organisations. Using short illustrative case studies, the book takes a systematic approach to leadership of clinical services, systems, and organisations, working within multidisciplinary teams and developing individual leadership skills.



Spurgeon, Peter, and John Clark. **Medical Leadership: The Key to Medical Engagement and Effective Organisations**, Second Edition. Milton: CRC Press, 2017.

Available online [here](#)

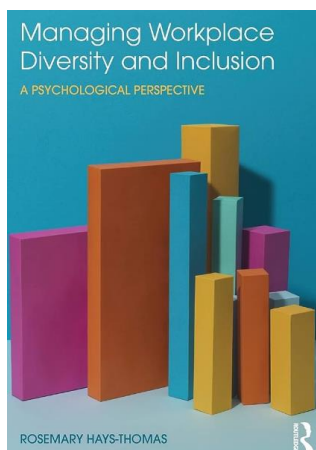
A comprehensive account of the key aspects of medical leadership. A highly accessible, textbook-style resource, it explores how the medical profession has evolved in tandem with administrative and structural aspects of the NHS. Provides support and guidance to anyone engaged in leadership within the NHS, but particularly to junior doctors in the primary and secondary care arenas taking on leadership roles for the first time.



Lexa, Frank James. **Leadership Lessons for Health Care Providers**. San Diego, CA, USA: Elsevier Science, 2016.

Available online [here](#)

Demonstrates how all types of health professionals can gain a better understanding of what leadership is, how to develop their skills while still early in their careers, how to understand and handle common leadership conundrums and chart a path towards increasing their leadership capabilities as they reach mid-career and beyond.



Hays-Thomas, Rosemary. **Managing Workplace Diversity and Inclusion: A Psychological Perspective**. London: Routledge, 2017.

Available online [here](#)

Each chapter includes engaging scenarios and real-world applications to stimulate learning and help students conceptualise and contextualise diversity in the workplace. Intended for upper-level undergraduates as well as graduate students, this textbook brings together foundational theories with practical, real-world applications to build a strong understanding of managing diversity and inclusion in the workplace.



Rajesh, Saundarya. **The 99 Day Diversity Challenge: Creating an Inclusive Workplace.** New Delhi: SAGE Publications India Pvt, Ltd, 2019.

Available online [here](#)

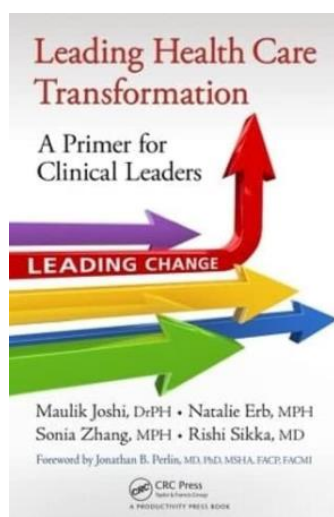
A handy guide to set organisational inclusion goals, design a methodology to accomplish them and track progress all the way.



Stephen Frost, Raafi-Karim Alidina. **Building an Inclusive Organization: Leveraging the Power of a Diverse Workforce.** London: Kogan Page, 2019.

Available online [here](#)

Includes case studies from KPMG, Uber, Salesforce, Harvard University and the UK NHS, showing how to implement robust processes and policies to foster diversity and inclusion in organisations of any size, and in all sectors. Includes guidance on how to use 'nudges' to change behaviours and overcome bias, how to achieve transparency and accountability, and how to measure, review and evaluate inclusion.



Joshi DrPH, Maulik. **Leading Health Care Transformation: A Primer for Clinical Leaders.** United States: CRC Press, 2015.

Available online [here](#)

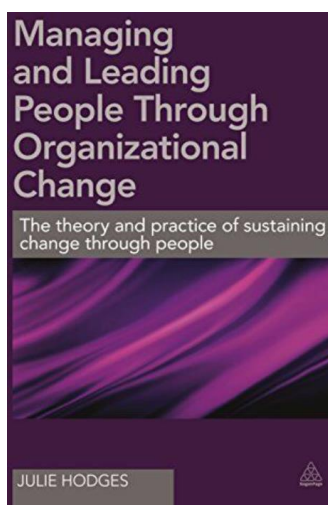
A succinct and practical primer on healthcare transformation for all clinicians in leadership positions. It summarises high-profile healthcare topics and includes a synopsis of the evidence, examples, lessons learned, and key action steps for each topic covered.



Leonard, H. Skipton et al. **The Wiley - Blackwell Handbook of the Psychology of Leadership, Change, and Organizational Development**. 1. Aufl. Chichester: John Wiley & Sons, 2013.

Available online [here](#)

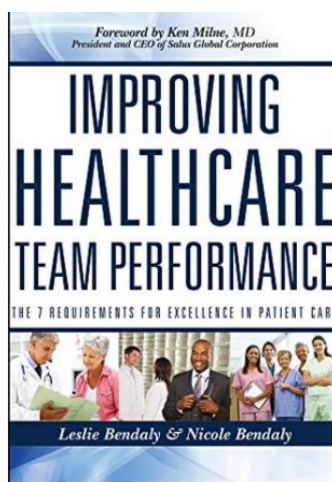
Provides an in-depth, international, and competencies-based approach to the psychology of leadership, change and organisational development. Aimed at those who do not always have the time or resources to keep up with scholarly research. Chapters cover leadership and employee well-being, organisational creativity and innovation, positive psychology and Appreciative Inquiry, and leadership-culture fit.



Hodges, Julie. **Managing and Leading People Through Organizational Change: The Theory and Practice of Sustaining Change Through People**. London: Kogan Page, Limited, 2016.

Available online [here](#)

Written for leaders with the key responsibility of managing people through transitions, this volume provides a critical analysis of change and transformation in organisations from both a theoretical and practical perspective. Addressing the individual, team and organisational issues of leading and managing people before, during and after change, using case studies and interviews with people from organisations in different sectors across the globe, it demonstrates how theory can be applied in practice through practical examples and recommendations.

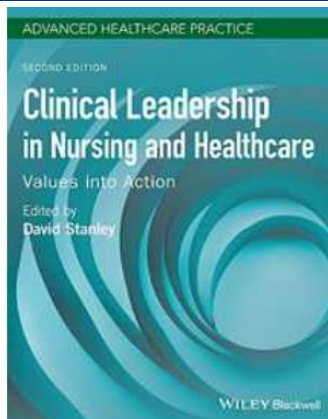


Bendaly, Leslie, and Nicole Bendaly. **Improving Healthcare Team Performance: The 7 Requirements for Excellence in Patient Care**. 1. Aufl. Newark: Jossey-Bass, 2012.

Available online [here](#)

A practical handbook for healthcare leaders striving to ensure a superior patient experience and high quality of care. Provides tips on how to develop high functioning teams, whether multidisciplinary, interdisciplinary, or departmental and offers those dealing with the common healthcare leadership challenges of low morale, poor communication, interpersonal conflict, and lack of knowledge sharing the tools to take immediate action to improve performance.

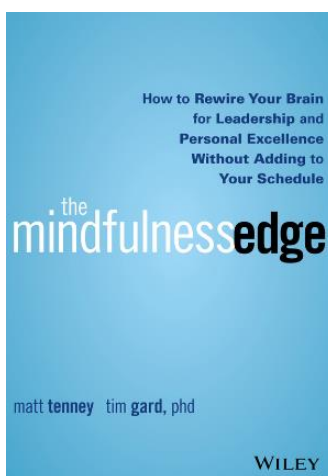




Stanley, David. **Clinical Leadership in Nursing and Healthcare: Values into Action**. 2nd ed. Hoboken: Wiley, 2016.

Available online [here](#)

Provides information on the attributes of clinical leaders, as well as the tools healthcare students and staff can use to develop their leadership potential. It also outlines a number of principles, frameworks and topics that support nurses and healthcare professionals to develop and deliver effective clinical care as clinical leaders.



Matt Tenney, Tim Gard. **The Mindfulness Edge : How to Rewire Your Brain for Leadership and Personal Excellence Without Adding to Your Schedule**. Newark: John Wiley & Sons, Inc, 2016.

Available online [here](#)

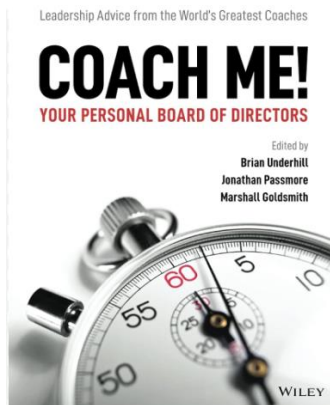
Offers step-by-step, practical guidance for quickly and seamlessly integrating mindfulness training into your daily life—rewiring your brain in ways that improve both the 'hard' and 'soft' skills of leadership.



**Leadership: New Insights**. London: IntechOpen, 2022.

Available online [here](#)

Although much research has been done on the concept of leadership, many studies do not include the different styles, perspectives, and contexts of leadership. This book aims to fill this gap by combining several studies on leadership from different perspectives. The various chapters address such topics as millennial leaders, Theory X style leadership, leadership in the turbulent environment, and emotional intelligence.



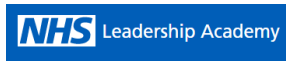
Passmore, Jonathan, Brian Underhill, and Marshall Goldsmith.  
**Coach Me! Your Personal Board of Directors.** Wiley, 2022.

Available online [here](#)

Each curated piece explores a critical issue in leadership, covering topics like self-awareness, communication, interpersonal relationships, emotional intelligence, delegation, coaching, change management, transition management, execution, and career development.

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## 3.2 Web links



### **NHS Leadership Academy**

#### *Healthcare Leadership Model*

A model, tools and resources designed to develop and support non-clinical and clinical leaders and aspiring leaders.

**Available online** [here](#)



### **BMJ Careers**

#### *Leadership and Management Techniques For All Doctors*

Covers the concepts of leadership and management in healthcare, how these relate to the duties of a doctor as specified by the GMC, and the NHS Academy Healthcare Leadership model.

**Available online** [here](#)



### **TED Talks**

#### *How to be a Great Leader*

What makes a great leader? These TED Talks offer surprising, nuanced approaches on how to inspire and empower others to do their very best.

**Available online** [here](#)



### **BMJ Learning**

#### *Inclusive Leadership*

If we think about diversity as being the 'mix', then an inclusive leader is one who can actively draw out and use the knowledge, skills and insights of this diverse mix. Inclusive leaders do this by creating an inclusive workplace culture, building inclusive relationships both within their immediate team and beyond, and eliminating the impact of unconscious bias on their decisions.

**Available online** [here](#)



### **BMJ Learning**

#### *Module 5: Leadership and running an effective LNC*

This module will help you identify what kind of leader you are and what kind of leader you have the potential to become. We will also look at fundamentals of a successful meeting, key behaviours, and skills of effective leaders, and recognise different stages of group dynamics.

**Available online** [here](#)

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**Yates, J.**

*What makes a good leader within the NHS*

In a time of constant change and upheaval, leadership has never been more important. John Yates, group director at ILM, discusses leadership at all levels and why support to leaders is critical.

Available online [here](#)



**Jones, B.**

*Strengthening NHS management and leadership*

We interviewed NHS managers with a view to understanding the challenges they face, what works well and what could be done differently. In this long read, we set out some of the insights from these interviews, focusing mainly on the role and practice of managers and how they are trained and supported

Available online [here](#)

### 3.3 Google Scholar



intitle:leadership around(2) (transformation OR change OR "diverse teams" OR "patient care") (doctors OR clinicians OR "health professionals" OR NHS) -medline -embase -nurses -nursing

Click link to see [Google Scholar results](#)

BMA members can follow the instructions set out in [this library blog post](#) to directly access the full text of any of the Google Scholar articles that the BMA library has a subscription to (you only need to follow these instructions once).

\*Please note that as Google Scholar results are ordered by relevance, the first few pages of results will be the most useful.

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### 3.4 Journal articles

1. Wiedman, C. (2023).

**“Navigating role conflict: one professional’s journey as a new clinician leader.”**

*BMJ Leader* 20: 20.

[Click to view reference](#)

Transitioning from full-time clinical work to a leadership position can be a difficult transition for healthcare professionals. Competing demands, new responsibilities and changes in how one measures success in this new role often leave new clinician-leaders feeling lost, stymied or ineffectual. Role conflict is one phenomenon which can impact a healthcare professional’s transition into leadership. Role conflict occurs when the clinician turned leader experiences a sense of dissonance between a highly valued identity as a clinician and a developing identity as a new leader. This article shares my personal experience as a new clinician leader in the field of physical therapy. I offer reflections on the impact of professional role identity conflict during my transition into leadership, and how this role identity conflict led to early leadership failures, but also how addressing role conflict contributed to leadership success later on. More importantly, this article offers advice to the new clinician leader for navigating role identity conflict during a clinical to leadership transition. This advice is based on my personal experience in physical therapy and on the growing body of evidence on this phenomenon in all healthcare professions.

2. Schmidt, M., et al. (2023).

**“180degree view on general practitioners’ leadership skills: practice-level comparisons of leader and staff assessments using data from the cluster-randomised controlled IMPROVEjob study.”**

*BMJ Open* 13(7): e066298.

[Click to view reference](#)

**OBJECTIVES:** Strong primary care leaders are needed to assure high quality services for patient populations. This study analysed general practitioners’ (GP) leadership skills comparing practice-level self and staff assessments based on the full range of leadership model and the leader-member exchange (LMX).

**SETTING:** The questionnaire survey was conducted among German general practice leaders and their staff participating in the IMPROVEjob trial.

**PARTICIPANTS:** The study population comprised 60 German general practices with 366 participants: 84 GP practice leaders and 282 employees (28 physicians and 254 practice assistants).

**PRIMARY AND SECONDARY OUTCOME MEASURES:** Leadership skills of the practice leaders were measured using the Integrative Leadership Questionnaire (German Fragebogen für integrative Führung) and the LMX-7 questionnaire. Leaders rated themselves and practice staff rated their leaders. The data was analysed by paired mean comparisons on the practice level.

**RESULTS:** For most leadership dimensions, practice leaders rated themselves higher than their employees rated them. Differences were found for transformational leadership ( $p < 0.001$ ,  $d = 0.41$ ), especially for the dimensions ‘innovation’ ( $p < 0.001$ ,  $d = 0.69$ ) and ‘individuality focus’ ( $p < 0.001$ ,

d=0.50). For transactional leadership, the dimension 'goal setting' differed significantly ( $p < 0.01$ ,  $d = 0.30$ ) but not the other dimensions. Scores for negative leadership were low and showed no differences between leaders and employees. Interestingly, employed physicians' rated their practice leaders higher on the two transformational ('performance development', 'providing a vision') and all transactional dimensions. The LMX-7 scale showed high quality relationships between leaders and employees.

**CONCLUSIONS:** This 180degree analysis of GPs' leadership skills with self and employee ratings indicated good relationships. There is a potential to improve leadership regarding goal-setting, innovation and focusing on individual team members. These results allow for the development of targeted interventions.

TRIAL REGISTRATION NUMBER: German Clinical Trials Register, DRKS00012677. Registered 16 October 2019.

3. Krishnamoorthy, U., et al. (2023).

**“Enabling Compassionate and Collective Leadership among Regional Medical Leaders, for Co-Created Strategic System Solutions to Enhance Compassionate Approaches in Governance around the Management of Doctors with Professional Standards Concerns: Initial Outcomes from Part of a System-Wide Project Series in the ‘Growing Compassion, Nhs England Northwest Initiative’.”**

*BMJ Leader* 7(Supplement 1): A18-A19.

[Click to view reference](#)

Context 'Growing Compassion' is a regional system wide initiative led by the NHS England (NHSE) System Improvement and Professional standards (SIPS) team in the Northwest (NW) of England. The target audience were Medical directors (MDs) who fulfil the statutory Responsible officer(RO) functions as per the RO regulations in England across primary, secondary and independent care sectors and key external stakeholders (General Medical Council-GMC, Health Education England NW (HEENW), NHS Resolution(NHSR)). Issue/Challenge This was launched in response to the impact on healthcare professionals by Covid19 pandemic and the inequities it unveiled. NHSE NW challenge and vision were to enable and grow, compassionate collective leadership in the management of professional standards concerns regarding doctors while ensuring governance and reducing inequities.

4. Yau, A. A., et al. (2022).

**“The Physician Leader: Teaching Leadership in Medicine.”**

*Advances in Chronic Kidney Disease* 29(6): 539-545.

[Click to view reference](#)

An integral part of a physician's practice includes being a leader, especially as there is a strong need for skilled leaders to advocate and navigate patient-centered and organizational outcomes. Nephrologists undertake multiple leadership roles, but dedicated leadership training is lacking in medical and postgraduate education. Given the growing need for physician leaders, practitioners in nephrology and beyond must become better equipped in understanding the role of leadership skills in medical practice. Nephrology and the medical community as a whole should focus on intentional and dedicated leadership in medical education training to better groom physicians for

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leadership roles. In this paper, we define and discuss the components and styles of leadership. We further propose cognitive models that allow one to apply leadership theory in common practice.

5. Wade, C., et al. (2022).

**“CPR today, CMO tomorrow: how doctors of today can use their skill set to become the leaders of tomorrow.”**

*BMJ Leader 6(2): 118-120.*

[Click to view reference](#)

The COVID-19 pandemic has tested our medical leaders like no other health crisis in living memory. The challenges faced by our profession have prompted many colleagues to reflect frankly on their own leadership capabilities and potential. November 2020’s ‘Leaders in Healthcare’ conference<sup>1</sup> aimed to empower and inspire clinicians to become better healthcare leaders. During the conference’s ‘UK 4 nations CMO’ panel session, the chief medical officers (CMOs) discussed their experiences of leadership throughout the pandemic. Dr Frank Atherton (Wales), Dr Michael McBride (Northern Ireland), Dr Gregor Smith (Scotland) and Professor Chris Whitty (England) reflected with candour on their experiences as CMO of each nation during the COVID-19 pandemic and the sometimes difficult lessons they have learnt as leaders over this period. As well as the onerous task presented trying to keep a foot in each camp of the medical and political worlds, the CMOs have borne the additional strain of being catapulted into a demanding, relentless media spotlight. While being heralded as celebrities of the pandemic epoch, this has inevitably led to vilification in the public and on social media. These experiences have provided them with a powerful platform that also generates abundant opportunities for self-reflection. In sharing their experiences, we can better understand our own potential as leaders in addition to the pitfalls that leadership as a clinician can bring.

6. Ng, C. Y., et al. (2022).

**“Medical students’ and junior doctors’ leadership and teamwork skills improved after involvement with Simulation via Instant Messaging-Birmingham Advance (SIMBA).”**

*BMJ Leader 6(3): 233-236.*

[Click to view reference](#)

**BACKGROUND:** Leadership and teamwork skills are essential components of medical education. Simulation via Instant Messaging-Birmingham Advance (SIMBA) is an innovative simulation-based learning tool mainly delivered by medical students and junior doctors. This study aimed to investigate the effect of SIMBA on leadership and teamwork skills of medical students and junior doctors during COVID-19.

**METHODS:** All medical students and junior doctors involved in the delivery of SIMBA were invited to complete the Leadership Trait Questionnaire (LTQ) and Teamwork Skills Questionnaire (TSQ) assessing their views pre-SIMBA and post-SIMBA involvement. The changes in scores were analysed using the Wilcoxon signed-rank test. Open-ended questions were reviewed in an inductive thematic analysis.

**RESULTS:** A total of 33 SIMBA team members completed both questionnaires. There was improvement in all traits measured in the LTQ and TSQ, significant in 9/14 LTQ traits, and all 6 TSQ traits ( $p < 0.05$ ). ‘Decision making’ had the highest improvement ( $p < 0.0001$ ). Response to open-

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ended questions reported positive effects on personal development, medical professionalism, communication skills and medical/clinical knowledge.

CONCLUSIONS: SIMBA is an effective model to inculcate leadership and teamwork skills among medical students and junior doctors. Prospective studies are underway to assess long-term impact.

7. McKimm, J., et al. (2022).

**“Evaluating the impact of a national strategic leader development programme for UK doctors: myth-busting, mind-changing, mood-enhancing.”**

*BMJ Leader 6(3): 199-205.*

[Click to view reference](#)

BACKGROUND: The drive towards engaging UK doctors in clinical leadership and management has involved many initiatives at various levels.

METHODS: This paper reports on the findings of an in-depth evaluation of a national medical leadership programme for doctors in the late stages of specialty or general practitioner (GP) training or have just become consultants or GPs.

RESULTS: The evaluation clearly demonstrates the impact of this programme and the benefits for the individuals and organisations involved, particularly around stimulating a shift in mood and a major mindset shift in what medical leadership is (and is not) and what they can achieve as medical leaders. The programme structure and activities allowed participants to learn from a range of senior decision-makers about policy and strategic developments and processes. However, the evaluation also highlighted that some pervasive myths still exist around medical leadership and management which, if not addressed, will hamper efforts to fully engage doctors in taking on strategic leadership roles.

CONCLUSION: Clinical leadership programmes are valuable, but must be carefully managed to extract the full value from them.

8. Stoller, J. K. (2021).

**“Emotional Intelligence: Leadership Essentials for Chest Medicine Professionals.”**

*Chest 159(5): 1942-1948.*

[Click to view reference](#)

Emotional intelligence (EI) has become widely appreciated as an important leadership attribute, in business, education and, increasingly, in health care. Defined as “the capacity to understand your own and others’ emotions and to motivate and develop yourself and others in service of improved work performance and enhanced organizational effectiveness,” EI is correlated with a number of success attributes in several sectors; for example, in business, with enhanced business performance and enhanced personal career success, and in health care, with enhanced patient satisfaction, lower burnout, lower litigation risk, and enhanced leadership success. While multiple models of EI have evolved, perhaps the most popular model is framed around four general rubrics with component competencies. The general rubrics are: self-awareness, self-management, social awareness, and relationship management. EI can be measured by using available instruments, and it can be learned and taught. Indeed, teaching EI has become increasingly common in health-care organizations in service of improving health care and health-care leadership. Although more

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research is needed, ample evidence supports the notion that EI is a critical success element for success as a health-care leader, especially because EI competencies differ markedly from the clinical and scientific skills that are core to being a clinician and/or investigator. This review of EI presents evidence in support of the relevance of EI to health care and health-care leadership, discusses how and when EI can be developed among health-care providers, and considers remaining questions.

9. Stein, D. E. and D’Innocenzo L. (2021).

**“So, you want to be a leader?”**

Seminars in Colon and Rectal Surgery 32(2) (no pagination).

[Click to view reference](#)

Every physician is a leader. We often lead teams of people, whether it is in an ambulatory clinic, the ICU, or the operating room. We have responsibility for our patients, and need to ensure our colleagues, advanced practice providers, and support teams are doing their jobs correctly. On a small scale, it is a physician in a solo practice or a surgeon in an operating room. On a larger scale it can be an academic chair or a dean. This article serves as a primer for those who will journey down the path of becoming a leader. Starting with a brief historical background of modern leadership theory, and a discussion on managing versus leading, we will then touch on what we believe are the key steps required to become a successful leader. We have drilled this down to four steps: 1) know yourself, 2) know others, 3) reality test your skill set, and finally, 4) become a servant leader. Numerous vignettes are written to help illustrate some of the lessons that should be learned when embarking on this journey. Copyright © 2021 Elsevier Inc.

10. Saxena, A. (2021).

**“Challenges and success strategies for dyad leadership model in healthcare.”**

*Healthcare Management Forum* 34(3): 137-148.

[Click to view reference](#)

The use of a dyad leadership model involving a physician co-leader and a co-leader with a different background, the dyad co-leader, is gradually increasing in Healthcare Organizations (HCOs). There is a paucity of empirical studies on various aspects of this model. This study’s aim was to identify challenges and strategies for success in the dyad leadership model in healthcare. Through a mixed-methods approach utilizing focus groups, surveys, and semi-structured interviews, perceptions of 37 leaders in one HCO at different hierarchical levels were analysed based on their lived experiences. The challenges and success strategies spanned personal, interpersonal, and organizational domains. The areas requiring attention included mindsets, competencies, interpersonal relationship, support, time, communication, and collaboration. In addition, the importance of organizational context addressing its structure, strategy, operations, and culture was highlighted. The findings from this study may be used for praxis, development, and implementation of dyad leadership.

11. Layton, E. and Pearson-Shaver A. (2021).

**“Leadership.”**

*Hca Healthcare Journal of Medicine* 2(1): 9-15.

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[Click to view reference](#)

Description Though they become responsible for leading teams and supervising more junior learners early in their career, physicians receive little formal leadership training. The “see one, do one, teach one” approach to behavioral modeling and mentorship does not serve the modern young physician well. The complex nature of modern healthcare demands that physicians learn to work within the teams they will often come to lead. Within these teams, members often look to physicians to fill leadership roles. This review will examine effective leadership as defined by the business community, review attempts to incorporate leadership training into graduate medical education programs and discuss the benefits of leadership training in medical residency programs.

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