

Commentary

When Ambition Overshadows Patients: Reflections on Three Pharmaceutical Leadership Personas and the Role of Integrity

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Leadership in the pharmaceutical industry shapes not only organisational culture but also the pace of innovation and, ultimately, patient outcomes. This commentary synthesises insights from leadership theory and over three decades of industry experience to examine three recurring leadership archetypes: the Directive Strategist, the Enforcer, and the Corporate Diplomat. While each persona brings strengths—strategic vision, accountability, and external influence—they share common vulnerabilities: an overemphasis on ambition, external image, and personal growth, often at the expense of trust, psychological safety, and integrity.

The analysis highlights how ambition, when individualised rather than channelled into collective plans, fragments collaboration and undermines sustainability. Across personas, integrity is frequently applied selectively—what may be termed “convenient integrity”—thereby eroding fairness and organisational resilience. These dynamics manifest in burnout, attrition, and innovation loss, all of which reduce the benefit delivered to patients. To capture this impact, the concept of a “patient score” is introduced as a metaphorical lens for assessing whether leadership behaviours increase or decrease patient-centred value.

The commentary argues that sustainable pharmaceutical leadership requires authentic integrity, capability building, and team complementarity. RED-dominant leaders, for instance, are more effective when supported by BLUE (detail-focused) and GREEN (empathic) associates, balancing ambition with precision and harmony. By reframing leadership evaluation around patient-oriented outcomes rather than personal visibility, organisations can foster cultures that elevate innovation, resilience, and ethical responsibility.

In conclusion, the personas explored here serve as a wake-up call: when personal growth is prioritised above patients, the score falls; when ambition is channelled into patient-oriented plans, supported by integrity and balance, the score rises. Recognising this distinction is both a strategic necessity and an ethical obligation for the pharmaceutical industry.

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Introduction

Leadership in the pharmaceutical industry extends beyond technical expertise and hierarchical authority; it is profoundly shaped by the persona that leaders project. Drawing from Jungian theory, the persona represents the “mask” individuals wear in society, allowing them to function effectively but risking rigidity when overemphasised (Jung, 1953)^[1]. In organisational contexts, leadership personas can determine how teams operate, how decisions are prioritised, and ultimately how patient needs are addressed.

Building on established leadership research, this commentary identifies three recurring archetypes frequently observed among mid- to high-ranking managers in the pharmaceutical industry: the **Directive Strategist**, the **Enforcer**, and the **Corporate Diplomat**. These labels are interpretive, reflecting patterns synthesised from lived organisational experience, yet they resonate strongly with themes described in the academic literature. For example, the Directive Strategist echoes elements of authoritarian or transactional leadership, where control and decisiveness dominate (Conger & Kanungo, 1994; Einarsen et al., 2007)^{[2][3]}. The Enforcer aligns with concepts of abusive or toxic supervision, in which rigid enforcement undermines psychological safety (Krasikova et al., 2013; Gallus et al., 2013)^{[4][5]}. The Corporate Diplomat reflects behaviours discussed in theories of impression management and political skill, where external visibility and image are emphasised over substance (Goffman, 1959; Alvesson, 2023)^{[6][7]}. Each persona is characterised by ambition, authority, and strong visibility signals, but its impact varies depending on how integrity, empathy, and patient-centred values are incorporated into its leadership practice.

These archetypes can energise organisations by driving results, but they also risk undermining psychological safety, trust, and team cohesion when ambition supersedes empathy and fairness. Research on destructive and authoritarian leadership confirms that such styles are associated with

increased burnout and attrition, often at rates approaching 50% in healthcare environments (Einarsen et al., 2007; Krasikova et al., 2013; West et al., 2018)^{[3][4][8]}. Charismatic and politically skilled leaders may achieve rapid organisational gains, yet their long-term sustainability is fragile without grounding in integrity and transparency (Tourish, 2013; Conger & Kanungo, 1994)^{[9][10]}.

The theoretical basis for exploring these archetypes draws on multiple perspectives. Stothart (2023)^[11] highlights the importance of aligning intrinsic motivation with team purpose, while Ford (2008)^[12] warns against neglecting the “shadow self,” where ambition unchecked by integrity can distort ethical decision-making. Riemann (2009)^[13] links anxiety-driven leadership with defensive behaviours, while Brassey and colleagues (2022)^[14] advocate for deliberate calm and authentic confidence to sustain leadership under volatility. Sinek (2009; 2019)^{[15][16]} distinguishes between finite, ego-driven approaches and infinite mindsets that prioritise long-term, purpose-driven impact. Together, these perspectives emphasise that leadership must balance ambition with empathy, and personal visibility with authentic service.

One consistent feature across many ambitious leadership personas in the industry is the cultivation of **external image**. Leaders frequently project polished professional profiles on platforms such as LinkedIn, maintain carefully curated photographs, and participate in external interviews, panel discussions, or thought-leadership initiatives. These outward-facing signals serve multiple purposes: strengthening individual credibility, enhancing the company’s brand, and demonstrating authority to external stakeholders. An additional pattern observed in practice is that each of these personas tended to consistently rely on or promote individuals of a specific gender, highlighting potential **favouritism** stemming from unconscious bias. While empirical evidence specific to this pattern is limited, it resonates with broader concerns in the leadership literature regarding inclusivity, diversity, and unconscious bias, and warrants further systematic investigation given its implications for equity, team diversity, and patient trust.

While visibility can be a legitimate aspect of modern leadership, it also raises important questions. As Goffman (1959)^[6] observed in his seminal work on impression management, the presentation of self often diverges from the backstage reality. Alvesson (2013)^[7] further warns that organisational cultures of “empty” image-building risk prioritising appearances over substance. Such dynamics are especially relevant in the pharmaceutical sector, where external reputation may be prioritised while internal cultural challenges remain unresolved.

Ultimately, ambition must be balanced with compassion, as leadership that prioritises the self over the collective erodes trust and sustainability. These observations lead to three critical questions that guide this commentary:

1. Can leadership archetypes dominated by ambition operate within a patient-oriented mindset?
2. Which associate personas complement such leaders, earning their trust and enabling more effective collaboration?
3. To what extent does overreliance on these archetypes risk prioritising personal growth over patient benefit?

By examining these personas through both lived organisational patterns and established leadership theory, this essay aims to contribute to a deeper understanding of how personas and integrity intersect to shape patient-centred outcomes.

Persona 1: The Directive Strategist

The **Directive Strategist** is a leadership persona frequently observed among mid- to senior-level managers in the pharmaceutical industry. Characterised by decisiveness, clarity of vision, and a strong external orientation, this archetype seeks to project control and authority. It often presents itself as fairness-signalling and strategic, with a compelling narrative of organisational progress and ambition. Conceptually, it aligns with traits of authoritarian or transactional leadership, where direction and control are prioritised over collaboration (Conger & Kanungo, 1994; Einarsen et al., 2007)^{[2][3]}.

One of the defining features of the Directive Strategist is the repeated emphasis on **ambition**. This archetype frequently conveys that personal ambition is both desirable and necessary for professional advancement. While ambition can serve as a motivational driver, its unbalanced expression risks undermining collaboration. Research in leadership studies demonstrates that ambition, when pursued as an individual trait rather than as part of a shared vision, can erode team trust and cohesion (Stothart, 2023; Ford, 2008)^{[11][12]}. It is therefore critical to distinguish between fostering **ambitious plans**—which align collective energy toward organisational or patient-centred goals—and fostering **ambitious individuals**, which may foster competition, rivalry, and destabilisation within teams.

This distinction is not trivial. Teams thrive when leaders channel ambition into plans that all members can align behind. By contrast, when leaders hire or promote associates primarily for their individual ambition, the result may be a fracturing of coherence. Competing personal trajectories risk

overshadowing collective purpose, leading to the marginalisation of those who prioritise collaboration over self-promotion. Riemann (2009)^[13] observed that such dynamics often create defensive organisational climates, where trust is replaced by guardedness and efficiency declines.

Behavioural frameworks such as Insights Discovery place the Directive Strategist firmly within the **RED profile**—assertive, competitive, and outcome-driven. When such a leader surrounds themselves with equally RED, individually ambitious associates, the likelihood of conflict intensifies. Instead of complementarity, the team becomes characterised by rivalry, selective empowerment, and internal contest. Studies on authoritarian and high-control leadership suggest that this dynamic fosters high turnover, with talent attrition representing not only a human cost but also a strategic loss for organisations focused on patient value (West et al., 2018)^[8].

Externally, the Directive Strategist often manages image effectively, cultivating a polished professional presence through conference appearances, publications, and curated social media profiles. This external projection can enhance credibility with stakeholders, but—as Goffman (1959)^[6] and Alvesson (2023)^[7] caution—it may conceal backstage realities where team culture is fragile. The risk is that organisational narratives of ambition and progress are maintained outwardly, while internally, associates experience an erosion of psychological safety and a weakening of team bonds. Observations from transitions between academia and industry support this interpretation: leaders moving from professorial or clinical roles into senior pharmaceutical posts often bring strong scientific credentials but lack humility and adaptability, risking the alienation of teams if they rely excessively on authority and ambition (Krasikova et al., 2013; Detert & Burris, 2007)^{[4][17]}.

From a **patient-oriented perspective**, the central concern with this persona lies in the potential misalignment between personal ambition and collective service. Ambition directed at personal growth may appear to drive organisational results in the short term, but when it undermines team stability, it threatens the sustainability of outcomes. By contrast, when leaders orient ambition toward plans, not people, they create conditions in which collaboration flourishes and patient-centred goals can be credibly advanced.

Persona 2: The Enforcer

The **Enforcer** is a leadership persona marked by authority, control, and rigid enforcement of rules. Commonly observed in managers who transition from clinical or bureaucratic systems into

pharmaceutical leadership, the Enforcer prioritises compliance, efficiency, and adherence to established procedures. Such leaders often stress accountability and order, positioning themselves as guardians of quality and discipline. Conceptually, this archetype aligns with traits of abusive or toxic leadership, where strict control is exercised at the expense of trust and collaboration (Krasikova et al., 2013; Gallus et al., 2013)^{[4][5]}.

The Enforcer's defining trait is **micromanagement**. While intended to secure performance, close oversight often reflects an underlying anxiety about control and a lack of trust in subordinates. This dynamic, frequently observed in healthcare settings, is associated with disengagement and reduced intrinsic motivation. Research demonstrates that abusive supervision is consistently linked to negative employee outcomes, including reduced job satisfaction, diminished well-being, and higher turnover intentions (Zhang & Liao, 2015)^[18]. The gap between leaders' intentions (to demand accountability) and subordinates' perceptions (to experience intimidation) is critical in understanding the Enforcer persona.

Another recurring feature is **abusive behaviour patterns**—not always overt aggression, but subtle acts of exclusion, preferential treatment, and dismissive feedback. In organisational psychology, abusive supervision and toxic leadership have been shown to erode psychological safety and trust. Gallus et al. (2013)^[5] found that toxic leadership in military settings negatively affected both unit cohesion and individual well-being, illustrating how rigid, fear-based leadership diminishes collective performance. Schmidt (2008)^[19] further operationalised these traits through the Toxic Leadership Scale, confirming that behaviours such as authoritarianism, narcissism, and unpredictability are measurable and strongly correlated with poor organisational outcomes.

The Enforcer also struggles with **feedback avoidance and authority conflicts**. Research shows that fear of dissent or loss of authority creates organisational climates of silence, where associates withhold concerns—leading to errors, misaligned priorities, and reduced adaptability (Morrison & Milliken, 2000)²⁰. Detert and Burris (2007)¹⁷ further highlight how authoritarian leadership behaviour discourages “employee voice,” reinforcing a cycle of silence. Leaders who avoid constructive feedback inadvertently allow problems to accumulate, creating “silent teams” that perform below their potential.

Externally, the Enforcer may still project credibility through structured presentations, policy contributions, or participation in external forums. Yet, as with the Directive Strategist, this cultivated image can mask internal realities. Goffman's (1959)^[6] impression management theory suggests that the “front stage” of authority often obscures the backstage strain experienced by teams.

From a **patient-centred perspective**, the Enforcer poses risks where enforcement of order eclipses empathy. While discipline and procedural integrity are essential for regulated industries, rigid enforcement without psychological safety undermines innovation and collaborative problem-solving. Evidence from healthcare shows that bullying and intimidation reduce speaking-up behaviours, leading to poorer patient safety outcomes (West et al., 2018; Detert & Burris, 2007)^{[8][17]}. Translating this to pharmaceutical development, a culture of fear may delay critical decision-making, reduce scientific creativity, and ultimately limit the flow of innovative therapies to patients.

Balanced properly, the Enforcer's commitment to accountability can serve as a strength, ensuring standards and compliance. But without complementary personas—such as **GREEN associates** (empathic, harmonising) or **BLUE associates** (detail-oriented, precise)—the archetype risks rigidity, attrition, and harm to patient-centred missions.

In practice, the Enforcer is often found in the middle to upper tiers of organisational leadership, where discipline and control are valued for maintaining order and compliance. Yet these traits rarely translate into the qualities required for the highest levels of leadership. Without the ability to articulate purpose, demonstrate empathy, and foster collaboration, the Enforcer's progression typically stalls. Modern pharmaceutical organisations increasingly demand leaders who inspire rather than intimidate, and who create conditions for innovation rather than suppress it. For this reason, the Enforcer is unlikely to thrive in the most senior roles, where trust, adaptability, and a patient-centred vision are indispensable.

Persona 3: The Corporate Diplomat

The **Corporate Diplomat** is a persona characterised by charisma, political skill, and strong external visibility. In the pharmaceutical industry, this archetype is frequently observed among senior executives who excel at building networks, positioning themselves in external forums, and projecting organisational influence. The Corporate Diplomat often appears polished, persuasive, and inclusive in public, reinforcing credibility with external stakeholders such as regulators, clinicians, and the media. Conceptually, this persona aligns with theories of impression management and political skill, where external visibility and influence are prioritised as sources of legitimacy (Goffman, 1959; Ferris et al., 2005)^{[6][20]}.

A defining feature of this persona is **impression management**. Much like Goffman's (1959)^[6] concept of the “presentation of self,” the Corporate Diplomat invests heavily in crafting a favourable image—

through interviews, conference appearances, or thought-leadership contributions. While such visibility can enhance organisational profile, it risks creating a gap between external narratives and internal realities. Alvesson (2023)^[7] warns that image-building cultures may prioritise appearance over substance, leading to disillusionment within teams.

Internally, the Corporate Diplomat may cultivate an appearance of inclusivity (“we are all equal”), yet simultaneously exercise **selective empowerment**. Associates often experience uneven treatment, with some granted privileged access and others sidelined. Organisational behaviour research demonstrates that cultures characterised by **favouritism, exclusion, or perceived inequity** are correlated with higher turnover and reduced trust (Mayer et al., 2009; Wolf, 2025)^{[21][22]}. Such practices erode psychological safety, silence capable voices, and ultimately weaken innovation.

The Corporate Diplomat’s political acumen can yield **short-term organisational benefits**—securing resources, enhancing reputation, or advancing strategic partnerships. However, the darker side of charisma is well documented. Tourish (2013)^[9] highlights that charismatic leaders may manipulate narratives to serve personal ambition, while Conger and Kanungo (1994)^[2] show that political skill without ethical grounding risks undermining sustainable leadership. The “shadow side” described by Ford (2008)^[12] becomes particularly relevant here: when personal growth or visibility outweighs collective purpose, patient orientation is compromised.

Another recurrent issue with this persona is the **destabilisation of teams**. While the Corporate Diplomat may attract admiration externally, internally teams may experience competition for recognition, lack of transparency, and eroded trust. Studies confirm that environments where psychological safety is low and alignment is fragile lead to disengagement, attrition, and reduced performance (Gallus et al., 2013)^[5]. In regulated industries such as pharmaceuticals, these outcomes can delay evidence generation, stall innovation, and hinder the delivery of therapies to patients.

From a **patient-centred perspective**, the key concern is whether the Corporate Diplomat’s external focus aligns with authentic internal integrity. A persona that invests more energy in cultivating personal visibility than in fostering team trust risks prioritising individual growth over patient value. By contrast, when complemented by associates with **BLUE (detail-focused)** or **GREEN (harmonising)** traits, the Corporate Diplomat can balance ambition with substance, ensuring that external reputation is matched by internal cohesion.

Cross-Persona Reflections

Although the Directive Strategist, the Enforcer, and the Corporate Diplomat display distinct leadership personas, several consistent themes emerge across these archetypes. These traits highlight systemic challenges in pharmaceutical leadership cultures and provide insights into how teams and patients are ultimately affected.

1. Cultivation of External Image

All three personas invest heavily in external visibility, often through a professional social media presence, polished photographs, and participation in industry interviews or panel discussions. Such practices align with Goffman's (1959)^[6] notion of impression management, where the “front stage” presentation of authority may conceal a “backstage” reality that is less stable. Alvesson (2023)^[7] similarly warns against the rise of “empty image-building” cultures that prioritise appearances over authentic organisational substance. These outward-facing signals strengthen external legitimacy but provide little insight into the internal dynamics of trust, collaboration, and psychological safety.

2. Ambition as a Double-Edged Sword

Ambition appears as a common denominator across the personas, yet it manifests differently. For the Directive Strategist, ambition is a mantra; for the Enforcer, it is operationalised through control; for the Corporate Diplomat, it is expressed through external visibility. Ford (2008)^[12] notes that ambition unbalanced by integrity activates the leader's “shadow,” distorting ethical decision-making. When ambition is oriented towards personal growth, it risks eroding team trust. When channelled into ambitious plans, however, it can unite teams and strengthen patient-oriented goals (Stothart, 2023)^[11].

3. Integrity Gaps and Preferential Treatment

A recurring concern across the three personas is the potential for integrity erosion. Whether through selective empowerment (Corporate Diplomat), abusive supervision (Enforcer), or ambition-driven marginalisation (Directive Strategist), the gap between “convenient integrity” and authentic ethical leadership is evident. Research confirms that bullying, favouritism, and intimidation diminish innovation, reduce psychological safety, and increase attrition in both healthcare and pharmaceutical contexts (Gallus et al., 2013; Schmidt, 2008; Mayer et al., 2009)^{[5][23][21]}.

4. Consequences for Teams: Burnout and Attrition

Despite differences in style, all three personas are linked to environments where psychological safety is compromised. Associates exposed to high-control, high-image, or high-politics leadership often experience burnout, disengagement, or forced exits. West et al. (2018)^[8] demonstrated that burnout correlates with attrition and reduced quality of care. Organisational research further shows that without trust, respect, and coherence, high-performing teams cannot be sustained (Lencioni, 2016)^[24].

5. Complementary Personas as Moderators

Finally, the analysis suggests that these archetypes can only succeed sustainably when complemented by associates with contrasting behavioural profiles. RED-dominant leaders may clash with similarly RED associates, creating rivalry and fragmentation. By contrast, associates with BLUE (detail-oriented) or GREEN (harmonising, relational) traits can temper ambition with precision and empathy, enabling more balanced leadership dynamics (Stothart, 2023)^[11].

In sum, the shared traits of the three personas highlight a paradox: while ambition, authority, and visibility can secure short-term results, they may undermine long-term integrity and patient orientation if not balanced by trust, empathy, and inclusivity. The next sections will explore how these dynamics intersect with codes of integrity in the pharmaceutical sector and how the “patient score” can serve as a measure of leadership alignment with authentic patient-centred goals.

Integrity and the Code

Integrity is a cornerstone of pharmaceutical leadership, enshrined in industry codes of practice and compliance frameworks. Yet, as the analysis of the three personas demonstrates, integrity is often interpreted through the lens of persona-driven ambition. The distinction between **authentic integrity** and **convenient integrity** is crucial. Authentic integrity places patients at the centre, ensuring decisions are consistent with ethical principles even when inconvenient. Convenient integrity, by contrast, involves selective adherence to codes—applied when reputationally or strategically beneficial but overlooked when ambition dictates otherwise.

Across the three personas, patterns of integrity erosion are visible. The Directive Strategist risks prioritising personal ambition over fairness in team structures; the Enforcer enforces compliance but undermines psychological safety through control; and the Corporate Diplomat proclaims inclusivity

while practising selective empowerment. These dynamics illustrate how codes can be superficially upheld while their deeper intent—serving patients through trust and transparency—is compromised.

Research on workplace behaviour supports this distinction. Ford (2008)^[12] highlights how the “shadow” of ambition may lead good people to unethical actions when unchecked by self-awareness. Lencioni (2016)^[24] shows that team dysfunction often begins with an absence of trust, which is aggravated by leaders who avoid vulnerability in the pursuit of authority. Grenny and colleagues (2022)^[25] argue that difficult conversations, when avoided, create conditions where hidden conflicts fester, eroding integrity and undermining collaboration.

Industry analyses further emphasise these risks. Studies on organisational justice and workplace dynamics show that favouritism, silencing of dissent, and selective enforcement of rules can foster climates of inequity, leading to disengagement, attrition, and reduced innovation (Mayer et al., 2007; Wolf, 2025)^{[21][22]}. Research on toxic leadership further demonstrates that bullying and intimidation systematically erode trust and integrity, with lasting consequences for organisational culture and performance (Gallus et al., 2013; Schmidt, 2008)^{[5][23]}.

Addressing these risks requires shifting focus from ambitious individuals to capable systems. Capability building, rather than overreliance on persona-driven ambition, ensures sustainable patient-centred leadership. Gundu and Mateti (2021)^[26] emphasise that organisations must invest in deliberate skill-building, psychological safety, and leadership development that balances ambition with empathy. This aligns with Brassey et al. (2022)^[14], who call for deliberate calm and authentic confidence as antidotes to volatile, ambition-driven leadership.

Integrity, then, is not simply about adhering to external codes, but about cultivating leadership cultures where ambition is channelled into collective plans, capability is distributed, and patient outcomes are prioritised above personal visibility. Without this deeper alignment, codes risk becoming symbolic, while patients—ostensibly the ultimate beneficiaries—receive diminished attention.

The Patient “Score” Metaphor

Ultimately, the effectiveness of any leadership persona in the pharmaceutical industry must be judged by a single criterion: its impact on patients. While leadership styles vary in ambition, authority, and external visibility, their collective value can be expressed through what may be called the “**patient score**”—a

conceptual metaphor for the extent to which leadership behaviours advance or undermine patient benefit.

The three personas analysed in this commentary illustrate how unbalanced ambition diminishes this score. The Directive Strategist reduces it when personal advancement overshadows collective planning. The Enforcer subtracts from it when rigid enforcement suppresses psychological safety, stifling innovation, silencing dissent, and driving valued associates to disengage or leave. The Corporate Diplomat lowers it when energy is invested disproportionately in external image rather than authentic internal engagement, creating environments of competition and exclusion that erode team stability. In each case, patients—ostensibly the intended beneficiaries of pharmaceutical innovation—receive less than they might under more balanced leadership, as organisational energy is lost to attrition, mistrust, and fragmentation rather than directed toward advancing patient outcomes.

This metaphor echoes the argument that organisations need **ambitious plans rather than ambitious individuals**. Shared plans unify teams, enabling collaboration and coherence, while individualised ambition fragments purpose and fosters rivalry. Research in healthcare shows that environments marked by burnout and disengagement are associated with poorer patient outcomes (West et al., 2018)^[8]. Translating this into pharmaceutical contexts, leadership cultures that elevate visibility or authority over patient purpose risk subtracting from the score rather than adding to it.

Conversely, the patient score rises when leaders channel ambition into **purpose-driven, patient-centred goals**. Sinek (2019)^[16] highlights that infinite-minded leaders—those who define success as advancing a cause beyond themselves—create more enduring impact. Brassey and colleagues (2022)^[14] similarly argue that authentic confidence and deliberate calm allow leaders to sustain environments where innovation can thrive. Measures such as trial quality, pharmacovigilance reporting, employee retention, and speed of patient access to therapies provide tangible proxies for this score, linking leadership behaviour to patient benefit.

The patient score metaphor underscores the urgency of **recalibrating leadership development in the pharmaceutical industry**. Leaders should be assessed not merely on metrics of visibility, ambition, or compliance, but on whether their behaviours increase or decrease the score for patients. Ambition, when paired with integrity and balanced by complementary associates, can indeed drive positive outcomes. But when personal growth becomes more important than the patients served, the score inevitably falls.

Discussion and Conclusion

This essay has explored three common leadership personas in the pharmaceutical industry: the Directive Strategist, the Enforcer, and the Corporate Diplomat. Each brings distinctive strengths—strategic vision, accountability, and external influence—but also significant risks when ambition supersedes empathy, integrity, and patient focus. What unites these archetypes is a tendency to overinvest in external image and personal growth, while underinvesting in the internal conditions that foster sustainable innovation and trust.

The analysis highlights that ambition is not inherently negative. Ambitious plans can mobilise collective energy, generate coherence, and accelerate progress. The challenge arises when ambition is personalised—when leaders emphasise being ambitious individuals rather than cultivating ambitious goals for teams and patients. In such cases, ambition fragments collaboration, fosters rivalry, and diminishes what this paper has termed the *patient score*.

A consistent thread across the three personas is the risk of **convenient integrity**. Codes of conduct and compliance frameworks provide a formal structure, yet their value is undermined when selectively applied. Integrity that shifts with ambition or reputation erodes trust and weakens organisational resilience. Authentic integrity, by contrast, is grounded in consistency between values and actions—ensuring fairness, respect, and accountability even when inconvenient. Organisational behaviour research confirms that climates of silence and perceived unfairness—whether through favouritism, intimidation, or exclusion—reduce innovation, accelerate attrition, and ultimately compromise outcomes (Morrison & Milliken, 2000; Mayer et al., 2009)^{[19][21]}.

The cross-persona reflections also demonstrate that sustainability requires **complementarity**. RED-dominant leaders, characterised by drive and competitiveness, rarely thrive when paired with equally RED associates. Instead, teams achieve greater balance when leaders are supported by associates with BLUE (precision, detail) and GREEN (empathy, harmony) profiles. This reinforces Stothart's (2023)¹¹ point that motivation must align with team purpose, not merely individual ambition.

From a **patient-centred perspective**, the findings are sobering. Leadership archetypes that elevate ambition, visibility, or enforcement above empathy and coherence risk lowering the patient score. Burnout, attrition, and loss of psychological safety are not abstract organisational problems; they directly translate into delays in evidence generation, reduced innovation, and ultimately slower delivery of therapies to patients (West et al., 2018)^[8]. By contrast, when leaders orient ambition toward collective

goals, supported by integrity and complementary personas, the patient score rises—delivering measurable benefit.

The implications for pharmaceutical organisations are clear. Leadership development should move beyond rewarding ambition and visibility, instead prioritising:

- **Authentic integrity:** consistency between values, words, and actions.
- **Capability building:** deliberate investment in leadership skills that balance ambition with empathy.
- **Complementarity:** cultivating diverse teams where contrasting personas balance one another.
- **Patient-centred metrics:** evaluating leaders not only on business outcomes, but also on whether their behaviours enhance the patient score.

In conclusion, the Directive Strategist, the Enforcer, and the Corporate Diplomat are archetypes that illuminate both the strengths and shadow sides of pharmaceutical leadership. Their lessons converge on a single insight: when personal growth is prioritised above patients, the score falls; when ambition is channelled into patient-oriented plans, supported by integrity and balance, the score rises. Recognising this distinction is not only an organisational imperative—it is an ethical obligation to those patients whom the industry ultimately serves.

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Having held senior leadership roles across several global pharmaceutical companies over a 30-year career, with a focus on clinical development, real-world evidence, and medical affairs, the author offers this commentary not only as a synthesis of accumulated knowledge and reflective insights, but also as a wake-up call for the industry to consider whether it is cultivating and rewarding the right leadership personas—those who place patient benefit above personal ambition.

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