

Preface

“OH NO—NOT ANOTHER leadership book!”

I know what you’re thinking, because I’ve had the same thought myself, many times. Dismay is my typical reaction when I stumble across a new leadership-related title. Bookstores are saturated with such publications. Just venture to your public library and you’ll find volume after volume promising readers that they too can become successful leaders if only they apply the book’s advice and principles.

So why did I spend two years of my life adding to the stack of leadership books? Because I realized that among all the books that are available, there was a significant void, especially in healthcare. While there are many excellent texts with great advice, most of them were written by previous or current executives who aim to distill the lessons they have learned over their careers into a number of principles or recommendations. However, with all due respect to these authors, one person’s experience, no matter how rich and significant, is just that—*one* person’s experience.

What’s lacking in leadership books, especially in healthcare, is evidence-based practices: practices that have been proven to be effective by a large number of people, in a variety of different settings, over time. Evidence is what I attempt to provide in this book; I combed through many studies, sources, and expert wisdom to uncover the truth. As a healthcare administration professor, I spend a lot of time interacting with students and graduates working in hospitals and other healthcare organizations. Observing the careers of some 600 emerging leaders over the past 15 years has given me good insight

into leadership styles. Moreover, I interviewed 20 current and retired healthcare leaders, providers, and experts on leadership-related issues and collected data from more than 500 employees, supervisors, middle managers, and executives in nine health systems.

If you're hoping that, by reading this book, you'll get the five principles of management, the seven habits of success, or the nine rules of leadership, then you'll be disappointed. Also, there are no made-up buzzwords and no terms that are copyrighted with a little © next to them. This book isn't self-help either—another how-to guide to becoming a better person or a more effective boss.

What you *will* see in this book are findings from other studies and results from my own research data. You'll also find insights from people I've interviewed and from interviews reported by others. For example, you'll learn how the philosophy of a nursing student relates to compassion in leadership. You'll distill leadership lessons from a nun (turned CEO), a highly successful Scottish soccer coach, a strong and caring vice president, and a retired executive who has a charter school named after him. You'll also uncover what it means to be an asshole at work, what the nice guy syndrome is all about, and how the *Divergent* book series is biased against nice people.

I decided to write this book in part because I believe, as do many others, that we have a significant problem in our country today. In a recent report published by the Harvard Graduate School of Education, 10,000 middle and high school students from 33 schools across the nation were surveyed. The students were asked to rank what's most important to them: achieving at a high level, happiness (feeling good most of the time), or caring for others. The majority of the respondents (48 percent) picked achievement, 30 percent picked happiness, and only 22 percent picked caring as their top priority. As one respondent noted, "If you are not happy, life is nothing. After that, you want to do well. And after that, expend any excess energy on others" (Making Caring Common Project 2014, 1).

These findings expose a serious gap between what parents and teachers describe as their priorities for students and what the students perceive as adults' priorities. Almost all parents say that they're

deeply invested in raising caring, ethical children and that they see these moral qualities as more important than achievement. Data from teacher surveys suggest that teachers also view preparing youth to be caring as more important than preparing them for achievement. The young, however, appear to be hearing a different message. When asked about the priorities of their parents and teachers, most young people in the survey said that the adults in their lives are more concerned about achievement than caring. Despite what they say, many parents and teachers are prioritizing grades and results over children's compassion and kindness toward others.

Other research examining narcissism and empathy among college students has shown that the majority of current students score higher on narcissism and lower on empathy today than their counterparts did 30 years ago (Twenge and Foster 2010; Konrath, O'Brien, and Hsing 2011). This shift is especially important for me as an educator because these are the same young people I encounter every day in the classroom and send off every year to leadership positions. If these results apply to graduate healthcare administration students (and there's no reason to believe that they wouldn't), then only one in five emerging healthcare leaders believes that caring for others is a top priority. This figure implies that our healthcare system, and society in general, have some serious challenges. The real issue isn't just that youths prioritize achievement and happiness over caring—it's that they see these priorities as mutually exclusive. In their minds, it's not possible to be successful *and* caring. They believe that being compassionate and kind to others might deter them from advancing in their careers.

Therefore, this book is an exploration of what great minds, philosophers, researchers, and healthcare executives have to say about the role of humility, compassion, kindness, and generosity in leadership. At the heart of the book is a simple question: Can leaders embody these characteristics and be successful at the same time? As I explore this issue, other important questions will emerge, which I'll tackle in part 2. For example, with all the changes in the healthcare sector, what kind of traits will future healthcare leaders need? Can leaders

balance humility, compassion, kindness, and generosity with having a strong personality? With getting things done? With producing results? Is being compassionate and kind viewed by some as going soft, as diluting hard decisions and watering down a solid focus on outcomes? Is humility viewed as being weak? What are the advantages of being compassionate, kind, generous, and humble? Are leaders who possess these traits better at inspiring others and guiding their organizations toward success? After addressing these core questions, I'll turn my attention in part 3 to issues of gender, age, and training. How do men and women differ in their perceptions of humility, compassion, kindness, and generosity? Are there generational differences in how leadership is perceived? Finally, are these traits inborn, or can they be learned through training and practice?

I won't get too hung up on definitions. When conducting academic studies to be published in peer-reviewed journals, researchers typically go to great lengths to disentangle specific concepts from each other. But for the sake of simplicity, I'll take the essentials of that research and present it in an easy-to-understand way, without spending too much time on the etiological and conceptual differences between humility, compassion, kindness, and generosity, and their close cousins: empathy, niceness, altruism, and graciousness.

Some of you may be starting to roll your eyes and think that this all sounds New Aged. "I don't have time for humility and kindness," you say, "I have a budget to meet," "I have a deal to close," or "I have a promotion to get." I understand your reaction. I'm not, by nature, a touchy-feely person. In fact, many people who know me were caught by surprise when I told them that I was writing a book about humility and compassion. Most of my colleagues, students, family members, and friends would describe me as pragmatic. This point is important—you don't have to be some New Age seeker of happiness to appreciate the importance of how you present yourself and how you treat others. The evidence that I'll present suggests that the more concerned you are about cold, hard metrics and objective performance outcomes, the more attention you should pay to humility and compassion.

Others may be thinking of humility as a no-brainer. “Of course I want to be humble and compassionate. Who doesn’t want to treat others well?” I can tell you that the value of humility is not straightforward, especially early in your career when you’re competing for limited opportunities for recognition, promotion, and advancement. When you’re trying to make a name for yourself and stand out from the pack, acting with humility and treating others with compassion and kindness may not be among your top priorities.

The healthcare field is becoming increasingly competitive, especially after the passage of the Affordable Care Act in 2010 and its attempted repeal by the Trump administration in 2017. Leaders of hospitals and health systems have to negotiate hard with physicians, payers, competitors, governing boards, and other health systems. In this cut-throat environment, “tough” leadership traits such as aggressiveness, competitiveness, and mercilessness may seem more useful than “soft” traits such as humility, compassion, kindness, and generosity.

But evidence emerging from different fields shows that as things get tougher, humble leaders who serve, care, and treat others with compassion and kindness are very successful in achieving results for their organizations and their communities in the long run. These leaders aren’t weak. They’re humble and kind, but they’re also ambitious and strong-willed—leaders who hold themselves and others accountable through clear expectations. When you add humble to ambitious, you get *humbitious*. (Okay, I admit—this is a made-up word.) I believe that humbitious leaders are the high-performing healthcare leaders of the future.

The idea for writing this book emerged in the fall of 2014 while I was on sabbatical. But in fact, its seeds have been germinating all my life. The leadership style that I advocate is one that my parents have always espoused: They’re humble, compassionate, kind, and generous, but they also set clear expectations and explain consequences. My father is the kindest person I know, but no one ever viewed him as weak. My mother is the strongest person I know, but she was never perceived as intimidating. Together, they combined humility and ambition, kindness and strength. While they were both leaders in

their respective jobs (my father was a bank executive, my mother was the director of a nonprofit), they best demonstrated their approach at home. They treated my brother and me with care and love, but they set clear expectations about good behavior and good grades. When we messed up, we knew there would consequences. I aspire to use this parenting style with my own children, and I also believe it is applicable to leadership relations today, especially in healthcare.

This book is written for you: the undergraduate and graduate students, the early careerists and the emerging leaders in healthcare. My plan is to reach you before you're set in your ways. I won't be giving you any prescriptive answers, but my hope is that, as you turn these pages, you'll begin to ask yourself some profound questions about caring, leadership styles, and behaviors. I hope to push you to start making some changes in how you behave with others as a leader and how you treat the people who will be working with you and for you. I hope that you'll start working toward becoming a humble leader. That's why this is a different type of leadership book that will be worth your time.

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