CHAPTER 1

A Model for Working in Today's Healthcare Environment

The only way to do great work is to love what you do.
—Steve Jobs

Pleasure in the job puts perfection in the work.
—Aristotle

People have enough to live by but nothing to live for; they have the means but no meaning.
—Viktor Frankl

THE DYNAMICS OF TODAY'S HEALTHCARE INDUSTRY

The healthcare industry is changing in ways that are having deleterious effects on both workers and patients. Burnout among healthcare workers is a serious problem, as discussed in the preface to this book. According to the 2020 *Medscape National Burnout and Suicide Report*, 42 percent of physicians said they felt burned out. These data present a compelling case that healthcare workers, especially physicians, are dealing with serious, chronic mental and physical reactions to the increasing pressure to focus on the business of healthcare, at the

expense of delivering care. As healthcare workers experience more and more burnout, patients are placed at greater risk of negative consequences while in hospital care.

According to a 2019 report published by the Leapfrog Group, more than 161,000 preventable deaths occur in hospitals annually. Another report from Johns Hopkins University, however, suggests this number is too low: An eight-year study determined that more than 250,000 deaths each year are attributable to medical errors. Dr. Martin Makary, a professor of surgery at the Johns Hopkins University School of Medicine, noted that "the medical coding system is designed to maximize billing for physician services, not to collect national health statistics, as it is currently being used." The study cautioned that most medical errors are not attributable to bad doctors. Rather, "most errors represent systemic problems, including poorly coordinated care, fragmented insurance networks, the absence or underuse of safety nets, and other protocols, in addition to unwarranted variation in physician practice patterns that lack accountability" (McMains 2016).

The conditions described in the Johns Hopkins study have existed for many years, and they have been exacerbated by the addition of the electronic medical record (EMR), which has changed the doctor–patient relationship. Dr. Michael Kirsch (2019) expressed the feelings of many, if not most, physicians on his blog: "These systems [EMRs] were not devised and implemented because physicians demanded them. To the contrary, they were designed to simplify and automate billing and coding. While this made their tasks considerably easier, it was at physicians' expense. Features that helped billers and insurance companies didn't help us take care of living and breathing human beings." This sentiment was echoed by Dr. Sam Slishman (2016), who wrote, "Electronic medical records offered an incredible opportunity to speed information transmission and improve care. But that promise has yet to be realized. I find they consistently pull me even farther away from my patients."

Merritt Hawkins, a physician search firm, analyzed the responses of nearly 9,000 physicians as part of its *2018 Survey of America's Physicians: Practice Patterns and Perspectives*. The survey demonstrated that the medical profession continues to struggle with burnout and low morale, identifying a number of alarming statistics:

- 80 percent of physicians said they are at full capacity or overextended.
- 55 percent described their morale as somewhat or very negative.
- 78 percent sometimes, often, or always experience feelings of burnout.
- 46 percent planned to change career paths.
- 49 percent would not recommend medicine as a career to their children.

The news was not entirely bleak, though. On the positive side, the Merritt Hawkins survey asked, "What two factors do you find *most* satisfying about medical practice?" Physicians' top answers were as follows:

- Patient/physician relationships, 78.7 percent
- Intellectual stimulation, 55.1 percent
- Social and community impact contributions, 21.0 percent
- Income/compensation, 18.9 percent
- Professional relationships with colleagues, 14.3 percent
- Professional stature of medicine, 9.8 percent

Similar responses could be elicited from most clinical and nonclinical staff working in healthcare systems. The universal erosion of morale in the healthcare industry can be explained by looking at the realities of living in a "VUCA" world.

HEALTHCARE IN A VUCA WORLD

In the late 1990s, the US Army used the abbreviation "VUCA" to describe the chaotic and unsettled environment that most army strategy and execution processes entailed. VUCA stands for *volatile*, *uncertain*, *complex*, and *ambiguous*. This book was written during the winter of 2020 and spring of 2021—in the middle of the COVID-19 pandemic and the beginning of our new post-COVID-19 reality. VUCA perfectly describes the current conditions affecting healthcare providers, patients and families, nonclinical healthcare professionals, and those in the general population who are concerned about their own health—the so-called worried well. The worldwide anxiety, fear, and uncertainty caused by the pandemic are unprecedented in our recent history. Working in healthcare before the COVID-19 pandemic was stressful. Now and for the foreseeable future, healthcare workers, especially direct care providers, will find it even more difficult.

In the spring of 2020, the *New England Journal of Medicine* published a thoughtful article titled "Lessons from CEOs: Health Care Leaders Nationwide Respond to the Covid-19 Crisis," in which CEOs from some of the largest healthcare delivery systems in the United States were interviewed. Dr. Tomislav Mihaljevic, CEO and president of the Cleveland Clinic, captured what the future may be like: "Traditionally, healthcare providers' core purpose has centered on caring for patients—as it always will be—but in contemporary health care our responsibilities have broadened. We care not just for patients, but for our fellow caregivers, our organization, and our communities." The way we approach each of these groups, Mihaljevic (2020) argued, will change in the future:

- Clinical care will be delivered increasingly through virtual platforms and at-home programs to minimize exposure of patients to the hospital environment.
- Caregivers and health care professionals will regain social recognition as noble and valuable members of

society, no longer treated like service workers or as a commodity.
- Organizations that are arranged as integrated health care delivery systems will emerge as the most efficient platform for health care delivery, leading to a decline in stand-alone hospitals and practices.
- Community care will be based on the integration of social data and artificial intelligence, supplementing episodic and occasional care.
- Finally, if the pandemic has taught us anything, it's the need for increased funding to support vital research and public health.

Mihaljevic's comments encapsulate the belief that the post-pandemic healthcare delivery system will be irreversibility altered.

Now is a good time to embrace the lessons of VUCA dynamics:

- **Volatile.** Rapid and unpredictable change characterizes the healthcare industry. The Affordable Care Act is under pressure, driving uncertainty about payment for services. Hospital systems are building urgent care centers, emergency care centers, intermediate care centers, and walk-in clinics, all in an attempt to lessen the use of expensive emergency rooms and inpatient care. During the pandemic, several innovative alternative delivery methods were developed to meet the surge in COVID-19 cases. For example, the use of telemedicine increased significantly during the pandemic. Many hospitals struggled to care for the increasing volume of very sick patients. To make matters worse, by suspending elective surgeries, a prime source of income was eliminated. It remains to be seen which changes necessitated by the pandemic will become permanent in healthcare. One treatment that seems to be a part of our future is telemedicine. During this volatile time, a few big questions emerge: How will the

US healthcare system be changed in terms of providing care, and how will the care be paid for? And, how many hospitals will close?

The COVID-19 pandemic placed extraordinary pressures on the healthcare delivery system, both in the United States and around the world. Physicians, other direct care providers, first responders, and system support personnel were all forced to work at more than 100 percent in dangerous conditions. Within this volatile environment, these people cared for those sick from the coronavirus, those sick and traumatized by events other than the virus, and an ever-growing population of the worried well. In anecdotal interviews with several direct care providers, comments clustered around some common themes, such as extreme fatigue, fear of catching the virus, fear of the unknown—will this virus ever be contained, and what will happen to my family if I get sick? A highly skilled nurse practitioner summed up the reality of care during the pandemic: "This is why I was drawn to medicine, yes. But I am worried about the spread of the virus and my personal health, and yes, I am very tired."

- **Uncertain.** Ask any physician, nurse, administrator, trustee, or other professional in any healthcare system: What will your role, responsibilities, and work expectations look like next year? Their answers will likely range from "I don't know" to "I don't know if I will even be working here." The uncertain world we live in reminds me of two famous quotes by Yogi Berra: "The future ain't what it used to be" and "It's tough to make predictions, especially about the future." Uncertainty brings up powerful emotions of fear and doubt. The medical issues associated with COVID-19, together with post-pandemic changes, may leave a trail of social and psychological concerns that have as great an effect on the future of healthcare delivery as the virus.

- **Complex.** Peter Drucker (2002, 74) described hospitals as the "most complex human organizations ever devised." Healthcare systems involve thousands of moving parts. For example, try to count the number of job titles in a typical tertiary hospital—the number could easily be over 100. Many, if not most, of these positions require specific degrees or credentials from a government body or professional society or association. The complexity of running a hospital or health system is made even more difficult by the ever-growing number of regulations and payment devices. On top of this "Gordian knot," we can add the many political actors who want to alter the US healthcare system or revise it completely.
- **Ambiguous.** Healthcare has many dimensions of ambiguity—organizational, professional, regulatory, financial, and societal. In many ways, the first three components of VUCA—volatile, uncertain, and complex—fuel the ambiguities that define today's healthcare delivery system.

While the healthcare industry experienced significant VUCA prior to the COVID-19 pandemic, the realities of this crisis and the post-pandemic world have taken the volatility, uncertainty, complexity, and ambiguity to new heights.

THE LEADER'S ROLE

The picture of healthcare delivery in the United States is muddled. One the one hand, the US healthcare system delivers thousands of lifesaving miracles each day. And yet the system is also fraught with fragmentation, frustration at all levels, role confusion, fear, uncertainty, and doubt. Given these realities, and understanding that financial and regulatory pressures will only increase in the future—is there an antidote?

The answer is yes. The key to sustainable success within a VUCA world is to create a corporate culture that allows all trustees, executives, physicians, nurses, clinicians, and professional support personnel to express meaning and find purpose in their work. Creating a culture based on sustainable employee engagement requires three pairs of critical elements: (1) values–alignment, (2) vision–meaning, and (3) mission–purpose. When leaders create a corporate culture based on these elements, the VUCA world will not disappear, but it will be secondary to high performance attributable to a highly engaged workforce.

THE MEANING AND PURPOSE MODEL

When VUCA factors dominate the work environment, they produce a workforce that is tired, stressed, uncertain, and fearful. The long-term corrosive effects of these negative feelings are immeasurable: low morale, high turnover, substandard performance, inter- and intragroup tension, and, too often, poor patient experiences. The regulatory and financial pressures that underpin today's VUCA environment are likely to continue and, quite possibly, increase. However, within this reality, there is a huge opportunity for healthcare leaders: to engage a workforce that is motivated by meaningful work within a purpose-focused organization. Meaning is fundamental to a worthwhile life. And purpose gives life transcendence.

Viktor Frankl's classic book *Man's Search for Meaning* is a good place to start to understand the importance of a meaningful life. Frankl (1959, 139) argued that "once an individual's search for a meaning is successful, it not only renders him happy but also gives him the capability to cope with suffering." This book will build on Frankl's premise as it applies to the healthcare work environment, today and in the future. As Frankl noted, "A human being is not one in pursuit of happiness but rather in search of a reason to become happy, last but not least, through actualizing the potential meaning inherent and dormant in a given situation" (138). How can healthcare

leaders create a corporate culture in which all employees can actualize the "inherent and dormant meaning" in their "given situation"?

Let's begin to answer that question by reviewing some basic organizational dynamics. Exhibit 1.1 shows a grid with six interdependent cells that correspond with the main elements of all healthcare delivery systems. The grid lists the tangible and the intangible elements in healthcare delivery. The tangible elements can be measured using common statistical techniques, whereas the intangibles are the human factors that are more elusive to statistical measurement. Another way to think about the difference is to view the tangibles as the linear aspects of organizational dynamics and the intangibles as the nonlinear aspects. The tangible elements refer to the clinical and business outcomes in healthcare, such as morbidity and mortality

Exhibit 1.1 Tangible and Intangible Aspects of Healthcare Delivery Systems

	CORPORATE TANGIBLES	PERSONAL INTANGIBLES	CORPORATE INTANGIBLES
INPUTS ↓	• Management • Cash • People • Policy/procedures • Strategy • Plant • Information systems • Communications	• Meaning • Caring • Giving	• Leadership • Mission • Values • Vision • Inspiration • Talent • Recognition • Motivation
OUTPUTS ↓	• Profit • Market share • Customer satisfaction • Growth • Metrics • Quality	• Commitment • Joy • Pride • Purpose	• Culture • Followers • Commitment • Job satisfaction • Team spirit • Trust • Quality

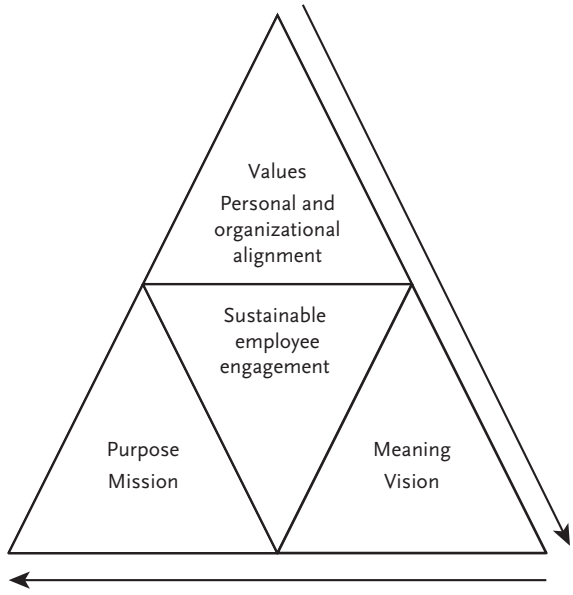
rates on the clinical side and profit and market share on the business side. The intangibles are the human conditions of the workers, such as morale, team spirit, trust, engagement, and loyalty.

The exhibit also distinguishes between inputs and outputs. The best way to read this grid is to first identify the tangible and intangible outputs that you want to improve in your organization. Once the critical output elements have been determined, select the relevant input variables that you will need to measure and control to produce the desired output. For example, if you want more *profit* (a tangible output), you would measure the input factor of *strategy*. This same process can be used to affect the critical output of *purpose* by measuring and managing the critical input of *meaning*. The remainder of this book will show you how healthcare leaders can create a corporate culture in which the measurement and management of meaningful and purposeful work is a reality.

This grid shows the corporate tangible aspects of healthcare organizations (business and clinical), as well as the main corporate intangibles of healthcare organizations. These two columns are connected by the personal intangibles, which encompass the human factors that staff bring to an organization. It is in this center column that we find the characteristics that are most negatively affected by the VUCA world. The arrows show the direction of the elements. For example, the inputs drive the outputs, and the intangibles drive the tangibles.

Given that personal intangibles are the factors that are fueling burnout and low morale, what leadership priorities are required to reverse the deleterious dynamics of today's healthcare industry? Three pairs of critical elements are necessary to create a culture that ameliorates the destructive effects of our VUCA world. These pairs (in this sequence) are (1) values–alignment, (2) vision–meaning, and (3) mission–purpose. When leaders create a corporate culture based on these elements, the result is a high-performing organization driven by a loyal, committed, and engaged professional staff. The ultimate metric for leadership effectiveness is the degree to which everyone involved in healthcare believes that working in the

Exhibit 1.2 Key Elements of Corporate Culture



industry gives purpose to their lives. Exhibit 1.2 graphically depicts the factors that determine the degree of employee engagement and how they are interconnected.

These elements are the foundation and building blocks for the creation and ongoing strengthening of meaningful and purposeful work. These concepts are commonly used in discussions about organizational effectiveness. In the remainder of this book, I will show how these factors are not independent variables; rather, they are interdependent variables within organizational design. Each element alone can provide minimal opportunity for staff engagement. But when they are manifested in a structured, sequential, and developmental fashion, the resulting synergy is the basis for sustainable employee engagement. Too often in healthcare organizations, these words represent a vague statement written on a plaque that is displayed in the lobby or printed on the back of a name badge. And for some reason, there seems to be a strong attraction to creating an

acronym, especially for a list of values. The role of today's healthcare leader is to convert these statements from jargon into descriptions of a powerful, positive corporate culture.

An important aspect of the model shown in exhibit 1.2 is that the elements are sequential. Everything begins with the alignment of an employee's personal values and the organization's core values. The alignment of individual and organizational values makes meaningful work possible. Once an employee finds the work meaningful, the power of the organization's mission and the motivation derived from its vision allow the employee to achieve a transcendent purpose. The formula is simple: Meaningful work plus corporate purpose equals sustainable engagement. While the model and formula are simple and easy to understand, the execution is more complex.

THE MODEL'S COMPONENTS

Personal Values

Values are the first and most critical component of sustainable employee engagement. Without alignment between personal and organizational values, there is no chance for meaningful work, much less engagement. A value can be defined as a belief that drives decision-making or behavior. Every individual has a unique set of values or beliefs that drive their decisions and behavioral choices. These subjective sets of values are the products of the individual's experiences throughout their lifetime. Social norms, family priorities, and religious beliefs are some of the most common sources of values. Some people posit the existence of innate, universal human values. In his article "Seven Innate Human Values: The Basis for Consistent Ethical Decision-Making," for example, Daniel Raphael (2020) presented the notion that all humans are born with seven values: life, equality, growth, quality of life, empathy, compassion, and love.

Scholars and philosophers will continue to debate whether we are born with a set of values or whether values are learned as we interact with society. For the purposes of this book, I make several assumptions about values: First, values are learned. Second, several types of values exist—for example, ethical/moral values, ideological/political values, religious values, social values, and aesthetic values. Finally, our personal values are stable and resistant to change, but they do evolve over time. Notwithstanding their origin, personal values always underpin and control our choices. They guide our decisions by allowing for consistent individual choices regardless of the current environment. For example, an individual who values a healthy lifestyle will find time to exercise. This individual will be able to go to a buffet and select the most nutritious food items.

Our values influence and control our decisions and behavior at an unconscious level. The critical metric for analyzing values is behavior. Sometimes words and behavior may be in conflict. If someone says one thing but behaves in a contradictory fashion, then their words are lies. Kurt Vonnegut (2013) said it best: "We are who we pretend to be." We are our behaviors, not our words. So if a personal value is excellence, we can expect that individual to be scrupulous in their attention to detail. Conversely, if a person states that they believe in excellence but ignores details and produces sloppy work, we can determine that they do not truly value excellence. Behaviors are the outward representation of our values.

Corporate Values

All corporations are driven by a set of core corporate values. Typically, this is a short list of three to five values. Some corporations have more, maybe ten, values listed. However, it is hard to imagine that they are all equally relevant to daily decision-making. It seems reasonable to assume that most of the corporate decisions can be explained by a few values, such as financial viability, customer experience, market share growth, and employee engagement.

A corporation's core values determine its resource allocation, growth plans, and other critical business decisions.

An organization's core values drive all its important business decisions. If you observe a board of trustees meeting or an executive team meeting, you should expect to see the organization's core values embedded in the decisions made by those groups. As with personal values, if there is a difference between the values that the organization espouses publicly and the decisions made by trustees and executives, then the espoused values are false. Imagine that a board of trustees states that quality and a culture of safety are the core values of its healthcare delivery system. But this board also renews the credentials of a surgeon who has significantly higher morbidity and mortality rates than other physicians but generates considerable gross revenue. We can assume that the board's publicly espoused core values are just jargon. The real core corporate value is to maximize revenue regardless of clinical outcomes or patient safety.

Meaning

"Meaning in life" is the notion that all people are on a journey to find their reason for existence, and each person believes that their life has significance. The opposite of a life with meaning is a meaningless life.

The model depicted in exhibit 1.2 places values first and meaning second because meaning is found when our personal values match our life experiences. For an event or experience to have meaning, there must be a behavioral manifestation of values-based behavior. In this case, the environmental circumstances are favorable to the individual's values, and the resulting behavior is demonstrated consistently. For example, a clinician who is motivated by the value of quality will do everything possible to ensure the best care. In contrast, a clinician who is motivated by money will behave in a way that is driven by the question "Am I being paid for this work?"

There is an old story that supports the premise that values-based behavior is superior to just "getting it done." The story is about three bricklayers observed by the architect Christopher Wren in 1671 as they worked on the construction of St. Paul's Cathedral in London. One worker crouched down and moved very slowly. The second moved equally slowly. However, the third bricklayer stood tall and worked much faster than the others. Wren asked the men what they were doing. The first two responded that they were bricklayers, and they were laying bricks so that they could be paid for their work. The third bricklayer answered with enthusiasm, "I am a cathedral builder, and I'm building a great cathedral to the Almighty, my Lord and Master."

The lesson in this simple story is that there are levels of motivation, ranging from the mundane to the transcendent. In healthcare, the power of transcendent motivation is apparent when an employee's personal values are aligned with specific performance expectations. The secret to moving from values-based meaning to transcendent motivation—or purpose—is the organization's vision.

Mission/Vision

Mission and vision are combined in this employee engagement model because they are the "bookends" of the process of moving from meaningful work to finding purpose working in the organization. Remember, meaning results when personal values and corporate values are aligned. Purpose can be found in work when meaning exists within a greater context in which work moves from meaningful tasks and accomplishments to transcendence, as workers feel strongly connected to something greater than themselves. Individuals come to view meaningful work assignments as part of something much greater than their individual tasks. Purpose happens when individuals are connected to the organization's mission and know that they are contributing to something greater than themselves.

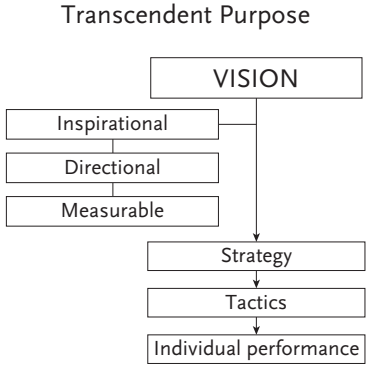
Imagine it is July 1969. You are employed by NASA to move materials as requested by the engineers. You drive a small tractor that carries materials and supplies needed to build the launch vehicle. In terms of the NASA hierarchy, you are at the low end of the pay grade. Now, it is July 20, 1969: The rocket is launched and lands successfully on the moon. Do you feel pride and joy on that day? Do you feel part of something greater? Do you celebrate with your family and friends because you were part of a historic day? The answer is probably yes to all of these questions.

While the moon landing may be an extreme example, major lifesaving successes occur every day in every hospital. Especially during the COVID-19 pandemic, many frontline workers and support staff found their work meaningful and reconnected with the purpose that prompted them to become healthcare providers.

The mission is the reason the organization exists, and the vision is an expression of where the organization wants to be in the future. Mission statements in healthcare delivery systems tend to be similar. Healthcare delivery exists to help the sick and encourage healthy communities. For example, Mayo Clinic's mission statement reads as follows: "Inspiring hope and promoting health through integrated practice, education, and research." The Mayo Clinic, quite possibly the most well-known healthcare delivery system in the United States, has a mission that focuses on the well-being of the whole person. Likewise, Grinnell Hospital, a small hospital in central Iowa, has a similar mission statement: "To improve the health of the people and communities we serve." Whether a healthcare delivery system is world renowned, like the Mayo Clinic, or a small rural hospital in Iowa, the reason it exists is to deliver care and promote health. Every organization exists for a reason—that is its mission.

The vision is a description of a future state that does not currently exist. It conveys a sense of what is possible, not what is probable. A vision statement contains three elements (it can have more, but it can't have less). The vision must be inspirational, directional, and measurable. Typically an organization's vision statement covers several years. The vision is the guiding principle for the organization's

Exhibit 1.3 Vision Guides Strategy, Tactics, and Performance



strategic planning, and the strategic plan drives the creation of departmental plans and individual performance objectives. Exhibit 1.3 shows the structure and dynamics of an organizational vision.

The vision is the bridge between values-based individual performance and the final component of the model—purpose. It is possible, and very common, for individuals to find meaning in their work but still be disconnected from the organization's mission. A staff member might say, "I love my job and my coworkers, but I have no idea what this organization stands for." Finding meaning in work when individual tasks help achieve the organization's vision is good, but it is not sufficient to sustain engagement. Sustainable engagement only comes from a strong connection to the transcendent purpose of the organization as described in the mission.

Purpose

Finding one's purpose in work is the highest level of personal achievement. People who find their work purposeful are highly motivated, passionate, excited to come to work, innovative, and great problem solvers. Purpose in life and work unleashes the best

aspects of individuals. Ralph Waldo Emerson captured the essence of a purposeful life: "The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well."

Employees have purpose at work when they see how their efforts contribute to the achievement of the mission. Remember, meaningful work results when personal values are aligned with the core organizational values. It is possible to have meaningful work when connected to the vision, without being connected to the organization's greater purpose. It is the mission that takes workers from thinking about tasks and departmental objectives and helps them "transcend" their individual efforts to achieve something greater than their job—remember the cathedral worker who had a purpose greater than laying bricks!

A simple formula, which will be delineated in greater detail in the following chapters, explains the model: Personal values aligned with corporate values create the opportunity for meaningful work when tied to the vision, and a transcendent mission enables workers to be part of something greater than themselves—to have purpose. This sequence, when implemented properly, ensures sustainable engagement.

Profiles of Performance

Brian Silverstein: There Is No Healthcare System, Only a "Sick Care" System

Brian Silverstein, MD, is a consulting director at the Chartis Group, an independent healthcare advisory firm, and a member of the board of trustees of OSF St. Francis Health System in Peoria, Illinois. Brian is a thought leader on the past, present, and future of the healthcare industry. In an

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interview, he explained, "There are so many forces at work in healthcare delivery. These forces have resulted in the current state of US healthcare, which does not work well for patients." Brian believes that it will probably get worse before it gets better because of the size and scope of the current financial and regulatory constraints. "Healthcare needs to innovate—it needs an 'Uber' experience, but such innovation is unlikely due to the way services are paid for." For example, Brian notes that insurance policies usually cover individuals for one year, but health, wellness, and management of chronic disease can take years to establish. That is why there is no "healthcare system," only a "sick care" system."

Brian has an interesting take on the COVID-19 pandemic and post-pandemic world. He believes that the pandemic may have exposed the things that people do *not* need from the healthcare system. And it has shown opportunities to use alternative methods to promote individual and community health—most notably, telemedicine. In addition, Brian concludes that the cultural reality of the US healthcare system is that individuals may live very unhealthy lifestyles but expect the local healthcare system to "fix" them, regardless of their personal choices. So far, there is no accountability or consequences for living an unhealthy lifestyle. Until the payment model for healthcare changes, we can expect little change in the behavior of those providing and receiving care in the US healthcare system.

Samuel Odle: Healthcare Is a Team Sport

Samuel Odle, LFACHE, is unquestionably one of the healthcare industry's most outstanding leaders. Sam is a senior

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policy advisor for Bose Public Affairs Group. However, he began his healthcare leadership journey in 1981 as vice president of operations at Methodist Hospital in Indianapolis, Indiana. He retired in 2012 as CEO of both Methodist Hospital and Indiana University Hospital. His list of awards and honors is long and impressive. He is a fellow of the American College of Healthcare Executives and served on its Board of Governors from 2003 to 2006, including one year as chair.

Sam's multidecade perspective gives a clear picture of the changes that have taken place in the healthcare industry and how they have affected employee engagement. He recalled, "In the 1970s and early 1980s, there was a friendliness among healthcare leaders that went beyond collegiality. CEOs from hospitals in the same region wanted to collaborate." Then competition emerged in the payment environment. Sam suggested that this was a significant turning point in the US healthcare industry. "The payors wanted competition. The external environment kept changing. The factors driving change were external, not internal."

Mission and values are an important part of Sam's leadership philosophy. "The mission and values are my constant focus—my North Star. I have always used our core corporate values to drive decisions." He believes that it is important to be somewhat "evangelical" about the organization's mission and values. Sam's personal leadership style is based on the belief that healthcare's greatest assets are "the people who come to work every day to care for others." He noted, with much enthusiasm, that "healthcare is a team sport!" The biggest internal obstacle to employee engagement, he said, is the physician or staff member who is only concerned with "what's in it for me?"

SUMMARY

Today's healthcare delivery systems operate in a volatile, uncertain, complex, and ambiguous (VUCA) environment. The COVID-19 pandemic and our emerging post-pandemic reality have only exacerbated those qualities. The current pressures of the healthcare environment often result in an exhausted, frustrated, and sometimes angry clinical and executive workforce. The immediate, daily demands for quality clinical performance, as well as the demands for regulatory compliance and positive business returns, place constant pressures on everyone in the industry. There is, however, an antidote to the deleterious effects of the VUCA world: to refocus on the reason the healthcare delivery system exists, on the beliefs that drive decisions, and on the organization's goals for the future—that is, the mission, values, and vision. When these organizational elements are at the center of the daily work, workers will be able to fully engage because they can find meaning in their work and connect to the purpose of the organization.

QUESTIONS FOR ASSESSMENT AND DISCUSSION

Thinking about your own organization, respond to the following statements on a scale of 1 to 5, where 5 = strongly agree, 4 = agree, 3 = uncertain, 2 = disagree, and 1 = strongly disagree.

1. Our organization is ready for the VUCA world by adapting our services in ways that best serve our community.
2. Our organization balances the tangibles (the quantitative aspects) and the intangibles (the qualitative aspects) in all that we do.
3. Everyone in the organization understands and lives our mission, core values, and vision.

4. Clinicians and executives are partners in creating meaningful work and a purposeful organization.
5. The board of trustees' behavior and decisions are consistent with our mission, core values, and vision.

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