

Preface

Leadership remains a relatively mysterious concept despite having been studied for several decades.

—Atul Gupta, Jason C. McDaniel,
and S. Kanthi Herath (2005)

VALUES COME INTO play here.

I wrote *Leadership in Healthcare: Values at the Top*, the first edition of this book, at the turn of the new century. The second edition appeared in 2010 and the third edition in 2017. I continue to be amazed and humbled by its reception. Practitioners and students alike have used it and communicated with me about their reactions, thoughts, and suggestions. I remain humbled by the first edition's selection as the ACHE James Hamilton Book of the Year. I am struck by the power of the message of values in leadership. Yes—values come into play here.

Twenty-plus years after the publication of the first edition, much has changed in the world, in American society, and in the US healthcare system and its leadership. At the time of writing this fourth edition, our planet continues to face one of the greatest challenges of all time—the COVID-19 pandemic. Certainly healthcare will never be the same. Yet, despite critical challenges, many healthcare leaders continue to lead and lead successfully. Many realities face leadership, including the following:

1. *Effective leadership is difficult to define.* So many “definitive” leadership books exist, but so few articulate the principles underlying effective leadership.
2. *The ethics of leaders has been on the decline.* Power can corrupt, which is evident from the much-reported unethical and criminal activities of top executives in many industries. When inappropriate conduct is committed in healthcare, it not only erodes the public’s trust but also threatens patients’ safety and lives.
3. *The constant stresses in healthcare cause burnout and change of careers.* As a leadership and former search consultant, I am acutely aware of leaders’ frustrations and uneasiness about the rapid pace of change in the field. Many of them leave the field as a result, while others struggle through these problems, tired, dejected, and pessimistic. COVID-19 has only intensified this challenge, with many healthcare employees choosing to leave entirely in an ongoing trend known as “The Great Resignation.”
4. *Leadership development is still not a top priority.* Although many senior executives express an interest in professional growth and development, they devote little time or funds to this pursuit. This paradox is apparent when leadership development becomes the first to get cut from the organizational budget. The economic downturn became another excuse (next to limited time) for overlooking development opportunities.
5. *Effective leaders are almost always values driven.* Those who rely only on hard data and measurable standards often say that values are vague contributors to effectiveness because they cannot be quantified. However, a review of empirical research, coupled with my observations and constant contact with executives, reveals that values are cited by highly effective leaders as major factors of their success.

6. *Effective leadership can be learned.* Some people are “born” leaders. They possess and live by deep, unwavering values. They have a natural ability to interact with and lead others. However, these qualities can be learned by people who are not born with such talents. Becoming aware of the need for learning and practicing a sensitive, practical, and appropriate value system is the first step toward becoming a world-class leader.

In 2010, I wrote, “We now live in a more frenzied, Internet-driven culture, where technology gives to but also takes away from our daily lives.” As trite as it may seem, that frenzy has grown, the Internet has more impact than ever before, and technology helps but also hurts us. And in the 2017 third edition, I wrote about new challenges of cost management and reimbursement, location of care, quality, the challenges of larger and more complex organizations, labor shortages, and physician/clinician burnout. Little did I know that COVID-19 would make all of this look simple for healthcare leaders. And while it is not the intent of this fourth edition to deeply delve into the issues of COVID-19, it cannot be ignored, and there are many new sections and resources that address this taxing challenge.

I argued then—and I argue even more strongly now—that while technology has allowed us instant access to other people and to enormous amounts of information, it has shrunk our chances for face-to-face communication. The human element is not what it once was. The COVID-19 pandemic has certainly changed that. And again, values come into play here.

And while social media—Twitter, Facebook, LinkedIn, and the like—have enabled us to network, stay in touch, and even make “friends” from distant locations, they have also introduced unique challenges in the workplace. Although the Internet age in healthcare has made some veteran executives say that interactions are “not as fun as they used to be,” it does attract and excite the younger leaders among us. But once again, values come into play here.

We now live in a world that is very divisive, a country that is polarized, and we work in a healthcare world that has changed enormously. The political, social, and economic uncertainties we face manifest themselves in our healthcare facilities, exacerbating the crises that organizational leaders must solve every day. The pandemic forced many organizations to cope with an inability to provide care, greater labor shortages than ever before experienced, and a workforce that is exhausted and spent. Emergency departments continue to be the front door and often primary providers of healthcare. Telehealth, while a solution during the pandemic, provides new challenges. We continue to see a shortage in all kinds of workers, made much more serious as a result of the pandemic. Retail operators have now entered our world of service and care to others. Financial challenges continue to threaten the availability and quality of care, advances in medical technology and pharmaceuticals have been ramping up the cost of care, and the American public's scrutiny of the healthcare field has gotten closer and deeper. Although not entirely new or insurmountable, these challenges add even more pressure to the already-strained healthcare workforce and its leaders. But once again, values come into play here—and vividly—for our leaders.

Although much progress has been attained in the field, much still needs to be accomplished. This is the environment in which the fourth edition of *Leadership in Healthcare* is truly effective.

THE INTENT OF THIS BOOK

My goals for this edition are the same as the goals for the first three editions:

1. Raise leaders' awareness about values and their meaning and applicability to leadership.
2. Posit that values play a major role in leaders' effective performance.

3. Recommend practical strategies for living by those values at work and at home.

Judging by the strong reception to and enduring support for the earlier editions, this book has filled a latent hunger for discussion about values-based leadership, something that even I did not anticipate. The need for such a discussion is not confined to the healthcare executive world; it is also demanded by graduate and undergraduate programs as well as other providers of professional education. The following that the first three editions have garnered has prompted me to present an updated edition that reflects our drastically changed environment.

Changes in the Fourth Edition

This edition remains true to its original premise. However, to better illustrate and highlight the concepts, I have added new elements and expanded the discussions. These additions further facilitate teaching, dialogue, and self-reflection:

- Chapter 20, “Inclusive Leadership,” written by Carla Jackie Sampson, PhD, FACHE
- Chapter 21, “Physician Leadership Issues,” written by Margot Savoy, MD, FAAFP, FABCP, FAAPL, CPE, CMQ
- Chapter 22, “Humans Working with Humans to Heal Humans,” written by Katherine A. Meese, PhD, David A. Roger, MD, MHPE
- Chapter 23, “Leadership Matters—For Healthcare’s Present and Future,” written by Patrick D. Shay, PhD
- Chapter 24, “Post-COVID Leadership”
- New treatment of the impact of COVID-19 on healthcare leadership
- New or revised strategies and examples

This edition retains many of the elements of the previous editions:

- Opening vignettes that reflect workplace situations
- Sidebars that support the discussions
- Cases and exercises that stimulate reader response
- Additional readings that can provide an expanded understanding of chapter content

Content Overview

The book has two forewords—one by Brett D. Lee, PhD, FACHE, and another by Andrew N. Garman, PsyD. The rationale here is to represent the perspectives of the book’s main audience, which is composed of both healthcare executives and health administration educators and students.

The book is divided into five parts. Part I—Leadership in Healthcare—contains chapters 1 through 5 and sets the stage on which the field and its leaders perform their roles. Part II—Personal Values—includes chapters 6 through 12 and catalogs the key values that influence the leader’s behaviors, priorities, thought processes, and actions. Part III—Team Values—comprises chapters 13 through 16 and explores the values that guide a leadership team. Part IV—Evaluation—encompasses chapters 17 through 19 and provides guidance for assessing team values and effectiveness and careers at all stages.

Part V—Additional Perspectives on Leadership—contains chapters 20 through 24.

Chapter 20 is written by Carla Jackie Sampson, PhD, FACHE, clinical associate professor of healthcare management and director of health programs at New York University’s Robert F. Wagner Graduate School of Public Service. Dr. Sampson also serves as the editor of *Frontiers in Health Services Management*. Dr. Sampson’s chapter, “Inclusive Leadership,” provides unique insight into the

contemporary issues of diversity, equity, and inclusion, and elegantly unites this vital matter with leadership values.

Chapter 21 is written by Margot Savoy, MD, FAAFP, FABC, FAAPL, CPE, CMQ, senior vice president of education at the American Academy of Family Physicians, and former associate professor of family and community medicine and population health and urban bioethics at the Lewis Katz School of Medicine at Temple University. Dr. Savoy's chapter addresses a topic often ignored when considering healthcare leadership—that of the role of physicians as leaders.

Chapter 22 is co-written by Katherine A. Meese, PhD, and David A. Rogers, MD, MPHE. Dr. Meese is an assistant professor in the Department of Health Services Administration at the University of Alabama at Birmingham (UAB). She also serves as the director of wellness research in the UAB Medicine Office of Wellness. Dr. Rogers is a professor in the departments of Surgery, Medical Education, and Pediatrics and was the senior associate dean of faculty affairs and professional development in the School of Medicine at the University of Alabama at Birmingham. Their chapter, "Humans Working with Humans to Heal Humans," provides what might be the true beacon call to all healthcare leaders, showing research that supports the linkage between margin and mission as it relates to the role of leaders in supporting workers.

Chapter 23 is written by Patrick D. Shay, PhD, associate professor in the Department of Health Care Administration at Trinity University in San Antonio, Texas. This chapter focuses on why leadership in healthcare is critical. Patrick, one of the true thought leaders in healthcare administration in organizational behavior and leadership, also provides excellent evidence-based material on the concept of organization theory and how it applies to effective leadership.

A new chapter, 24, "Post-COVID Leadership," addresses the special challenges that healthcare leaders have faced, and continue to face, in very different healthcare milieus. As Geerts et al. (2021) write, "The COVID-19 pandemic is the greatest global test of health leadership of our generation. There is an urgent need to provide

guidance for leaders at all levels during the unprecedented preresolution recovery stage.” While it is not the intent of this book to cover all aspects of COVID-19 and its impact on healthcare, to ignore it entirely would be negligent. This new chapter provides support for leaders to use the values espoused throughout the book to address COVID-19 issues as well as any other crisis situations.

Four appendixes are included. Appendixes A through D are tools for evaluating the leader, the team, and the self. The self-evaluation questions in each chapter are designed to challenge current practices and long-held notions about leadership, while all examples (both real and fictional) serve to encourage appropriate behavior and to acknowledge that such model behavior is a multistep, multiyear process that requires willingness, hard work, and other people.

Quotations from various leadership and organizational experts pepper the text throughout, giving credence to the concepts discussed.

CONCLUSION

I have worked in the field for more than 40 years now, but I continue to learn about and be fascinated by healthcare leadership. I still ask the questions I began posing years ago:

- What is leadership? Is it defined by specific behaviors? By broad and sometimes ambiguous terms?
- What makes some leaders more effective than others?
- What role do values play in leadership?
- How can people improve their own leadership skills?

Although this book is not a complete treatise on leadership, it does explore concepts that will cause you to reflect on your own and others’ value systems, behaviors, leadership competencies, mindsets, actions, goals, and performance. I hope it communicates these messages:

1. Values come into play in leadership.
2. Effective leadership is needed now more than ever.
3. Values-based leadership can be learned.
4. Values are a primary contributor to great leadership performance.
5. I share what several individuals have said about values:

Tell me what you pay attention to, and I will tell you who you are.

—*José Ortega y Gasset (1958)*

Values-based leadership may not be a cure for everything that ails us, but it's definitely a good place to start.

—*Harry M. Jansen Kraemer Jr. (2011)*

Sometimes it takes great moral courage to do what is right, even when the right action seems clear.

—*Richard L. Hughes, Robert C. Ginnett,
and Gordon J. Curphy (2015)*

When leaders are willing to talk through their own decision-making process, making visible that values are an important consideration, this sends a powerful signal to employees.

—*Mary C. Gentile (2020)*

Leaders need to understand explicitly what they stand for, because values provide a prism through which all behavior is ultimately viewed.

—*James M. Kouzes and Barry Z. Posner (2012)*

The rest, as Lao Tzu said, is up to you.

Carson F. Dye, FACHE

REFERENCES

- Dye, Carson F. "Leadership in Healthcare: Essential Values and Skills, Second Edition, page xii. Chicago: Health Administration Press, 2010.
- Geerts J. M., D. Kinnair, P. Taheri, A. Abraham, J. Ahn, R. Atun, L. Barberia, N. J. Best, R. Dandona, A. A. Dhahri, L. Emilsson, J. R. Free, M. Gardam, W. H. Geerts, C. Ihekweazu, S. Johnson, A. Kooijman, A. T. Lafontaine, E. Leshem, C. Lidstone-Jones, E. Loh, O. Lyons, K. A. F. Neel, P. S. Nyasulu, O. Razum, H. Sabourin, J. S. Taylor, H. Sharifi, V. Stergiopoulos, B. Sutton, Z. Wu, and M. Bilodeau. 2021. "Guidance for Health Care Leaders During the Recovery Stage of the COVID-19 Pandemic: A Consensus Statement." *JAMA Network Open* 4 (7): e2120295.
- Gentile, Mary C. AZQuotes.com, Wind and Fly LTD, 2022. <https://www.azquotes.com/quo>
- Gupta, A., J. C. McDaniel, and S. K. Herath. 2005. "Quality Management in Service Firms: Sustaining Structures of Total Quality Service." *Managing Service Quality* 15 (4): 389–402.
- Hughes, R. L., R. C. Ginnett, and G. J. Curphy. 2015. *Leadership: Enhancing the Lessons of Experience*, 8th ed. Burr Ridge, IL: McGraw-Hill Education.
- Kouzes, J. M., and B. Z. Posner. 2012. *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations*, 5th ed. San Francisco: Jossey-Bass.
- Kraemer, H. M. J. Jr. 2011. "The Only True Leadership Is Values-Based Leadership." Published April 26. www.forbes.com/2011/04/26/values-based-leadership.html.

Mary C. Gentile. AZQuotes.com, Wind and Fly LTD, 2022. <https://www.azquotes.com/quote/1608956>, accessed July 07, 2022.

Ortega y Gasset, J. 1958. *Man and Crisis*. Translated by Mildred Adams. New York: W. W. Norton & Co.

INSTRUCTOR RESOURCES

This book's Instructor Resources include PowerPoint slides for each chapter, additional discussion questions, and web links.

For the most up-to-date information about this book and its Instructor Resources, go to ache.org/HAP and browse for the book's title or author name.

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