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


Values come into play here.

I wrote Leadership in Healthcare: Values at the Top, first edition of this book, at the turn of the new century. The second edition appeared in 2010. I have been 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 comes into play here.

Sixteen years after the first publication of the book, much has changed in the world, in American society, and in the U. S. healthcare system and its leadership. Yet much remains the same, including the following realities:

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 is 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.

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 last 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 us but hurts us.

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 shrunken our chances for face-to-face communication. The human element is not what it once was. Values come into play here.

And while social media—Twitter, Facebook, LinkedIn, and the like—has enabled us to network, stay in touch, and even make “friends” from distant locations, it has 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 work in a healthcare world that is changing 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. Emergency departments continue to be the front door and often primary providers of healthcare. We continue to see a shortage in workers, allied health professionals, physicians, and even clinical educators. Retail operators have now entered our world of service and care to others. Financial challenges threaten the availability and quality of care, advances in medical technology and pharmaceuticals are 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 third 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 two editions were:

1. Raise leaders’ awareness about values and their meaning and their 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 professional-education providers. The following that the first two editions of this book have garnered has prompted me to present an updated edition that reflects our dramatically changed environment.

Changes to the New 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 facilitate teaching, dialogue, and self-reflection. The book now includes the following:

- Chapter 3, “Is the Popular Literature Worthless?”
• Chapter 21, “The Need for Leaders,” written by Christy Harris Lemak, PhD, FACHE
• Chapter 22, “Does Leadership Matter,” was written by Patrick D. Shay, PhD
• Appendix D, “Grading Healthcare Team Effectiveness”
• New or expanded treatment of the concepts of servant leadership, change makers, employee engagement, emotional intelligence, and groupthink
• Suggested readings
• Strategies and examples, many of which have been revised, with a number of new examples and strategies added

The book also retains many of the elements of the previous edition:

• Opening vignettes that reflect workplace situations
• Sidebars that support the discussions
• Cases and exercises that stimulate reader response

Content Overview

The book has two forewords—one by Michael H. Covert, FACHE, and another by Andrew N. Garman. The rationale here is to represent the perspectives of the book’s main audience, which is composed of 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 current stage on which the field and its leaders perform their roles. Part II—Personal Values—including 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 tools for assessing team values and effectiveness and careers at all stages.

The new part V—Academic Perspectives—contains chapters 20 through 22. Chapter 20 is written by Jared Lock, PhD, licensed industrial and organizational psychologist and president of The JDL Group LLC. This contribution is a research-based response to and support of the hypotheses submitted in the book. Chapter 21 is written by Christy Harris Lemak, professor and chair of the Department of Health Services Administration at the University of Alabama, Birmingham. Her chapter is a well-articulated call for more leadership in healthcare. She is a nationally recognized leader on healthcare administration education, serving as the chief academic officer for the National Center for Healthcare Leadership and as a board member of the Association of University Programs in Health Administration (AUPHA).

Patrick D. Shay, assistant professor in the Department of Health Care Administration at Trinity University in San Antonio, Texas, wrote chapter 22, which focuses on academic approaches to the question of whether leadership truly matters in the workplace. Patrick is one of the true up and comers in healthcare administration in organizational behavior and leadership.

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 are pepper the text throughout, giving credence to the concepts discussed.
CONCLUSION

I have worked in the field for 43 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?
- 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 system, behaviors, leadership competencies, mindset, 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.

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.


In today’s world, the amount of distraction and busyness we all experience keeps us from undertaking the inward journey and engaging in the quiet reflection required to become more authentic human beings.

—Kevin Cashman (2008)

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


**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.

This book’s Instructor Resources are available to instructors who adopt this book for use in their course. For access information, please e-mail hapbooks@ache.org.