DEVELOPING HEALTHCARE LEADERSHIP IN TURBULENT TIMES

The challenges facing our healthcare system in the current moment are well known and widely discussed—the need to reduce costs and improve quality, the rapid changes in the business landscape through consolidation and horizontal and vertical integration, the ever-changing political landscape, emerging technologies (too many to mention), and the disruptive effects looming from new entries into the system (i.e., Amazon, J.P. Morgan, Berkshire Hathaway, Walmart, etc.). What does not get addressed as much is the need for strong leadership at multiple levels to navigate the rapid pace of change in healthcare and turn challenge to opportunity.

Traditional models of healthcare leadership—usually divided into coats and suits, with physicians and nurses leading the clinical operation and administrators running the business—do not hold up in a world in which clinical knowledge, research leadership, business acumen, organizational wisdom, and technological literacy must converge. Leadership needs to span traditional healthcare silos and be distributed through diverse teams and roles and in new organizational configurations that integrate clinical and business domains.

Organizations feel increasingly challenged to devote the time and resources to develop leaders in formal and informal ways. Typical challenges include:

- Stretching physicians, nurses, and other practitioners to evolve from their training in purely clinical roles (in which their expertise is focused, individual, and concrete) to take on management functions that require group work, tolerance for ambiguity, and the imprecise social science of human behavior

- The shift from a clinical to an administrative role requires a shift in mindset and identity, a role transition that our colleague Tom Gilmore termed a transition of "silos in the mind." (Gilmore, 1990)

- Encouraging smart people to learn and take on a beginner's mindset

- And, of course, making time in an already overloaded schedule for leaders who carry heavy burdens of patient care, managing others, teaching, and often running a business unit.

Yet clearly leadership development is even more critical than ever as the demand for new skills and capabilities expand. Caryn Lerman, Ph.D., Vice Dean for Strategic Initiatives, and J. Larry Jameson, M.D., Ph.D., Dean of the Perelman School of Medicine of the University of Pennsylvania, argue for the importance of developing leaders in their recent piece in *The New England Journal of Medicine*, where they note that, "Our profession has been somewhat complacent in the face of these disruptive forces and hasn't prioritized cultivation of leadership skills such as communication, team building, collaboration, and deliberative decision-making that will position the next generation of physician leaders to succeed in this rapidly changing environment." We know through our experience in developing and delivering programs in multiple organizations and with a range of practitioners—young physician leaders, interpersonal teams, programs that span business and clinical roles, and for emerging nurse leaders—that the impact of these programs on the individuals and the culture can be powerful. There is a hunger for this kind of development.

Over the past thirty years, we have developed, participated in, and facilitated numerous leadership development programs in healthcare settings across the continuum of care. We have learned from each and every program, and derived several principals that we believe live at the core of efforts to successfully support the development of healthcare leaders:

- Leadership development works best when closely tied to the strategic priorities of the organization/system. Maintaining a deep understanding of the macro and micro business drivers that shape healthcare nationally, regionally, and organizationally are critical to taking up leadership at whatever level and in whatever role.

- Learning happens best and is best retained when in close harness with real application—in the form of action learning methods that have leaders apply leadership frameworks to their real work challenges.

- Where possible, train different professions together to promote interprofessional collaboration and learning to enhance both individual leadership and team effectiveness (Tomasik and Fleming, 2014).

- Learning needs to be multi-modal, social, and immersive to achieve its greatest impact. The impact of PowerPoint has diminished in light of more dynamic ways to engage—lively discussions, case studies, podcasts and video, enactments of real work situations, etc.

- Clinicians need to be invited into leadership in order to see the important impact they can have at the system level. The shift in identity—the "silos in the mind"—is not insignificant, so the rewards in how they can serve healthcare missions need to be evident.

- Organizations can build a culture of leadership in their organizations, creating needed change through leadership development and building strong networks to support emerging leaders. To do so, leadership efforts need to create spaces of what Amy Edmondson (2019) calls "psychological safety" that allows smart people to become vulnerable and learn together.

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Lerman and Jameson write that, "Health systems should make leadership development an organizational priority. Identifying and supporting emerging leaders, carefully matching leaders with roles, and proactively supporting new leaders during deliberate onboarding and mentoring processes could help close the leadership gap in healthcare." We see real wisdom and commitment in their arguments, and hope that others see the light.

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at www.cfar.com.

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