SPECIAL SECTION

INVENTING THE FUTURE

In interviews with Health Progress, *leaders in the Catholic health ministry recently reflected on how their roles are changing and what the changes mean to them personally and to their organizations.*

Three Leaders Call On New Skills for Their Growing Strategic Role

VINCENT J. McCORKLE is president and chief executive officer of two Massachusetts acute care hospitals in adjacent communities—Mercy Hospital in Springfield and Providence Hospital in Holyoke. The communities have the highest rates of unemployment, AIDS, and single-parent families in the state, and the lowest per capita income. The area's diverse and changing populations have special, growing health needs, especially for nonacute care services such as detoxification, substance abuse, and long-term care. The Sisters of Providence Health System, Springfield, recruited McCorkle to integrate the two hospitals into a system that provides a continuum of care.

When McCorkle came to the system almost 2 years ago, he brought 14 years of experience with the Franciscan Health System in Aston, PA, where he was executive vice president of the Eastern Region. Before becoming an acute care manager, McCorkle worked for a large for-profit physicians group. His strong background in operations management has helped him in his current leadership position. "I've had rich experiences that have been valuable in preparing me for the future. They have given me the personal tools you need to do things you've never done," he says.

Strategic Role Grows

Leadership, he explains, has evolved from the days when executives "assumed quality as a given" and were mainly concerned with managing the hospital's operational and financial performance. Now, he says, leaders are in a learning curve and looking at things from a more strategic position. "We are on a new wave with no label yet. We are struggling to define quality. We are having a hard time improving, measuring, and reporting quality. We are in a growth cycle; we're creating a new future."

Values for Leaders

In today's uncertain times, McCorkle believes leaders need multidimensional talents. "A lot of what we're doing requires competency in business and financial operations, but it also requires well-formed values and judgment," he says. Growing up in the Catholic tradition has helped him in his role as a leader. McCorkle especially finds inspiration in Jesus' role as a leader who tore down barriers in order to create change. He says looking at how Jesus faced lack of acceptance, even outright rejection, has given him the steadfastness and loyalty to the Catholic healing mission to get through similar dark times of rejection.

McCorkle believes Catholic values are invaluable for leaders, to meet today's new challenges. "We're not leaders of a business; we're leaders of a ministry," McCorkle insists. "We lead not just with the mind but with the heart, mind, and soul."

Bureaucracy Outdated

Healthcare's traditionally bureaucratic chains of command and authority cannot be effective in this environment, according to McCorkle. "Today's leader isn't one who just says, 'Charge!'" he emphasizes. "The leader's role is to bring people together with common goals, to help diverse groups conceptualize and aspire toward a set of values in the future. Our job is to create an environment where groups of people can collectively move the organization forward.

The worst word is 'I.' We have to commit to 'we' to get energy around a common vision."

In practical terms, how can leaders mobilize people around a common goal? McCorkle works toward getting a manageable number of leaders and emerging leaders—people others will follow—to reach a general consensus on a vision for the organization. He has learned that trying to get unanimous agreement on every point is not necessary and wastes time. To elicit consensus, he engages these leaders in first looking at the organization's current reality. Then they describe their ideal world and begin working backward to achieve that ideal. McCorkle finds this process more effective in breaking down barriers.

Coping with Stress

The change process is highly stressful for healthcare executives, McCorkle acknowledges, but he copes by concentrating on positive, not negative, stress. "Negative stress is worrying about not controlling our destiny, being impotent. Positive stress is saying, 'Yes, there's ambiguity and challenge, but I'd rather be an architect of the future. There's a lot on my plate, but I'd rather move forward.'"

This can-do attitude allows McCorkle to work "more hours than people would believe" as the system goes through the changes of integration. "It's not labor for me," McCorkle explains. "I don't have a line between my work life and my personal life. It's just my life. I see this often in Catholic healthcare. Many are committed to the ministry, and it's not work for them."

A Future for Facilitators

McCorkle feels a sense of urgency for leaders in the ministry to understand the values and core mission of their sponsors so that the laity can perpetuate and renew this mission.

He looks forward to the future in which leaders' roles as doers or controllers will fade as they become primarily facilitators, bringing nontraditional people and organizations together to sustain the health ministry. The leadership role will become much broader, he predicts, "within a more social model than a medical model. Leaders will work with different key constituencies—community organizations, education, housing—as their role becomes more external to the organization."

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GAYLE CAPOZZALO is senior vice president of organizational development, Sisters of Charity of the Incarnate Word Health Care System, Houston, which includes 11 acute care and 3 long-term care facilities in 5 states. She has responsibility for integrated delivery networks throughout the system and for leading quality improvement, human resources, managed care, communications, and the system's learning institute. Capozzalo has worked in changing environments—in St. Louis with the SSM Health Care System and now, in Houston's particularly fast-moving market, with the Incarnate Word system. Both healthcare systems are adapting their structures to reduce costs. The organizations have focused on setting up teams to handle functions with fewer managers.

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Changing Attitudes

"Flattening the organization is important so that we reduce the cost of producing work by reducing the layers of management," Capozzalo says. But if leaders fail to proceed with caution, restructurings can fail faster than you can say "organizational change of the month."

"In America we focus on quarterly results," Capozzalo laments. "We are so short-term oriented that we don't recognize we do ourselves a major disservice by not taking into account all the work it takes to make cultural change. We tend to be action oriented, with much less time given to reflection on the longer term effect."

Capozzalo says, "I still hear leaders say that *we* can't change the culture; that the culture just *is*. But unless leaders say we *can* change the infrastructure, and accept the responsibility for changing it, organizational transformation won't happen."

Changing the infrastructure requires changing people's attitudes—changing how people see things—according to Capozzalo. "Often attempts to restructure fail because, when we introduce teams, we operate under false assumptions. We incorrectly assume that people will automatically share the vision that created change and be intrinsically motivated," she explains. "But in reality they are ill prepared to do so because we have traditionally reinforced the actions often found in more hierarchical command-and-control scenarios. Innovation and autonomous action have not been the norm." Then, Capozzalo notes, people are unfairly criticized when they appear to resist change.

Besides recommending that leaders provide employees with the education and training they need to work in new ways, Capozzalo urges them to recognize that it takes a long time to build people's trust so they can support change. "Every time a leader goes back to the old way," she warns, "people say, 'See, they didn't really mean it.'" In going back, leaders once again reinforce old and undesired behaviors.

Changing Work Processes

Capozzalo disagrees with the widely accepted premise that changing an organization's structure will at the same time accomplish cultural change. She recommends a sequential approach to cultural transformation. "I think you have to change the behavior of leaders *before* you take out layers of management," she says. "Organizations must monitor not just leaders' accomplishment of outcomes but also *how* outcomes are achieved. Leaders must be willing to enter into adult-adult relationships with employees by, for example, understanding and practicing process accountability; learning from mistakes; and encouraging risk taking, facilitation, and joint problem solving. Without this change in leadership behavior, we force the organization to fail."

Leaders must also first alter the way work is done, how information flows, and how decisions are made. Capozzalo worries because she sees no evidence that leaders are taking the time to thoughtfully reengineer work processes before cutting management. But she remains cautiously optimistic. "In my heart, I do believe that in the long run we will have higher performing organizations at lower cost, but it won't happen in a year."

Education for Leaders

Capozzalo believes leaders must take the time and responsibility for their own education if they are to rise to the complex challenges of cultural transformation and reengineering. She attributes the high turnover in healthcare leadership in part to today's unprecedented demands on leaders, most of whom have been successful in institutional-based acute care. Now they are called to run integrated delivery networks, and run them well, she says. "There is a fundamental difference between the mission of an institution designed to cure people and an organization that is responsible for the health of a defined population," she notes. "Running a huge system of care requires different skills, different thought processes, different mind-sets."

Many leaders have been put into positions where they have no time to learn what they need to know, and the organizations they lead have insisted they be all-knowing. "We've even built reward structures around not allowing leaders to be learners. For example, simple essentials—such as the basics of how teams function, how to develop questionnaires that yield meaningful data, and how to listen—have all been taken for granted as previously learned skills. But are they?" Capazzolo asks. Despite multiple pressures, leaders must educate themselves by returning to school or putting in extra hours, she suggests.

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New Relational Skills

Capozzalo says leaders also need interpersonal and facilitation skills—the skills that will enable them to work collaboratively with communities. But, as she points out, leaders succeeded in the past by tightly controlling and directing. These behaviors are no longer as effective, and Capozzalo speculates that successful leadership will take on a different complexion as some leaders leave and those who stay adapt new leadership styles.

"Networking and facilitation skills are usually found more often in women than in men," she adds. "Girls are praised for interpersonal relationships while boys are rewarded for being aggressive and assertive. It will be interesting to see if more women assume leadership positions in the future." And Capozzalo believes that for the many men who are willing to embrace the "softer" skills, "it's just a matter of elevating their collaborative and initiative skills."

Reshaping Work Relations

Capozzalo predicts leaders of the future will see the value of a shared vision, and they will provide information and encourage staff education so that everyone can contribute to the organization. She compares this change in relationships of leaders and employees to "the transition parents make as their kids become teenagers." Adult-adult relationships will replace adult-child paternalism in the workplace.

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CURTIS S. ROBERTS is chief executive officer of the Oregon Region of PeaceHealth, an integrated healthcare system headquartered in Eugene. He provides overall leadership for the system, including Eugene's Sacred Heart Medical Center, joint ventures, relations with physician groups, and collaborative arrangements with other organizations.

Roberts came to PeaceHealth in 1993 from the consulting firm McKinsey & Company, where he had helped PeaceHealth develop its integrated health system strategy. "Now I'm living out the results of my advice, which is a good experience," he says.

Competence and Character

As he helps lead the system's evolution to an integrated delivery organization, Roberts sees certain personal characteristics as critical for leaders. "As a leader you have to be, to a fault, absolutely trustworthy. Trustworthiness is a combination of *competence* and *character*," he says. Competence is essential to convince people they can trust the

direction the leader is taking the organization. "People have to believe you are smart and capable enough to be right."

Character, as Roberts sees it, means delivering on what one says. "People must believe you speak and talk openly, don't hide agendas, deal with problems directly, and have their interests in mind."

Executives should think of themselves as servant-leaders, whose function is to create the conditions in which people can do their best work. Roberts warns that if employees believe a leader is out for personal gain or discounts their interests, that leader will be unable to lead them anywhere. On the other hand, "if people feel your role is making them succeed, they will follow you anywhere," he says.

A critical task of leadership is "empowerment," a term Roberts admits is overused but nonetheless relevant. If executives are to spend their time effectively, they must build the right team and then truly empower them to do the work within their scope of responsibility. "You don't have time to be involved in all the decisions you previously were involved in," Roberts advises. "You need a team you can trust to run without your constant supervision so you can let go and do other things."

What other things? Roberts specifies two major tasks for leaders:

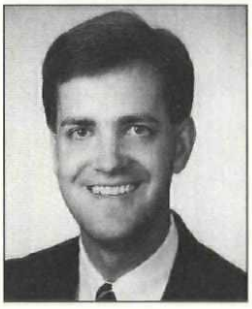
- Implementing "enormous innovation" in healthcare. He predicts change that is far more fundamental than the recent flurry of reorganizations that have pulled together some previously unaffiliated parties. "Now we need to devise entirely new work processes and design new services and products that we have never done before."
- Developing leaders. The amount of change healthcare organizations must undergo is placing a greater premium on leadership than ever before.

Encouraging Innovation

Leaders should get some small successes under their belt before attempting wholesale organizational change. Roberts advises working with a limited number of departments where there are some people who are open to change. "Parade examples of success before the rest of the organization. Healthcare organizations have been change and risk averse; it's a law of nature that change is not going to happen overnight. Focus your efforts on a small scale. Then get momentum to build change on a broader basis," he advises.

When changes go awry, Roberts believes the fault lies, not in the change itself, but in the process used to make the change. "If we tried to restructure the whole hospital at one time, for example, we'd fail."

Small-scale change also increases the level of participation. Organization-wide change that involves hundreds of people cannot be as inclusive without being inordinately complex, Roberts points out.



"You need a team you can trust to run without your constant supervision so you can let go and do other things," says Curtis S. Roberts.

Developing Other Leaders

A high priority for Roberts is developing other leaders. He takes an "opportunistic" approach and seeks out unexpected leaders. He cites the example of a nurse in the rehabilitation department whom he selected to implement the complex transition to a computerized patient medical record. Although the nurse did not really fit the position's objective criteria, Roberts chose her because he knew she had the needed skills. He makes a conscious effort to know the organization's staff, spending two full days a month ("the most valuable time I spend") working in the departments.

Negotiator and Facilitator

Negotiating and facilitating are also vital leadership functions, Roberts says. More than ever before, he finds his role is as an arbitator—resolving conflicts—and facilitating parties' coming to agreement.

Roberts uses negotiation and facilitation skills in all aspects of his work, whether guiding negotiations between physicians and the organization, between groups of physicians, or between employees who have not previously worked together. "The greatest skill to develop," he says, "is being able to listen so well that you can state the other party's position better than they can. Then they know you've heard them and the basis for understanding and agreement goes way up."

Why not just issue orders instead of negotiating? Because rule by fiat does not work, according to Roberts. "People like me are likely to be wrong. We don't know enough about how things work. We have to have faith that the people doing the work are smarter about how the work can be done better. If I give them the tools and set some boundaries and cut them loose, they'll do great things."

Communicating the Vision

Roberts says a leader must be truly visionary. Other than a clear threat such as going out of business, only a vision that so excites people that they want to achieve it can mobilize people.

But communicating the vision is often neglected. "The frequency with which leaders have to stress that message is more than I ever would have believed," Roberts says. In the halls or in meetings, he reinforces the vision behind the changes people are dealing with. "It doesn't get tangible until it gets personal," he says, "and taking the time to communicate the vision driving change is worth it." —*Judy Cassidy*