

SIXTH EDITION

QUANTUM LEADERSHIP

CREATING SUSTAINABLE VALUE IN HEALTH CARE

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P R E F A C E

When this text was first written in 2002, health care was on the verge of many shifts and transformations. After years of preparing for major transformation in health care, we are now experiencing multiple transformations that are reconfiguring our healthcare delivery systems. Political transitions are reshaping healthcare reform. Other changes that are shifting the very foundation of health care are the continual progression of information technology used in community and individual prevention, assessment, management, and evaluation and in healthcare provider and clinician work. The digital age has brought us artificial intelligence, apps, and software that allow us to predict risk, prevent untold events, and plan care in ways we could not imagine many years ago. Further, as the world changes, there is a need to explicitly share and understand new notions of how to advance the work of organizations and people, and to develop new patterns of behavior. Just like other segments of society, health care is going through the drama and trauma of reconceptualizing its work and priorities to take into account the new global reality, sustainable health reform, value-driven care, changing payment models, and the advances in therapeutics and clinical technology. Multiple advances are already bearing fruit and radically altering both quantity and quality of life. Changes yet to come will have an even greater impact than did those that have already occurred. We hope this *Sixth Edition* has kept up with recent changes and reflects the best thinking on the state of the art of contemporary leadership. For healthcare leaders, transformational changes can help us work smarter, faster, and with greater accuracy. We can monitor quality and safety more accurately, facilitate and maintain a highly reliable culture, support the well-being of our clinicians, and develop just-in-time solutions to work issues or needs.

As we update this *Sixth Edition*, we are still surprised and pleased that much of what is included in this text remains relevant and essential to both guiding and thriving in the emerging healthcare milieu. We are dedicated to ensuring that the most current and relevant information is contained in this text, and we are committed to updating its contents every 2 years. Ultimately, we strive to ensure that the most current and relevant insights related to “quantum leadership” are contained within, in a way that helps prepare and inform contemporary leaders. As an example, contemporary healthcare leaders are relying more and more on the ever-increasing digitalization and mobility of health services, the increasing availability and complexity of “big data,” and the growing utility that digitalization and big data have in informing healthcare decisions and actions. Accountability for choice and proper action are coming to rest in the hands of “users” of data. Healthcare leaders have the important job of enabling providers to alter their practices to include use of connected technologies and preparing users to assume accountability that is increasingly being appropriately transferred to them. Newer therapies and technologies are making it necessary to build evidence regarding clinical work that truly makes a difference in the lives of those we serve and in the health of our communities. Leaders in all health settings must be grounded in evidence, and they have a central role in the creation and utilization of innovations in clinical therapeutics, delivery models, and supporting infrastructures. Although the themes seem to be opposed, a delicate balance exists between current evidence and novelty; these two factors are in motion together and together can lead to transformational leadership changes.

A leadership book like this one serves as a dynamic snapshot, if you will, of the leadership role at a particular moment in time. In our attempt to identify and describe the correct behaviors and strategies for the role, we focus on the issues that are most representative of the current era. One of the earmarks of our era, of course, is the accelerating rate of change in the substantive reformatting of the delivery of health care, including the obvious challenges of ensuring access, availability, and payment for health care for all Americans regardless of socioeconomic status, disabilities, and institutional healthcare disparities. Another dynamic earmark is leaders' responsibilities in responding to a pandemic or other crises. We include current and emerging issues related to the value-based drivers influencing payment to facilitate unique opportunities for more effective contemporary leadership.

The peculiarity of books on leadership is that they can never be truly finished or even "current." Leadership is essentially a never-ending work in progress—an endless journey with facets and elements that add up to a broad and complex mosaic. Embedded in the leadership role is a host of behavioral, relational, interactional, and structural considerations that give form to the activity of leading. Research in each of these areas could line the shelves of libraries for generations. We submit that no one person could comprehend all that has been said and written about leadership or all the actions that have been done in its name. Ultimately, healthcare leaders must push their organizations further into the value-driven age as well as into the fray of reformatting health delivery. They must be able to see into the darkness of the future, and also to live comfortably inside the potential—that risky, unsettled space between the present and the future. And because leaders cannot pull people into a future that only they have conceived of, they must bring everyone to the table to shape the future through collective dialogue and concerted action at all times, understanding both the value to health care and the benefit to clinicians of engaging them in the process because they know best what the changes must be.

As professionals, it is becoming increasingly important to build an evidentiary foundation that provides a clear demonstration of the relationship between the processes and the impact of our work. For too long, the focus of professional work has been on the work itself: the quality of that work, the content of the work, and how well the work was done. Increasingly, the challenges between appropriate resource use and the outcomes of clinical work have raised the specter of incongruity and our often frequent failure to advance the health status of those we serve. Value now calls for health professionals to make a strong case for practice and establish a firm foundation that demonstrates a goodness-of-fit between the action of clinical practice and the impact of advancing social health. And now, this must be done within the context of equity-based provider teams committed to advancing the health of those they serve in a cost-effective and price-sensitive environment. Evidentiary dynamics is now a fundamental subset of both leadership and clinical work. Improvement sciences and value-based practices and payment require both technological and practice frames that elicit best practices and advance the user experience. Ultimately, leaders have an obligation to ensure that there is a tight relationship between the aggregated net health status of the community and the resources used to obtain and sustain it.

In this *Sixth Edition*, we try to conceptualize the newer complexity-based realities in health care and use the emerging foundations as a template to prioritize leadership skills and behaviors—those skills and behaviors that leaders can use to ensure that their organizations are guided accurately and effectively. Our strategy is first to provide a glimpse into the future and then to present some of the implications of the maturing sciences of complexity and chaos. We delineate the context of the leadership role as we all move further into the 21st century in order

to help leaders make sense of this continuously emergent sociotechnical world with all its risks and opportunities.

Anticipating change requires the ability to predict and adapt to transformation and the crisis that both stimulates it and represents the appropriate response. Leaders must now recognize the ever-constant company of the serendipitous occurrences that are reflected in a fast-paced and highly changing environment. Leaders must model and inculcate a predictive and adaptive capacity into the life of their organizations and into the skills of all staff in the organization.

There is simply no way that reforming and advancing health care can unfold without a great deal of conflict. Most people assume that conflict in the workplace is bad and should be avoided. Nothing could be further from the truth. Conflict is a normal element of all interaction. Leaders must understand this and acquire the necessary skills to manage conflict in a way that yields the benefits that it is capable of delivering. By handling conflict appropriately, leaders also are better positioned to create a healing environment for providers as well as consumers of health care and to undertake the healing of a wide variety of emotional and spiritual injuries suffered by people as they struggle with the work of transforming the healthcare system. Building a healthy environment by being fully present and demonstrating compassion and accountability is a fundamental responsibility of contemporary leaders.

Not only is it necessary to handle conflict effectively, it is necessary to see organizations as being in constant flux and subject to continuous change. Leaders now must both predict and adapt to the patterns of change that affect their people and their organizations. An adaptive and predictive capacity is a necessity for good leaders if their organizations are going to continue to thrive and change as new conditions and technology emerge. Developing these insights and the skill of predictive and adaptive capacity provides a good skill foundation to ensure that organizations of the future continue to change and sustain themselves.

Over the previous two decades, a host of authors and researchers have reminded us that leaders must possess not just intellectual ability but also mindfulness and emotional competence. After all, establishing and maintaining relationships are an essential part of leadership, and all relationships have an emotional component. To ensure that leaders' relationships exhibit emotional maturity, they need to understand themselves through mindful reflection expressed through a high level of emotional competence in a way that touches the emotional center in themselves and others. The value of personal mindfulness and emotional maturity for leadership is just beginning to be understood.

Behavior does not exist in a vacuum, and thus the context within which people interact and work together requires as much consideration as what they do. The enormous changes that are occurring, some of them very traumatic, cause people to see themselves awash in a sea of movement that does not make much sense. Staff members often fail to understand the direction in which their leaders are taking them and begin to lose hope and any sense that their work is meaningful. Leaders, in their actions, can provide the foundations for hope and meaning and value. They must first find these things for themselves and then translate them into a language that others can comprehend and own.

Why are some leaders more successful than others at leading an organization through transformational change? Why do some create an environment of hope and calm despite difficult or even desperate circumstances? The answers can be found in the notion of personal willingness. Willing leaders are the cocreators of change. They recognize that no one person or situation can take away their personal peace, joy, or sense of competence. They transmit these

feelings to others in a way that encourages and enables them to embrace the new script and share in the writing of it.

In the contemporary context for health care, a capacity for innovation is no longer optional. Every leader now must operate within an innovation mental model that includes both stimulating and guiding innovations. Leaders need to demonstrate an availability to the inventive and the creative that are so much a part of our fast-paced sociotechnical existence. Innovation is more than a process. It is increasingly evident that there is a science that drives it. As we become more aware of the action of complexity and its consonance with the movement of systems, the role of the emergent and transformational substrate of existence becomes more definitive. It is the role of a leader to create both context and conditions that harness this energy and facilitate the discourse, discovery, and application of this knowledge in advancing the quality of life and our human experience. Creating the context for the dynamics of innovation is now a central role of leadership capacity and is essential to the ability to be sustained and to thrive.

Coaching people into the future they must live in requires special skills. Unlike in the past, leaders cannot simply force people into a mold or into compliance with demands that they played no part in setting. Allowing people to be investors, partners, and stakeholders in their own processes is a talent necessary in new leaders. Leading workers out of a toxic and perennially sick or stuck work environment is a part of this process. It requires leaders to understand the characteristics of neurotic and pathological organizations and those behaviors that prevent people and their organizations from embracing the changes they must adapt to in order to thrive in the new world of health care.

Finally, leaders must focus on the energy and spirit within to be innovative and grow and thereby act as models for others in their own search for meaning and value in what they do. But the ability to exhibit creativity, self-understanding, and personal growth is not obtained accidentally or without effort; it requires regular mental and spiritual exercise, including periods of reflection, to refine it. In the future, leaders, to sustain their effectiveness in the leadership role, will need to engage in reflective personal work and increase their level of creativity and well-being.

Like others of its kind, this book is always a work in progress. It is necessarily and forever incomplete. There is already a host of good books on contemporary leadership, with more arriving on the bookshelves every day. They, too, are incomplete. What individuals who want to learn about leadership must do is see the myriad available resources on the topic as making up a single dynamic and growing body of knowledge. Thus, if they want to improve their leadership skills, they should use this book as one resource along with others, understanding at the same time that the theories of leadership and their application will advance as more information becomes available.

We hope that the contents of this Sixth Edition of *Quantum Leadership* stimulate reflection and discussion. We believe that this book extrapolates newer ways of conceiving and exercising the leadership role. At this time, leaders are challenged to take the next step in the journey toward better and more relevant methods of leadership. Those whose lives leaders impact have a right to expect the best that leaders have to offer, especially as more is demanded of professionals than ever before. We hope this *Sixth Edition* plays some small role in ensuring that those who provide healthcare services get from their leaders what they have every right to expect and, as a result, the health of our nation is advanced.

—Nancy Albert, Sharon Pappas, Tim Porter-O’Grady, and Kathy Malloch

A C K N O W L E D G M E N T S

We acknowledge Cathleen Krueger Wilson, PhD, RN, nurse, therapist, consultant, colleague, and friend to Tim and Kathy, who first conceived the possibility of this kind of book on leadership. Her creativity and imagination in applying leadership to all venues of health service were an inspiration and a joy to all who knew her. Cathleen was a role model as nurse, mother, spouse, and friend and brought the full weight and energy of her person to her work and relationships. In death, as in life, she still serves to stimulate and encourage the best in all whose lives she touched.

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My role as author of the Sixth Edition of *Quantum Leadership* is possible because of the brilliantly completed previous work by Tim Porter-O'Grady and Kathy Malloch, who envisioned the need for this leadership book and brought previous editions to life. I appreciate their trust that Sharon Pappas and I could faithfully update content to reflect current leadership expectations, and also current and upcoming challenges leaders must face head on and work through to succeed in their roles. I am grateful to my workplace and national organization colleagues, as their open communication, collaborations, and insights strengthen my own leadership capabilities, and importantly, to my wonderful family—my husband Gerard and children Samantha, Bill, Alyssa, and Stephanie—who provide a wonderful counterbalance to my work life. Their ongoing support and levity, and their ability and timing in creating memorable moments are cherished and always appreciated.

—Nancy M. Albert

Standing on the shoulders of giants is clearly how I feel as with this opportunity to continue with Nancy Albert this important leadership journey by advancing the *Sixth Edition*. I appreciate Kathy and Tim's confidence that Nancy and I can contribute to the advancement of healthcare leaders' growth in this way. My hope is that those that consume this text will benefit from its content. I learned much about leadership in my places of practice both in Colorado and Georgia, and for that I am forever grateful. What I have learned is vast, and my hope is that this book gives me a chance to give back to all of those I practiced with plus many others. I learned a lot, too, about leadership by being a parent to my amazing girls, Kristen and Ruth (who is also a nurse)—for that I am grateful. Finally, thank you to my precious husband, Greg, who always supports me and is the reason I have been able to succeed. God is good.

—Sharon Holcombe Pappas

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—Tim Porter-O’Grady

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—Kathy Malloch

CASE STUDY INSTRUCTIONS

The use of case studies in education provides a rich opportunity for students to employ situated cognition in the application of new knowledge when analyzing the case situations in a low-stakes environment. Case study analysis as a teaching method uses abstract conceptualization with active participation and experimentation as the students reflect on each case scenario, applying experiential knowledge learned from personal experience and the new cognitive knowledge from content read in the textbook chapters (Kolb et al., 2000).

In each chapter, two case studies related to the material are provided. These can be used to facilitate classroom discussion or can be assigned for individual student learning beyond reading the chapter content. Each case study presents real-life situations, complete with complexity, structured controversy, extraneous and pertinent information, emotion, and decisions that need to be made by weighing all possible options and using the new knowledge gained from reading the chapter.

In reviewing each case, students should use critical thinking and problem-solving skills to analyze the case. They can apply principles from the chapter content to identify possible methods to resolve the case or to reflect on personal insights to enrich class discussion.

Students should be encouraged to (1) identify the stakeholders in each case, (2) describe the case situation from the perspective of each stakeholder, (3) apply the chapter's content as a framework for analyzing the case, and (4) determine a course of action to resolve the case, recognizing that there is not one correct answer or best way to resolve each case.

The case studies can be assigned as reflective essays or they can be applied as a framework that students can use to write a case from their own experience. They can present their cases to the class or demonstrate knowledge and application of the chapter's content in class discussion.

The case study analyses amplify the chapter content and engage students in applying the principles to real organizational situations.

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