**THOUGHTS AND LESSONS**

**FROM A LIFETIME OF LEADERSHIP**

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**September 11, 2015**

My remarks today reflect thoughts and lessons from 50 plus years of experience, readings, and conversations about leadership. Most of my comments have been included in articles that I published in the *Journal of Healthcare Management* in the last several years and presentations I have given in a variety of settings including commencement speeches, national meetings, and in my classroom at the University of Michigan School Of Public Health.

*Leadership – An Introduction*

Let us begin with a few thoughts on the nature of leadership, important leadership initiatives for both individuals and organizations, and how to employ leadership skills to have a broader influence in our profession, our communities, our own organization, and the world.

In his book, *On Leadership*, John W. Gardner explains that leadership involves a process of persuasion and role modeling by which an individual or a leadership team induces others to pursue the leader’s objectives. This idea ensures that objectives are shared by everyone on the team and that efforts are aligned accordingly. Gardner says that leaders distinguish themselves from managers in at least six respects:

1. They think long term, that is, they think beyond today’s problems, the quarterly report, and the horizon.
2. Leaders grasp their unit’s relationships to their surrounding realities, to the larger organization, and to the environment and conditions.
3. They reach and influence constituents beyond their jurisdictions and the boundaries of their organization.
4. They put heavy emphasis on the intangibles of vision, values, and motivation. They understand the intuitive elements in leader-constituent interactions.
5. They have political skills to cope with the conflicting requirements of multiple constituencies.
6. They think in terms of change and renewal. They do not accept things as they are but seek continuous innovations in response to an ever-changing reality.

As one reflects upon Gardner’s concepts, three key themes come through. They are vision; motivation to change; and an understanding of the unit’s relationship to the organization, to the community, and to the constituents it serves.

To me, leadership is not necessarily a title or position of power. I see leadership as a process. It is relational. It means leaving a mark. It means achieving your vision.

In healthcare, change is constant. Regulatory and statutory initiatives, employer mandates, patient expectations, and financial pressures all drive change, which has become part of a leader’s daily agenda. There are no textbooks or how-to manuals for handling the unique changes we are now being required to undertake.

Leaders must consider potential changes with as few preconceptions as possible, always asking, “What is this doing or going to do?” It is from this concept of managing change that healthcare leaders will emerge and be recognized.

Leadership is also about community stewardship and participation, and as healthcare leaders, we recognize that we serve an increasing number of legitimate, often vocal constituencies. The communities we serve now request, and indeed some demand, that we become more responsive to their needs and requirements as both providers of healthcare and responsible corporate citizens.

Effective leaders understand the concept of community stewardship. In the evolving healthcare environment, a critical role for leaders involves strengthening relationships with community leaders through regular discussions. Standard communication will not cut it; we have to invite community leaders in as participants and as future leaders.

We must prevent information vacuums in our communities and among our constituencies, otherwise, bad news, rumors, and worst-case thinking fill the voids. Those who get complacent about communication find that positive perceptions about an organization fade and the corporate image drifts.

We also must recognize the importance of diversity and take advantage of the valuable differences that exist in culture, gender, background, and experience. A diverse group of constituents makes every organization stronger when the leader facilitates working together.

Similarly, effective leaders look for ways to make a difference in the community. Much of what individuals think is influenced by what touches them. Experience in any healthcare organization shows time and time again how much need exists in the community. Leaders can make a difference by finding ways to improve the quality of life for those around them. A little human contact does much to overcome the impersonal nature of today’s society.

*Leadership: Some Things to Think About*

Several powerful concepts set great leaders apart from average leaders. This section is devoted to what leaders must consider as they move upward in their organizations and get involved in their communities.

Leadership begins with a vision. A vision can only be created when one has an in-depth understanding of the organization and the ability to rise above it to get a “helicopter” view of the realities.

The next step is to consider what must change to achieve the desired future. In doing so, leaders share the vision and communicate a sense of urgency by articulating marketplace needs and pressures. They anticipate upcoming challenges and assess their organization’s ability to deal with them.

Leaders cannot do all this alone. They must surround themselves with powerful coalitions of people who trust and believe in the leader’s assessment of the realities, in the vision for the future, and in the strategies and timeframe laid out. Team members must get on board to support the targeted goals.

With the help of teams. Leaders articulate the vision and share it both inside and outside the organization. The vision must become part of everyone’s daily vocabulary and work lives. It must also be responsive to the surrounding environment and community, both regionally and nationally.

Vision can only become reality through staff empowerment and leaders’ willingness to remove obstacles that get in the way. Staff must be encouraged to think outside the box and consider nontraditional means to an end. Success can only be achieved if everyone is willing to understand and embrace the challenge of change.

Successful leaders create an internal environment that reflects their understanding of what is right. They create a supportive environment by advocating cooperation among all parts of the organization and by insisting on diversity as a way of life. They leverage the benefits of diversity as a mechanism to build consensus among all involved.

Leaders teach by asking questions, by encouraging staff to challenge the status quo and take prudent risks, and by acknowledging and learning from mistakes. Success comes to leaders who help subordinates by opening doors, removing barriers, rewarding successes, and mentoring when failure happens. Leaders are teachers, coaches, and good listeners. They make time to motivate staff and teach them the importance of good follow-through and reality checking, because one cannot assume anything. Leaders create an environment of caring in which everyone in the organization feels they have a responsibility not only for patient care and care of the community but also for caring for everyone on the team.

Another core issue for leadership is practicing civility. Today, civility is lacking in our political environment, in most organizations, in our approach to healthcare reform, and even in our daily lives. Civility is knowing and doing what is right in our relationships with others. Examples are being considerate, being a good listener, lending a hand, going out of one’s way, thinking the best, respecting other people’s time, accepting and giving praise, showing gratitude, respecting other’s opinions, asking with politeness, manners, and kindness. Civility is also taking an active interest in the wellbeing of our communities and our environment.

We must also remember what leadership is not. Leadership is not charisma. It is not any one particular style. It is not something that any one individual can do to separate from followers, and it is not just big projects. It is everything that goes on in the organization.

For many of us, leadership is having a restlessness about the status quo. It is about execution. It is about measurement and facts and data and basing decisions upon them. It is continuing to learn, and it is the ability to manage paradoxes. A leaders should think about all of these things, discuss them with others, and form a personal philosophy about leadership.

*Leadership Diversity*

An important topic that I would like to revisit is leadership diversity. Although we have made excellent progress in establishing leadership diversity in many organizations, we are not where we should be. Despite early successes, the progress of late has been unremarkable.

It is time for all of us to recognize that diversity is a part of our responsibility in healthcare leadership. As we reflect upon the case for valuing diversity, a practical perspective is that (1) it is the right thing to do; (2) it is a fact of life; and (3) it is good business.

We must continue building a human case and business case for diversity and developing a strategic plan for diversity that sets goals, assesses the environment, evaluates the organization’s strengths and weaknesses, and then evolves a set of strategies that will make diversity work for the organization. Unfortunately, many organizations are not aware that diversity is a business imperative, nor do they see diversity as an advantage in workforce demographics. Such organizations may do only enough to stay out of trouble in their community. Quite often they are willing to make a financial commitment to support community programs as a way of exposing their social responsibility, but do not have a plan or the motivation to make diversity work for them.

Each leader in an organization must evaluate the demographics of minorities and women represented in the governance of the organization, its executive and physician leadership, and its workforce. A commitment by leaders to understand and change leadership demographics is the first step in designing a new corporate culture that makes diversity as important as the bottom line, customer service, quality, and organizational growth. Diversity must become integrated into incentive plans, business units’ strategic plans, the performance management process, and new employee orientation, and must also become an important factor when assessing employee opinion.

The successful program will communicate the importance of diversity to the entire organization and will demonstrate commitment to diversity at the top level of the organization. Such a policy will help to build leadership momentum through visible action by the organization’s leaders. With that visible action must come environmental improvement—time should be taken to educate and train management in diversity as a business strategy, enhance the human resources support systems to make diversity in leadership possible and effective, including the identification of advocates and sponsors that reflect these values throughout the healthcare system.

Through performance monitoring and rewards, leadership can hold managers accountable, monitor progress in the organization’s culture, and track improvement in business performance. Finally, through acquisition and development, the organization can recruit to enrich its employee mix, expand minority and women’s roles in management development programs, strengthen and sharpen the marketplace focus of the organization, and extend the focus on diversity through outreach to the community.

A good leadership commitment to diversity is a long journey. The environment dictates that we must continue to aggressively pursue it now.

*Influential Leadership and Change Environment: The Role Leaders Play in the Growth and Development of the People They Lead*

Leaders play a defining and often pivotal role in shaping the future and career paths of the people they lead—just as they play an influential role in shaping the future of the organizations they lead and the communities they serve. In fact, perhaps the manner in which leaders shape and influence the people around them makes the most lasting and significant contribution. What attributes do effective leaders possess that make them influential in the lives of others? How do leaders influence and contribute to the development of their staffs? And which attributes are particularly critical to the success of an organization and its people during times of fast-paced change and transition? The following arguably surface as the most important in a rapidly changing environment.

Effective leaders pose strategic questions and challenge their staffs to pursue the answers. A visionary leader anticipates change and sees the possibilities. By posing the right questions and engaging staff in the pursuit of a response, an effective leader gains more than just the “buy-in” to the answer. The effective leader serves as the catalyst for change and provides his or her followers the opportunity to exert some control in determining their future. Leaders provide a forum for active debate and drive the organization to clear decisions. Leaders should seek to put structures in place intentionally for the exchange of ideas, for purposeful inclusion, and for teaching. The extent to which change is embraced within an organization is dependent on how adept the leader is at engaging his or her staff in designing the organization’s response to change. By exploring some of the opportunities posed by strategically asked questions, staff find new paths to explore for themselves and continue the development of their own careers.

Effective leaders are adept at taking calculated risks in the strategies, tactics, and business decisions made by their organizations. Similarly, they are adept at taking calculated risks in the roles, responsibilities, and assignments they delegate. The effective leader provides subordinates with enough authority to successfully perform the job; they allow subordinates the freedom to disagree on issues and encourage them to arrive at their own solutions. They know when and where to stretch staff outside of their comfort zone. The effective change leader views transitions as opportunities to leverage the talent within their organizations in new ways—and they take advantage of it. Such delegated roles and challenging assignments can serve as a turning point in an individual’s career path. Challenging assignments are viewed as a vote of confidence, and with rare exception compel the subordinate to rise to the occasion, learn from the experience, contribute to the organization’s success, and build toward his or her future.

Effective leaders are inclusive in their management style. They provide opportunities for subordinates to view, study, and absorb, even where they may not have an active or authoritative role. The adage “information is power” plays heavily in a change environment. The effective leader shares his or her power by sharing information directly and honestly and by placing a priority on communicating throughout all levels of the organization. During times of tremendous change, open communication builds a sense of excitement, inclusion, and trust. By contrast, lack of communication during times of transition and significant change breeds distrust and confusion as staff fills the void with rumor and fabrication. Effective leaders share their enthusiasm and their spirit becomes contagious. They have an ability to make work fun.

Effective leaders genuinely care about the individual. They provide for work-life balance and willingly support the personal needs as well as the career aspirations of their followers. They are committed to the people of the organization and communities that they serve and understand that the success of the organization, its capacity for change, and its agility in adapting to change is dependent on its people.

*Leadership Challenges for the Future*

Effective leaders also recognize and prepare to respond to the challenges of the future. A few years ago, the Institute of Medicine sounded the first challenge: “Between the healthcare we have and the healthcare we should have, it’s not a gap but a chasm.” To address this chasm requires putting patients and their families first and providing each patient the quality of care, safety, and comfort that we want for our families and ourselves as well as pursuing perfection in the clinical conditions prevalent in our patient populations.

The second challenge is related to the tragedy of 9-11: ISIS and other threats to a peaceful existence in our country and around the world. We must be reminded of the importance of freedom and liberty and that it cannot be taken for granted. Our response requires greater attention to security, an active involvement in rebuilding our public health enterprise, making public health policy a priority, and placing more emphasis on disaster preparedness.

The third challenge relates to the need for a coordinated and sustainable plan for improving the nation’s population health. Despite multiple efforts in communities around the country and substantial support from the foundation community, we have had very few successes we can hold up as examples of creative, sustainable population health initiatives. The solution needed is one that is not unlike the Chambers of Commerce solution to economic development and job creation.

The National Center for Healthcare Leadership and the Hammes Company have surfaced a business model called “Chamber of Health.” This model focuses on improving community health and leadership associated with “organizing entities” such as providers, payers, employers, schools, religious organizations, public health entities, foundations, and others. Each of these organizing entities would make a consistent, annual commitment to health initiative improvement through a structured and coordinated not-for-profit organization that ties all stakeholders together through common goals and accountability metrics.

The fourth challenge is related to our civic responsibilities. We can no longer ignore community needs around us while wringing our hands and saying we don’t have the resources or the time. We are prone to becoming a nation of spectators unless we step up and provide the leadership to find solutions. The challenge is not just leadership, it is citizenship. Health system leaders must offer their knowledge and resources to make our communities safer, our schools stronger, and partner with organizations to promote citizenship as part of good health.

As leaders, we must have a social conscience and recognize our presence counts. We must use our resources wisely, be aggressive about addressing the issues we face, and work closely with our peers for the best local solutions.

*A Few Final Thoughts*

In closing, I have a few final thoughts that I wish to share with you:

1. If you are restless about your leadership, treat it as an asset. Restlessness is a sign of strength and shows that you will never consider your job done.
2. You must constantly question the status quo if you want to continually improve yourself and your organization.
3. Set high standards for your team, your organization, and yourself. Don’t accept mediocrity.
4. When you don’t see eye to eye with someone, seek to understand.
5. Look for ways to improve your profession and be active in efforts that will make a difference.
6. Keep your priorities straight.