Collaborative Healthcare Leadership

A Six-Part Model for Adapting and Thriving during
A Time of Transformative Change

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Introduction

A Leadership Model for Healthcare Transformation

For decades, US hospital administrators and medical professionals have operated within a challenging, rapidly changing, and fragmented healthcare system. **Today, this environment is even more complex as sweeping healthcare reform and market forces transform the way healthcare is delivered and managed.**

This profound shift is both structural and cultural. New alliances and unlikely partnerships are beginning to emerge. Belief systems, values, and attitudes are shifting. Creative thinking and agile, adaptive leadership will be required to make hospitals, health systems, and networks sustainable as the healthcare delivery landscape transforms.

As this unknown future state unfolds, one thing is a given—incremental responses will not be enough. The competencies required of leaders and their organizations must continue to evolve in order for both to thrive.

Rapid innovation and adaptation to change require a collaborative, interdependent culture and solutions that cut across function, region, and profession. Leaders must learn to shift away from the "individual expert" model so common in today's healthcare systems and move towards a model that leverages cross boundary groups and teams and spans disciplines, levels, functions, generations, and professions. **These new collaborative groups will be able to integrate knowledge throughout the system and to anticipate and solve unprecedented challenges—all while delivering efficient, high-quality, compassionate patient care across the continuum.**

The Center for Creative Leadership (CCL®) has developed a model that health systems can use to adapt and thrive in uncertain times by creating direction, alignment, and commitment. It is based on multiple research studies, our in-depth involvement with a diverse group of hospital systems and networks, and our leadership development work with thousands of healthcare leaders from across the sector. Our model focuses on six essential organizational capabilities that are a prerequisite for success in this new world order:

1. Collaborative patient-care teams

2. Resource stewardship

3. Talent transformation

4. Boundary spanning

5. Capacity for complexity, innovation, and change

6. Employee engagement and well-being

We've also identified key leadership practices needed in each of these six areas in order to maximize effectiveness. **Through this leadership lens, healthcare organizations can clarify their business challenges and become highly adaptive and innovative in response to change.** They can shift their culture and transform the business and mission of healthcare.

In the white paper that follows, you'll find details on CCL's model, as well as the research projects and real-world experiences that have led to its development.

Six Essential Organizational Capabilities

The successful healthcare organization of the future will develop and implement a leadership strategy that systemically addresses priorities and is supported by the leadership practices needed to achieve organizational goals and to adapt to rapid change and uncertainty. CCL offers a six-part model that healthcare organizations can use to assess their own leadership strengths and weaknesses and to customize their leadership development efforts. In a practical way, it matches up very real needs with the leadership skills and capabilities that will make the most difference—with the common, underlying thread of collaborative leadership. Healthcare organizations will, as a result, have the opportunity to approach leadership development in a strategic, comprehensive way while dealing with real and immediate pressures. As an organization's commitment to collaboration becomes visible and is reinforced, it will see improvements in the ability to set direction, establish alignment, and gain commitment.

1. Collaborative Patient-Care Teams

Delivering safe, quality, compassionate care is the primary mission of any healthcare organization. Given that roles within the patient-care team are highly interdependent in nature, collaboration skills are crucial. This is especially true in acute care situations involving doctors, nurses, and the teams they manage.

With healthcare reform, though, the patient-care team will likely extend to include clinicians outside the hospital environment. Accountable care organizations, integrated clinical networks, and other new delivery models will place a much greater emphasis on higher-order collaboration skills that go far beyond "working well with others." Concrete group process skills are needed to promote open communication, learning, trust, and quality decision making.

While collaboration is important throughout the hospital, it is especially important at the patient interface. **The ability to ensure patient care is determined not only by technical expertise, but also by the leadership effectiveness of all those involved in solving the presenting medical issues.** These individuals are leading the patient-care experience as they foster a new contract for working together.

Often, true leadership is independent of formal roles and responsibilities. It also shifts throughout the patient-care experience. Therefore, effective care depends on collaborative teamwork. This is especially true between physicians and nurses. While diagnosis and prescription of treatment has traditionally resided with the physician, nurse practitioners and physician assistants have increasing responsibility for carrying out the treatment plan. It will be essential that management systems take into account shifting responsibilities over the course of the patient's care. **While new structures are evolving, clearly the distribution centers for care are expanding, and who is responsible for impacting the patient's long-term health and well-being is changing.**

From a leadership development perspective, the key to tackling these daily team-effectiveness challenges lies in greater employee engagement, collaboration, and learning agility.

Leadership Practices

- Engaging doctors, nurses, and other caregivers in shared ownership of the patient-care experience using concrete dialogue and listening skills across roles
- Creating an environment that supports learning agility and adapting to change
- Collaborative problem-solving and decision making with all members of the patient-care team

2. Resource Stewardship

In an age of increasing accountability, resource stewardship is both a big-picture, system-level obligation and a series of daily decisions. As healthcare reform unfolds, new business models and restructuring will emerge to manage costs while delivering compassionate, quality care. On the macro level, healthcare organizations must look far ahead to understand how the unfolding future impacts their current structures and business models. They urgently need to seek out opportunities to reduce costs. Decisions about investments and partnerships are made knowing that trade-offs will be required. Resource stewardship requires individual ownership and accountability for the decisions that will ultimately allow the system to thrive and manage its resources judiciously.

At the micro level, administrators, physicians, nurses, and other stakeholders must manage the tension between individual patient care and operational constraints. They need to adapt to new models and structures and be innovative and visionary in their approach to cost-effective patient-care models. **Hospitals need both patient-focused business professionals and business-minded clinicians who can keep patient care top of mind.** Only through education and dialogue can comprehensive solutions be reached. Alignment is created when caregivers and business leaders reach a common understanding of the clinical strategy as well as the business strategy.

To be effective resource stewards, leaders must have a solid understanding of performance metrics, including financial indicators, employee engagement, patient results, and satisfaction. In addition, leaders need to identify key measures, apply data in strategic ways and identify, discuss, and resolve problems.

Leadership Practices
- Accountability, transparency, and integrity
- Scanning the environment and seeking innovative solutions
- Appreciating and combining compassionate care needs with business strategy
- Entrepreneurial—generating new ideas and seizing opportunities

Collaborative Patient Care Team
Resource Stewardship
Talent Transformation
Bound Spanning
Capacity for Complexity, Innovation & Change
Engagement & Well-being

Quality, Compassionate Patient Care

COLLABORATIVE LEADERSHIP
Direction • Alignment • Commitment

3. Talent Transformation

CCL's research shows that healthcare organizations need visionary leaders who can inspire and develop employees, build and mend relationships effectively, lead and motivate teams, and engage in participative management. In addition to these core competencies, new and different leadership skills will be required to see healthcare organizations through a change that has not been equaled since Medicaid and Medicare were established (Jarousse, 2010; Dolon 2010). **Leaders of healthcare systems will need to hire and develop talented individuals who can see the next wave of plausible solutions and innovations and lead transformational change.**

Hospitals and health systems are managing a transitioning workforce. The physician's role is evolving from independent practitioner to hospital employed collaborator. The roles of executive nurse leaders are expanding, and the responsibilities are being elevated. As new staffing models emerge, hospitals still face an ongoing nursing shortage and an aging nurse and physician workforce (RWJF Committee on the Future of Nursing, 2011; Buerhaus, 2009). Hospital, outpatient, and clinical workforces are stretched thin as the talent pool shrinks and demands increase.

An investment in leadership talent is one way to engage employees, build bench strength, and prepare for future leadership needs (McAlearney, 2010). Physicians and nurses who are promoted into leadership roles need support and development as they make the transition, enabling them to approach the role as effectively as possible. As in business, often the most technically proficient individuals are promoted to managerial positions without the self-awareness, emotional intelligence, and other leadership competencies required for success.

Throughout the system, leadership talent can be grown and supported in multiple ways, including extensive use of feedback, coaching, and developmental assignments. As part of a well-articulated business strategy, healthcare organizations need comprehensive strategies for identifying, hiring, developing, and retaining leadership talent. Building a culture rich with assessment, challenge, and support helps to grow the talent pipeline. Building and growing a pool of people capable of taking on larger and more complex leadership roles can transform the organization.

Leadership Practices

- Accessing a larger talent pool, beyond the traditional arena of healthcare specialty
- Redefining a new leadership strategy in the face of the new structures and models associated with reform
- Identifying, developing, and retaining the leadership talent needed to create and implement solutions in the face of rapid and evolving change
- Creating a culture that encourages and values mutual respect and professional practice

4. Boundary Spanning

At the beginning of a planning retreat, the president of a large regional hospital told his staff, "We've solved all the problems we can by people working in their functions and groups. The next wave of solutions will have to come from people working across boundaries to create innovative and novel answers to the complex problems in healthcare."

Even within a single hospital, numerous layers of hierarchy, multiple departments, and a variety of service lines can serve as bureaucratic boundaries to systemic innovations. The hospital-employed nursing staff, technicians, assistants, and physicians work around the clock—exchanging information and trading roles across shifts. Each department has its internal hierarchy and roles, but each relies on and interacts with several specialties to support even a single patient.

Further complicating the situation are the many and varied hospital/physician relationships. Hospital-owned physician practices and physicians in private practice who contract with the hospital (and may even partner with hospital competitors) all have demands and circumstances that make collaboration a significant challenge.

In such a fragmented system, boundaries (any form of "us versus them") are prevalent and powerful. While these boundaries may have been frustrating or challenging in the past, today they are serious liabilities that lead to arduous and slow processes and watered-down policies.

The role of senior hospital administrators is to coordinate between and among these layers in a broad way. But leaders at all levels must have boundary-spanning capabilities. **The most pressing challenges in hospitals and health systems cannot be solved by one person, one specialty, or one organization. They require expertise, ideas, and support from multiple perspectives and stakeholders.** Healthcare leaders must develop the ability to bridge departmental, cultural, organizational, and industry divides. They must learn to break down barriers and silos and lead across traditional boundaries. Boundary-spanning leaders draw on networks and relationships as they work systemwide to meet the mission of healthcare.

Leadership Practices

- Expanding and leveraging strategic networks to fast-track solutions
- Thinking, acting, and influencing systemically
- Leveraging differences to drive innovation
- Cocreating tools for practical application and sustainable change

5. Capacity for Complexity, Innovation, and Change

The political, regulatory, and marketplace forces driving healthcare reform have everyone guessing what the landscape will look like when the process unfolds. What is clear is that change is coming hard and fast. Healthcare leaders must navigate a continuous whitewater. While influencing, monitoring, and responding to unfolding change, they must respond to demographic shifts in the workforce and among patients, technological advances, the tumultuous nature of employee relationships, insurance and reimbursement processes, and current regulatory practices.

Complexity and change come from all directions: regulation and mandates, diagnostic and treatment protocols, technological advances, and implementation of new systems. Hospital staff must adapt in the moment to the crisis at hand, while looking ahead to changes that will come from new patterns of illness and emerging ethical and caregiving issues. Complexity is often less about solving a problem and more about managing an organizational, situational, or market paradox. Managing the paradox and the opposing camps of stakeholders is a highly specialized skill set that is often developed in parallel with organization savvy and wisdom.

Effective leaders help move populations from old established processes to new models of effectiveness. They understand the underlying emotional impact of change and how it varies by individual. They act with empathy and authenticity to help individuals make the mental shift to embrace change rather than resist it.

In addition to complexity and change, healthcare organizations also must master innovation. **Challenges cannot be solved through heroic individual efforts. True innovation stems from collaboration across departments and functions internal and external to the organization.** To innovate, leaders must adapt ideas from outside their area of expertise—within the hospital as well as from outside the industry. Reading and thinking more broadly is the responsibility of all those sitting in leadership positions.

Interdependent leadership in support of a common purpose needs to become the cultural norm (not the exception) in order to get people thinking more broadly and more strategically. Open and responsive leaders learn together to make collective sense of ambiguity and to find innovative solutions to complex problems. This is not just the strategic view at the top of the organization but a way of operating at all levels, especially on the frontline of caregiving.

From the care of an individual patient to managing the restructuring of a multisystem organization in response to healthcare reform, healthcare organizations are pressed to build their capacity for complexity, change, and innovation.

Leadership Practices

- Driving innovation and risk-taking in the midst of ambiguity and uncertainty
- Transforming the culture from dependent to interdependent
- Leading both the structural and human side of change and transition

6. Employee Engagement and Well-being

Why are employee engagement and well-being leadership issues? Both impact the very mission of a healthcare organization. Research on healthcare effectiveness suggests that quality of care is positively influenced by nurses being satisfied with their jobs and feeling empowered in their roles (Regan & Rodriguez, 2011). Frontline supervisors often do little leading and serve mainly as information conduits for a myriad of new regulations, policies, procedures, and mandates.

To compound this problem, nursing shortages and long shifts have healthcare professionals struggling to maintain their own health and well-being. Those working in hospitals are often plagued with a host of medical problems related to the physical and mental demands of the job. Energy drain and staff burnout create safety and liability problems for organizations, limiting effectiveness and innovation. **One goal of healthcare reform is to increase the engagement of the patient, the health system, and the community in preventive measures. Hospitals must begin to model the way forward through the support they provide to their own people.**

Employees are most productive and committed to their organization when they are engaged emotionally, mentally, and physically. Without a proactive focus on employee engagement and well-being, the challenges of the next few years have the potential to create new levels of burnout within the rank and file. Healthcare organizations cannot afford for patient care to suffer due to lack of ideas, skills, time, and talent. They have no choice but to adapt, change, and innovate.

Organizational leaders must take an integrated approach to helping employees maintain health, maximize their energy, and feel both connected with their work and aligned with the organization.

Energy is a special concern in healthcare, with around-the-clock needs and high-intensity work in an emotionally charged setting. Human energy is essential for full employee engagement and satisfaction, both personally and professionally. Lack of energy cannot be resolved through time-management efforts alone, though. The problem is often systemic. For example, adequate staffing can be a critical component so patient-care teams are not stretched too thin. **Energy is optimized when both leaders and organizations value the whole person, linking individual health and well-being to organizational health and well-being through purpose, integrity, and accountability.**

The ultimate goal is for the organization to create a culture in which people care as much for themselves and each other as they do for their patients. This type of culture has true bottom-line impact by increasing retention, reducing grievances, and minimizing costly errors.

Leadership Practices

- Creating an integrated approach to engagement and well-being
- Maximizing human energy and potential in service of the organization's mission
- Fostering a culture in which the people who work in the organization are treated as well as the people they serve (Includes encouraging a healthy work/life balance, sustainable staffing models)

The Payoff: A Culture of Collaboration

Collaborative leadership is the collective activity of setting direction, seeking alignment, and building commitment (Drath, McCauley, Palus, Van Velsor, O'Connor & McGuire, 2008). We use the word "collective" because leadership does not reside within the individual, but rather is the shared responsibility of all required to fulfill the mission.

CCL's leadership model for healthcare transformation focuses on the development of six organizational capabilities that can help to create a collaborative leadership mindset. It is based on **the ultimate goal of developing an interdependent leadership culture that will lead to quality, compassionate patient care in the face of the adaptive challenge**. The culture must be experienced and the values must be practiced at every level in the system, from frontline care providers to top-level executives.

In hospitals and health systems, there are two key areas in which collaboration is especially critical. The first is the relationship among caregivers at the bedside, which impacts patient care and health outcomes. The second is the relationship between clinical services and business operations, which is critical to the overall sustainability of the entity. Successful health systems must strive toward bridging the divide and work toward a more collaborative and equal relationship among caregivers in service of the patient. At the organization level, leaders must manage and bridge the paradoxical relationship between the business and clinical forces involved in fulfilling the mission of each healthcare organization. While these two strategies can often be at cross purposes, system leaders must be dutiful about minimizing the negative impact that the paradox can have on the patient experience. They must take on and internalize the charge of managing both the mission and the margin. **Rather than making patchwork, incremental changes, innovative thinking is needed to find ways to transform how work is done.**

Culture is a hidden power in all organizations and rooted in traditional roles, hierarchies, and systems. A hospital's culture is often created out of managing the tensions between the clinical and business sides of the organization. Culture is also inextricably linked to business strategy and drives outcomes. When the business side changes and new strategies are required, the organizational culture needs to shift as well. If it does not, the traditional culture—the beliefs, the practices and "the way things are done around here"—will override the new direction and prevent innovation and positive change.

Leadership Practices

- Enacting the tasks of leadership: Direction-Alignment-Commitment
- Working interdependently to achieve the mission of healthcare
- Creating a culture of collaboration and mutual respect

Conclusion

The US healthcare system is considered by many to be broken, fractured, and unsustainable. Yet, the system holds examples of what works well and what the future will look like. Some hospitals, healthcare systems, and innovative organizations are showing tremendous success in transforming their cultures and providing efficient, quality care, and superior patient outcomes.

At CCL, we see collaborative leadership as a powerful lever for change, transformation, and sustainability. By clarifying organizational needs and leadership challenges and by developing these capabilities with a collaborative mindset, we are helping our healthcare clients understand the interconnections between their business strategy and their leadership strategy.

When organizations strengthen individual leaders and expand their collective leadership capability, they begin to pry loose some of their most intractable, resistant problems and uncover new directions, solutions, and opportunities. Collaborative leadership has the power to transform hospitals and healthcare organizations, improving the system today and for the future—to the benefit of patients, families, and caregivers.

Why Care about Culture?

In its most basic form, culture is a mechanism for sustainability and survival. It also has the hidden power to derail strategic change initiatives. In fact, research shows the majority of strategic change initiatives ultimately fail because they don't address culture.

- A culture is formed by beliefs that drive behaviors.
- New beliefs lead to new behaviors and new possibilities emerge.
- Change the leadership mindset and you change the organizational culture.

About the Model: CCL's Research and Experience

For more than 40 years, CCL's leadership development research and practice have helped healthcare organizations address their most pressing leadership challenges. In the past decade alone, more than 400 health service organizations have turned to CCL to develop leadership skills and transform their ability to achieve desired business results. In some instances the work has been short-term or has involved individual leaders who have benefited from our programs. In other instances we have been involved in long-term, in-depth partnerships that have yielded significant results for client organizations. This work and related research conducted by our CCL team have informed the creation of the leadership model described in this white paper.

We have seen firsthand the impact when health systems focus on and invest in the transformation of their leadership. **Individuals gain communication, influencing, and conflict-resolution skills. Groups and teams improve performance and respond more effectively to change. Senior teams work more effectively to align the organization and drive strategic change.**

Developing individual leadership skills and organizational leadership capabilities creates a more collaborative culture that can have a direct impact on patient-care outcomes and organizational practices. Clients have reported that CCL-facilitated leadership development programs have helped improve clinical effectiveness, patient safety, and patient satisfaction and have contributed to strong gains in employee satisfaction and engagement.

We have also observed that high-performing hospitals and healthcare systems share several key characteristics:

- Physicians, nursing leaders, and staff at all levels are engaged in their work. Communication is clear, direct, honest, and open.

- Collaboration is proactive and effective; organizational silos do not get in the way of the work.

- Recruitment and retention processes result in a staff that is highly committed to compassion, quality, and safety.

- Innovative practices flow throughout systems.

- Continuous learning is encouraged and rewarded.

- Leaders and employees act strategically and decisively in times of chaos and ambiguity.

- A high-energy environment helps employees manage stress and maintain healthy lifestyles.

Of course, **achieving these high-performance outcomes is difficult, and maintaining them is equally challenging**. To supplement our experiential knowledge within hospitals and healthcare organizations, CCL conducted in-depth, multiyear needs assessments between 2006 and 2009 with five diverse hospitals and health systems. The goal was to understand their current leadership challenges and future leadership needs based on their respective business strategies. The organizations included one community hospital and four large health systems, including an academic medical center, a nonprofit multistate system, a nonprofit regional organization, and a large for-profit multistate healthcare system.

The needs assessments involved 164 leaders. Data on key challenges were gathered via surveys and interviews and then vetted and refined through facilitated dialogue.

Several clear themes emerged through this work. Organization-level challenges were primarily strategic and operational:

- Market forces (economy, healthcare reform, etc.)
- Resource management (budgets, people, processes, technology)
- Managing priorities, clarifying roles and responsibilities

- Strategic issues
- Decision making
- Planning and execution
- Talent management processes
- Business process management

Healthcare leaders also recognized the need to strengthen leadership and communication, improve organizational culture, and help employees find a better work/life balance.

When study participants were asked to identify high-priority organizational capabilities and leadership development needs, several common themes emerged:

- **Big-picture thinking.** System-level planning and thinking, and strategic thinking.
- **Collaboration.** Leading across boundaries, collaborative problem-solving, and consensus-building.
- **Managing change.** Adapting to changing needs, systems, and processes. Managing paradox.
- **Culture change.** Creating an environment of trust, continuous learning, and support.
- **Leading teams.** Building effective teams, providing clear direction, and creating alignment.

- **Commitment.** Being accountable for results.
- **Communication skills.** Sharing and communicating vision, transparency, and specificity.
- **Developing talent.** Mentoring, coaching, and giving feedback.
- **Engagement.** Empowering employees and generating follow-through and commitment.
- **Organizational knowledge.** Understanding healthcare best practices.
- **Stewardship of resources.** Ability to address power and politics.

This research provided much of the rationale for a model that could transform healthcare systems through collaborative leadership. The model was further informed by additional CCL research, including a Leadership Gap study that analyzed a sample of 34,899 leadership-effectiveness evaluations conducted between 2000 and 2009. These data came from people working across the healthcare sector, including employees of large hospital systems, regional providers, insurance firms, state and federal healthcare agencies, pharmaceutical firms, and medical device manufacturers. Respondents had been asked to evaluate the leadership competencies of a boss, peer, or direct report using CCL's Benchmarks® 360-degree feedback survey.

Key findings of the CCL Leadership Gap Study:

- Adapting to change and meeting business objectives are strengths of healthcare leaders. They are resourceful, straightforward and composed, fast learners and willing to "do whatever it takes."
- The top priorities for leadership development in the healthcare sector are to improve the ability to lead employees and to work in teams.
- Healthcare organizations also need to create strategies to provide current and future leaders broad, cross organizational experiences and learning.
- Healthcare leaders have gaps in several areas that are essential for learning and long-term success: having a broad functional orientation, self-awareness, and career management.

Details of this study are described in CCL's 2010 white paper, *Addressing the Leadership Gap in the Healthcare Sector: What's Needed When it Comes to Leader Talent?*

Additionally CCL reviewed data from 1,000 leaders in healthcare organizations who participated in our open-enrollment and custom programs from 2006 through 2008. The participants were asked to identify the three most important challenges they face as leaders. We looked at responses that reflected challenges specific to the healthcare sector and then coded and analyzed a random sample of 300. The final sample included leaders at the middle, upper-middle, and executive levels, with 61% working in upper-middle to executive leadership roles.The following top five challenges emerged:

• Leading teams and individuals

• Culture change/organizational transformation

• Talent management

• Leading across boundaries

• Building effective relationships

Collectively, these studies confirmed what we learned through our direct experience with healthcare organizations about the themes and pressure points faced. Furthermore, the model is supported by a broader body of CCL's most current research on organizational leadership development.

Impact Stories

Catholic Health Partners: *Creating a Results—Focused Leadership Academy*
Catholic Health Partners (CHP) is one of the largest nonprofit healthcare organizations in the United States. In partnership with CCL, the organization aligned its strategic priorities with five critical leadership factors needed to meet them: a passion for the mission and values, a commitment to servant leadership, the ability to handle complex mental processes, a bias for action, and the ability to develop others. Together, CCL and CHP created the Leadership Academy, a 14-month process that combines classroom time, individual and team coaching, and action learning projects. Improvements were seen in clinical effectiveness, patient safety and patient satisfaction as a result of action learning projects.

Cape Fear Valley Health: *Collaborating to Manage Growth*
Cape Fear Valley Health (CFVH) is among the largest and busiest health systems in North Carolina. The organization experienced rapid growth over the previous decade, propelling it from a small county hospital to a full-fledged health system. CFVH's executive team collaborated with CCL to design and deliver a five-day leadership skills-building and collaborative leadership development process for five cohort groups made up of the top 125 leaders in the health system. CFVH's senior VP for Human Resources described the impact of this initiative: "As a large regional healthcare system, we face new challenges every day. Working with CCL helped us strengthen a strong leadership team by providing the leadership tools to perform our jobs more effectively. As a result, we are more agile in dealing with tough challenges like patient satisfaction and other operational issues. We are now faster at getting to the root of problems and developing creative solutions to solve them. That makes a real impact on our bottom line!"

National Association of Community Health Centers: *Coaching for Impact*
The National Association of Community Health Centers (NACHC) administers a year-long EXCELL leadership development program for executives of member facilities—not-for-profit health centers across America that provide care for poor, migrant, and homeless communities. More than 140 individuals have graduated from EXCELL since its inception in 1999. To ensure application of what participants were learning to the realities of the workplace, the Center for Creative Leadership worked with the EXCELL faculty and leadership to build a coaching component into the program. Participants judge coaching among the most beneficial elements in their development, and retention rates are very high among graduates of the program.

Lenoir Memorial Hospital: *Revitalizing Leadership*
When Lenoir Hospital set a goal of becoming the "provider of choice" in its competitive eastern North Carolina marketplace, the not-for-profit medical center recognized that success would require a huge commitment to change as well as a new leadership model. The desire was to create a leadership process capable of bringing about an organization-wide culture shift. The Kinston, NC hospital worked with CCL to create a two-year process for 65 executives, directors, managers, and supervisors, built around a framework of a shared vision, a leadership strategy, and a capability of connected leadership needed to continue moving forward. As a result of this process, leaders at Lenoir reported a marked sense of openness and engagement in the organization's day-to-day operations. Scores on both the hospital's employee-satisfaction survey and the customer satisfaction survey soared. As a result of the initiative's emphasis on the concept of "distributed leadership," Lenoir Memorial established a leadership academy to retain top young talent and imbue them with the strong professional leadership skills the hospital will need in generations to come.

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To learn more about this topic or the Center for Creative Leadership's programs and products, please contact our Client Services team.

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