# Executive development in healthcare during times of turbulence

## Top management perceptions and recommendations

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***Abstract*** *In this research we report an analysis of comments from managers and executives in healthcare organizations to provide insights into the strategic management needs of healthcare organizations. The comments were obtained as part of a survey that asked upper-level managers and executives to identify strategic management skill and knowledge needs in healthcare organizations. After completing the survey, the respondents were given the opportunity to comment on any topics of concern to them. A total of 67 comments, many of them extensive and insightful, were obtained. In this paper, we review the literature dealing with educational and developmental needs of healthcare managers. Much of this literature is academic in nature and permits an interesting comparison to the perspective of management and executive practitioners. Emerging from the literature was a concern for environmental turbulence and a recognition that healthcare managers are at risk of falling behind in terms of skill development under such conditions. Respondent comments suggested a recognition of the potential problems. The comments are classified into four major categories: needs and skills in turbulent conditions; program and educational needs; issue clarification; and additional comments. Moreover, the first two categories appeared to break out into a set of six additional themes, which we suggest will be important to those designing programs for executive development in healthcare during turbulent times. While the source of this research is healthcare settings in Canada and the USA, the findings should be applicable to international healthcare organizations that use strategic management concepts and practices.*

### Introduction

There is widespread support for the premise that healthcare managers and executives need continuing education and skill development to cope with the challenges in the healthcare industry (Chase, 1994; Nichol, 1990; Roemer, 1996; Sieveking and Wood, 1994; Smith *et al.*, 1994, 1998; Wooden, 1998). Zuckerman's (2000) comments are typical of the discussion in the literature. That is, the dynamic nature of the healthcare industry is particularly challenging and requires advanced executive expertise to survive. Complicating matters is the prospect that the management approaches used by many healthcare organizations continue to lag behind other businesses in similar competitive industries.

In this research we report an analysis of comments from healthcare executives from a wide range of healthcare organizations that are helpful in

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providing insights into the needs of healthcare organizations from the upper-level manager and executive perspective. The comments were obtained as part of a survey which asked upper-level managers and executives to identify skill and knowledge deficiencies among healthcare managers. After completing the survey, the managers and executives were given the opportunity to comment on any topics of concern to them. A total of 67 comments, many of them extensive and insightful, were obtained. In this paper, we review the literature dealing with educational and developmental needs of healthcare managers. Much of this literature is academic in nature which makes for an interesting comparison with the perspective of the management and executive practitioners. We begin by considering the literature.

## Findings from the literature

Why should we single out the healthcare industry and the need for improved education in that industry? There are several important reasons. Internationally, providing healthcare services to the world's population is increasingly problematic. In the USA alone, healthcare represents the largest single industry. Total sales in the USA of approximately $1.2 trillion are larger than all but a handful of countries' total economies. The industry faces environmental challenges far greater than those confronting most other industries. Both technology and regulatory changes have an almost immediate impact on healthcare organizations in ways that often require radical changes. Continued consolidation among healthcare organizations has created a complex, rapidly changing competitive environment. Finally, healthcare managers must balance quality of life issues with bottom line profits in a way that no other managers are required to do.

What skills do healthcare managers and executives actually need to be effective in meeting the challenges confronting the field? It may be entirely possible that no one knows for sure. That is at least implied by a recent article in the magazine *Modern Healthcare*, where Jaklevic (2000) points out that the current system for educating and developing healthcare managers may be flawed. Rundle (2000) suggests that the healthcare industry is falling behind in issues of management, particularly with respect to adopting and managing automation and technology. The implication is that managers and executives in healthcare, compared with their counterparts in other industries, do not have the business knowledge and skills to utilize fully the available automation and technology.

We were particularly interested that the *Modern Healthcare* (Jaklevic, 2000) article emphasizes that the way colleges and universities educate and develop healthcare managers and executives at the graduate level may be missing the mark. In the USA, graduate programs in healthcare administration are not always respected. One former CEO, commenting on the shock expressed by his colleagues about his decision to leave his executive job to teach healthcare administration, remarked that he could count on one hand the number of his

colleagues who had anything positive to say about the importance of teaching in healthcare administration programs (Pryor, 1995).

Education programs in healthcare administration have had their share of critics over the years. Fifteen years ago, Pointer *et al.* (1986) suggested that unless healthcare administration programs did a more effective job of meeting the needs of their primary constituents, they would face the possibility of becoming increasingly irrelevant. That theme is echoed by others during the same time period who suggested that healthcare administrative leaders and industry analysts felt that health administration education reforms had a long way to go (Greene, 1990; Weil and Lane, 1985). More recently, Bills (1994) finds that existing Association of University Programs in Health Administration (AUPHA) and Accrediting Commission on Education in Health Services Administration (ACEHSA) standards for programs in health administration education have not kept pace with the times, seeming to reflect the industry needs of the 1980s.

Apparently, the AUPHA and the ACEHSA are not indifferent to concerns about healthcare administration education. The challenge to prepare people for executive roles in the healthcare field should be shared both by educators in healthcare administration programs and by healthcare practitioners (Mecklenburg, 2001), and progress is being made in that regard. The AUPHA was working on building a consensus in curriculum and skills that graduates should possess at a national summit held in early 2001 (Grazier, 2001a). Participants at this summit from practice and academe analyzed essential management competencies to determine how formal and informal education can provide those competencies (Grazier, 2001b). For its part, the ACEHSA has a track record of recommending more real-world classroom applications such as case study analysis and healthcare-based computer applications (ACEHSA, 1990).

## Specific issues in healthcare management programs at the graduate level

Is it possible that the configuration of healthcare management programs, as currently designed, may be contributing to the shortage of skilled managers and executives? With respect to management development in healthcare settings, there is an argument for programs that are less time consuming (Loo, 1997), and focused on a "real world" perspective (Fulmer, 1988). However, in an examination of existing programs (Crow *et al.*, forthcoming), we found that many healthcare administration graduate programs are both time consuming (60 credit hours or more) and focused largely on a "conceptual" world perspective. What is more, the programs tend to be expensive, costing $30,000 or more. While such programs may be successful "cash cows" for universities, they may prove unrealistic for potential students who lack the time or the resources to complete such programs. Complicating matters is the fact that many people employed in the healthcare field who may be interested in an advanced degree in healthcare administration do not have a business

undergraduate degree. As a result, such potential students are currently, in many programs, required to take an almost overwhelming number of prerequisites before they can even begin the graduate-level courses.

Important from the perspective of this study, we are not convinced that the course content itself adequately addresses or meets the objectives of healthcare administration graduate programs, assuming that the intent is to give people the tools and business acumen to work effectively as managers and executives in that field. Many programs seem to be dotted with course work that although interesting, may be of questionable value in terms of preparing healthcare leaders to compete successfully in the current healthcare environment. Complicating our understanding of this important issue is a clear definition of what healthcare managers need to know to cope with the challenges facing the industry (Bigelow and Arndt, 2000; Burns, 2000; Roemer, 1996). Moreover, it is arguable that many healthcare managers and executives do not have the critical mass of business acumen to compete in the "white water change" swirling about the industry. White water change is rapid, complex, turbulent, and unpredictable (Dolan, 1998; Gelatt, 1993; Lanser, 2000).

Taken as a whole, the literature points to the need for development and education which will equip healthcare managers with the skills to deal with an environment that is extremely turbulent, in Emery and Trist's (1965) terms. There seems to be a lack of consensus on the specific skills needed, the mix of business training vs. applied skills, and even how to provide the training in the classroom setting or on the outside, for example. Given the questions raised, we found it helpful to examine the comments made by practising executives. In the discussion which follows, we detail the methodology which provided the comments, how we went about analyzing them, and the overall patterns which we believe emerged when the comments were examined.

## Study design and development

### *Survey and subjects*

Given the critical importance of management and executive education in the healthcare field, and the lack of understanding of key issues confronting managers and executives, we designed a survey instrument to solicit healthcare managers' and executives' insights into the strategic issues confronting the industry and the level of preparation within the industry for dealing with them. The survey asked the executives to consider five key tasks confronting executives in healthcare. The first task involved forming a strategic vision of where the organization is heading. The second involved setting objectives to move from vision to performance. The third was crafting a strategy to achieve desired outcomes. The fourth entailed implementing and executing the chosen strategy. The final task was evaluating performance and implementing corrective adjustments. As noted, our survey included an open section for comments.

The study itself involved an Internet survey of middle to executive-level healthcare managers and executives in the USA and Canada. The individuals

in the population were provided by various e-mail listings of healthcare professionals, educators, managers, and executives. Because they work with strategic issues on a continuing basis, we limited our sample to managers and executives. The e-mail and Internet framework for the online survey was provided by Costelloe and Associates of Metairie, LA. It may be of interest to consider why we selected e-mail as the vehicle for our survey, since use of e-mail for surveying is a relatively new development. In fact, as Shao (1999, p. 204) points out, "Researchers are just beginning to tap the enormous possibilities for collecting data on the Internet". Potential advantages, for Shao, are low costs, ability to survey globally, interactivity, and the dynamism inherent in the Web. While there have been fears that bias could result from sampling methods which, by definition, are limited to individuals who use e-mail, research by Alan and Tse (1995) indicates that there is no evidence of bias. Because the individuals we were trying to reach were expected to be reasonably sophisticated technologically and because we were attempting to reach a broad group in the USA and Canada, we felt that e-mail surveying would provide an effective vehicle.

A total of 1,237 e-mail surveys were sent to our sample, 887 were deliverable, and 209 participants completed the survey – a response rate of 24 percent. Note that the response rate of 24 percent is relatively *high*, given recent reports that response rates to mail surveys have fallen to levels of roughly 15 to 17 percent, on average, and such levels are now accepted as realistic (Shao, 1999). Of the 209 who responded, 67 provided comments, most of which were both detailed and insightful again, a finding suggesting their level of concern.

*Analysis*

We were concerned with attempting to identify underlying conceptual patterns in the responses. In effect, we used content analysis, using the technique of discovered categories and criteria (Kerlinger, 1986). This technique is basically a variant of the Q-sort, where topics are grouped together in terms of their conceptual similarity, with the categories evolving as the analysis proceeds rather than being set before it begins. Moreover, we had an additional problem with the very extensiveness of many of the comments. Many of the comments were extremely lengthy, extending for several typed pages, and they often ranged across several topic areas. As a result, we conducted the sort twice, with the first sort developing overall themes and a second sort identifying sub-sets of the categories. In the results which follow, we report the overall categories and sub-categories developed, and provide representative comments. The full set of comments, arranged by category, are available from the second author on request (e-mail should be sent to scrow@uno.edu).

## Results

Our findings suggested that the responses fell into four primary categories, of which two, one dealing with needs and skills in the industry and the other

dealing with educational needs, are perhaps of most interest to this research. In addition, our second sort revealed six additional themes which are breakouts of the original four categories. We discuss below the ideas which emerged:

*Category 1: needs and skills of executives based on conditions in the industry*

Several sets of issues emerged in this category. Many comments centered around the relative importance of strategy formulation vs strategy implementation, given the turbulence in the industry. There appears to be widespread agreement that strategy implementation is an especially important area and that many managers do not appear to have the skills which will permit them to implement strategy effectively. Representative comments include:

> Planning and execution are critical management skills. The gap between them is not closing.
>
> Healthcare execs need more skills in strategy implementation, not strategy formation.
>
> I believe that an area of significant weakness in the healthcare administrative theory is taking the completed vision and making it happen.

What are the executives saying about strategy formulation? Is formulation unimportant? The overall impression which emerged was the respondents' skepticism about traditional approaches to long-range planning, given the volatile nature of conditions in the industry. In effect, they appear to be saying that, given the chaotic conditions, planning must be short term, organizations and their leaders must be able to alter course rapidly. One executive even commented: "Fragmentation is so high that the ability of any healthcare organization to see more than one year ahead is virtually impossible". Such reactions are consistent with the calls of the chaos theorists to move from formalized long-range planning to short-term, highly responsive tactics under conditions of chaos (Evans, 1996; Morcol, 1996; Overman, 1996). Other representative comments include:

> There is a definitive need for strategic thinkers in healthcare and not enough talent to meet the demand.
>
> With the shifting of healthcare reimbursement and similar challenges, an executive today needs to think on his/her feet. They need to be flexible and able to read the signs of the times so that they can readily adjust course.

Finally, within this category, there were comments calling for strategic leadership to go well beyond what has been done before, and to be willing to innovate at a strategic level. Representative comments include:

> Overall, strategic planning has taken a backseat priority with most healthcare organizations, particularly with recently merged health systems. These systems seem to be clinging to the two or three major justifications for merger and are still trying to achieve goals and objectives within those justifications.
>
> What healthcare programs have taught, and current executives do best, is what I call the "edifice complex". That is, they think the solution to nearly every strategic challenge is to build something, literally a new structure, or create a new entity. Both solutions lose sight of

whatever the actual goal is and often become the end in and of themselves. The have never learned that form should follow function.

There is a significant gap in both knowledge and execution. The basic issue is that too many organizations and executives are short term thinkers and doers, kind of like an ER versus a Wellness Program (solve crises instead of establishing a foundation and then managing the future), I don't know that there is a commitment for change in most hospitals in that there is a strong political reality and change has implied conflict, thus the management of change won't come easy.

*Category 2: program and educational needs*

Within this category, comments centered almost exclusively on issues of the appropriate vehicle(s) and subject matter for executive education in healthcare. There appeared to be two primary lines of reasoning. One line emphasized the need for "real-life" work experience, often augmented by mentoring relationships, while the other emphasized the need for solid business training with emphasis upon business functional areas, especially finance. What is notable, however, is that comments did not indicate that only one approach should be used exclusively. Rather, the matter was one of emphasis. Representative comments follow:

Universities need to focus on educating future leaders in all areas of healthcare management (finance, leadership, organizational theory, political environments, etc.). Experience learning is the best way to provide for good future leadership. Classroom (didactic) learning is not enough. Universities should mandate residencies, partnerships, mentorships, etc. to ensure that real life examples and experience are shared in the classroom.

Financial skills and acumen are lacking in healthcare today. While costs pressures are great and information technology needs are high, we lack the systems and discipline to work through difficult financial decisions.

*Category 3: clarification of issues*

In general, this category was a catchall mixture of discussion of and requests for clarification of several demographic questions on the survey, and specifically those dealing with the range/kind of services offered. Of interest was that the comments demonstrated the need to develop a common vocabulary to describe, by level and kind of service, what it is that the organization is offering. Note the following illustration of terminology issues:

The number of services offered was difficult to address: did you mean "service lines" or actual services, i.e. diagnostic imaging is a "service" but it includes several modalities, which in and of themselves could be services, such as MRI, PET, etc.

*Category 4: comments on the survey*

The final category included comments on the survey itself, a familiar and often depressing issue to all who administer surveys. As expected, we received both positive and negative comments. What we found intriguing, however, was that the negative comments centered exclusively on how short the survey was (we asked only ten primary questions). As a result, for

several respondents, there appeared to be little depth to our questions or the information we could obtain. Others commented that issues raised were "on target" or along lines they had been pursuing. Roughly a third of our respondents asked to be involved and/or to see our results. Again, these findings suggest the level of concern these executives feel for this subject area. Representative comments follow:

> I am providing leadership coaching to physicians in executive roles in academic health center I have an instrument that I use for developing clarity and self- assessment that has ten points these are five of them well done! I would welcome the opportunity to see the results of our survey.
>
> Interesting survey. It deals with leadership skills universally rather than healthcare oriented competencies. There should be more focus in this direction.
>
> The summary results will be interesting, but I'm not sure that the questions go deeply enough into any one of the topics to provide real guidance or suggest specific corrective actions by teachers and practitioners.

*Sub-categories*

As noted previously, we felt that the basic categories identified, and especially the contents of the first two categories, could be further broken down into six additional thematic groupings. While a number of comments provided above are appropriate for these sub-categories, we will briefly introduce additional ones of interest.

Theme 1: long vs short term. Note that survey respondents appear to be using "short term" in two very different contexts. In terms of chaos theory, some respondents argue for setting short time horizons and emphasizing nimbleness in the face of turbulent conditions. Others deplore short-term thinking which misses the long range or "big picture". It is this second use of short range vs long range which is the focus of this theme. While several representative comments appeared previously, other notable reactions include:

> The most critical issues for strategic success in today's healthcare market are: vision (ability to see the big picture despite many mixed signals), critical thinking skills, and focus (ability to stay tuned with the plan and not be distracted by the latest industry "news").
>
> There is a significant gap in both knowledge and execution. The basic issue is that too many organizations and executives are short-term thinkers and doers, kind of like an ER versus a Wellness Program (solve crises instead of establishing a foundation and then managing the future).

*Theme 2: mentoring.* A number of executives expressed concern that some form of mentoring would be needed to prepare future executives for careers in healthcare. Use of expert practitioners in healthcare management programs, mentoring within the organizations, and residencies and internships were all discussed as possibilities. The following comment indicates the level of concern many respondents expressed in dealing with this issue:

> This industry is so volatile that a very high degree of knowledge and experience in the field is required. I believe that healthcare executives need to get back to mentoring future leaders. Classroom education is not enough. Learning by making mistakes is not enough. We have to take the time to care enough about where this industry is going to personally help future leaders become knowledgeable to take our places. Unfortunately, from my experience, it is a rarity today for a senior healthcare leader to do this.

*Theme 3: "out of the box" thinking.* As noted previously, many respondents pointed to the need to develop innovative strategic planning skills. Additional comments indicated the need to develop "out of the box" approaches to problem solving throughout the industry:

> There is too little innovative thinking in healthcare administration. We have not learned much from industry and we tend to make reactive/survival decisions about our organizations. Healthcare reform demands much more than this. New knowledge, new techniques, different assumptions about what healthcare is about are all needed to make the necessary changes. A huge educational initiative is needed as well as a willingness to change perspective.

> We tend in healthcare to look inward (at each other) a great deal many of the answers may lie outside of that frame of reference.

*Theme 4: back to basics and understanding people.* A number of respondents commented, in effect, that what was really hindering many healthcare administrators was lack of insight into organizational realities and especially how individuals operate in the organizational environment. Several argued for a grounding in the classics as a way of gaining such knowledge. While there was a range of comments, representative examples follow:

> Understanding organizational behaviors and dynamics, conflictual resolution and negotiating skills are acquired and sometimes difficult to teach in a class.

> The courses which I most wish I had taken as either an undergraduate or graduate student are adolescent and organizational psychology. Required reading syllabus should include: *The Prince, Alice in Wonderland,* 1984, and *The Emperor's New Clothes.*

*Theme 5: vision.* While the need for vision, especially in strategic thinking, has appeared in earlier comments, a number of comments centered on the role of vision in moving from administrators to leaders. A representative example is:

> I also believe that healthcare leaders must stop thinking like hospital administrators. We do not get paid like the traditional hospital did, (if fact we do not get paid like any other business does) so it is essential that we are not constrained by the traditional "hospital approaches" to getting things done. We must think in many cases like the best managers in any industry do while at the same time maintaining the mission and commitment to clinical quality and the community unique to our profession.

*Theme 6: stakeholders.* Finally, a number of executives pointed to the need to look "outside" the industry and especially at the stakeholders of healthcare organizations. Again, several comments have been noted, but additional ideas follow:

> Consider the variables, payers, governments, doctors, consumers.

> From clinical care givers, support staff, those who deal with administrivia (that constantly grows), physicians, consultants of all types, suppliers, politicians, lawyers, accountants,

managed care companies, and on and on. And, each of those groups come into the mix with a different interest, a different orientation and ultimately a different ego need. That makes the job of executive leadership incredibly challenging. In a way, it's the role of executive leadership in healthcare to deal with conflicting needs of diverse groups, with no seemingly acceptable solutions available. That's what makes it so hard to do, so difficult to prepare for, and so much fun.



## Discussion and conclusions

Our review of the literature suggested that those who are concerned with the quality and delivery of education to healthcare executives and leaders recognize the need for change. Taken as a whole, that literature points to the need for development and education which will equip healthcare managers with the skills to deal with an extremely turbulent environment. However, we noted that there seems to be a lack of consensus on the specific skills needed, the mix of business training vs. applied skills, and even how to provide the training in the classroom setting or outside it, for example. For those considering management or executive education, we believe the issues raised by the managers and executives participating in our survey require serious consideration. Not only are many of them extremely detailed and well-thought-out, they are generally consistent in perspective. We believe that the managers and executives responding to our survey are making the following recommendations for the education of future leaders:

- New approaches to strategy development are badly needed. The familiar long-range planning focus will be ineffective in times of turbulence. To some extent, strategy must emphasize rapid response time and ability to respond appropriately to environmental changes. A second component involves the ability to see real, underlying issues in a sea of change, and to chart longer-range courses appropriately.
- Strategy implementation is a weakness across healthcare and needs to be bolstered.
- There is a tension between need for academic training and some form of mentoring. Education must stress "best practices" which can be learned from those in the field. To an extent, executives must renew their commitment to serve as mentors, but, in the academic setting, internships and use of practitioners in the classroom can provide a vital bridge to reality.
- From the standpoint of academics, it is critical that education focuses upon core competencies. Training is needed in basic business functions, and especially finance. Interestingly, "people skills," the realm of traditional organization behavior courses, were seen as important.
- A sense of vision, and especially an ability to recognize the "big picture", especially where environmental changes and stakeholders are concerned, will be critical to dealing with the industry-wide turbulence.

Ideas such as these can be important to shaping the future of healthcare education. We recognize, however, that the nature of our survey limited the range of respondents. If you are an executive who is concerned with the future of education in healthcare management, we would like to hear your comments. They may be sent via e-mail to either author (sjhmn@uno.edo or scrow@uno.edu) of this manuscript and will be included in our further investigation of this issue. Moreover, future work, both by ourselves and others, needs to extend beyond executives in the field and examine the reactions of stakeholders, as well, as the comments made by several of our respondents. Much remains to be done in this ever changing environment.

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