The Neglected Leadership Challenge:
Exit…Why? When? How? Where?

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"The best way to get a good idea is to get a lot of good ideas."- Linus Pauling

Introduction:
The Leadership Challenge: "Leaders know when to leave."- Tom Peters

One of the critically overlooked dynamics of leadership has to do with exit strategies: that is, when is it time to leave? Too many leaders stay too long. In fact, as Tom Peters makes clear, much good work gets undone by those who stay beyond their expiration dates. Surely, not every exit issue that is faced can be dealt with. But just as surely, nothing can be dealt with proactively until it is faced. In addition, that exit choices are limited and risky does not imply that there are no choices at all. Therefore, it is our hope that this article, based on a case study prepared for us by an experienced health care professional* will help to generate a dialogue that will highlight the leadership challenge associated with the "exit issue."

As each of us were preparing to attend executive leadership programs, one at the JFK School of Government at Harvard University, and one at the National Center for State Courts in Williamsburg, Virginia, we brainstormed about the reasons that might (should?) trigger exit considerations for someone in an organizational leadership role;

*We have agreed to use fictitious names for both individuals and institutions in order to obtain permission to use the case study in this article.

Then we assembled a critical list of twelve factors that we believed were fundamentally clear signals that an individual should begin to contemplate separation possibilities. In effect, the following tensions, concerns, or symptoms are messages to individuals that they should begin to (a) analyze their current situations in an exit/stay framework; (b) dialogue with trusted colleagues about their feelings and concerns; (c) develop a comprehensive set of exit options, alternatives, and choice points; and (d) craft a personal case study or an individual development plan that adds details, facts, and data to the intuitive gut feelings that an exit is imminent. You will know if you should begin the aforementioned process if you:

1. See the same problems coming around again…and again…and again
2. Start to become bored because organizational challenges have turned into maintenance routines
3. Wonder whether you need to move on to bigger, more complex, more competitive, or just different organizational contexts
4. Fear that you have become so busy that you have stopped learning and growing
5. Find yourself making decisions based more and more on hindsight rather than on foresight
6. Plan increasingly from memory rather than from imagination
7. Constantly confuse rigidity with rigor
8. See strategic planning becoming an intellectual exercise rather than an operational, action-driven, strategic positioning blueprint
9. Place too much attention on "who's right" <u>in</u> the organization, rather than "what's right" <u>for</u> the organization
10. Begin to spend too much time on organizational functions and structures rather than on corporate clients, patients, or customers
11. Secretly start to think you "know it all"

12. Become concerned that personal affluence, (e.g., financial security), is becoming more important than personal influence (e.g., leadership power), as a guiding principle for defining your role, actions, and decisions in guiding the organization into the future

In essence, "when is it time to leave?" became the foundation for the leadership challenge case study that follows. It is based on the realities, perceptions, and experiences of a CEO of a teaching/community based hospital and it served as a real life case for discussion and problem solving for both of us at the executive leadership programs we attended. Hopefully it, along with our additional analyses, will assist our readers to become aware of essential choice points.

The Case Study: May 2001

The Organization: "Context is critical."- David Wayne

Community Health is an integrated healthcare delivery system consisting of several related organizations. In addition, it is in partnerships with community health coalitions and other regional providers. Comex Hospital (the larger of the two hospitals in Community Health) is a 500+ bed regional referral teaching facility serving 500,000 to 600,000 people in a multi county area in a mid Atlantic state.

The Players: "Be grateful to those who have helped you become who you are."- Joe Batten

Community Health is led by an experienced and highly regarded senior executive. I have worked with him in several organizations during the past 20 years. He has served as a mentor and provided me with a variety of career advancing opportunities for which I am very grateful. He is in his middle 50s and has recently indicated that he expects to remain in his present role until he retires. I hold two positions in the organization, Senior Vice President (SVP) of Community Health, and CEO of Comex Hospital. In my role as SVP, I serve as a member of the system's senior management team. As Comex Hospital CEO, I lead a senior management team consisting of two groups, the committee of the president (COP) comprised of three vice presidents

(operations, patient care services, and medical affairs) and the strategic leadership team (SLT), made up of the executive leaders of our service lines. These areas generate the bulk of the system's revenue and most of its operating margin.

The Journey: "Organization literally is another word for interdependence." - Peter Brock

In the early 1990s we began a process of organizational redesign with the stated purpose of fostering the development of a strategically integrated health care delivery system. At the time, our Board of Directors and management team became concerned about an impending shortage of primary care providers, the emergence of managed care in our market, and the potential erosion of market share in certain specialties because of growing public attention to comparative indicators of service, quality, and cost.

The senior executive asked me to lead an effort to create a better organizational model. The vision was to create an organizational infrastructure at Comex Hospital that would bring greater clinical leadership focus on the unique needs of specific patient populations, as well as to achieve better integration of healthcare resources and services. Comex Hospital had a very traditional department-centered organizational structure. When I first arrived there in the late 1980s, hospital administration was on the second floor, medical affairs on the third, and nursing on the fourth. These distinct geographical settings typified the relationship (or lack thereof) that existed among these important aspects of a hospital organization. We were organized as three distinct parts with the CEO acting as the definer, power broker, and arbitrator of conflict situations and policy differences. This command and control model still exists in many hospitals throughout the United States and for the most part worked well in an era of unlimited resources and uninformed consumers. The environment had changed and we needed to redesign our structure. Our departmental silos (vertical barriers) were getting in the way of open communication, strategic collaboration, distributive empowerment, operational decision-making, and clinical excellence. It

became clear that one person could not possibly direct and control an increasingly complex organization.

Our answer to this dilemma was to begin an innovative, incremental, and clinically specific approach to develop structures and parallel processes for organizing, managing, and delivering integrated health care service to individuals with common health care needs. After much discussion, debate, and dialogue, we put in place Service Lines (i.e., we focused on specific clinical programs for the purpose of achieving internal integration so as to result in external adaptation) that would bring together the full continuum of integrated clinical and support services needed by a particular patient population. The services would be planned, managed, and improved in a coordinated way to achieve effectiveness, efficiency, and better meet the needs of individuals and payers. For each Service Line a triad leadership team consisting of a physician, nurse, and administrator, operating from the same value base, would lead them. A series of conceptual, institutional, and personal changes had to take place to set the stage for the success of the transformation that was needed in our organization. The notion of developing a management team directed towards a patient focused and integrated continuum of care for patients with similar diseases or conditions was first viewed by the traditional medical, nursing, and health care organizations as threatening, wasteful, and unnecessary. Today, at Comex Hospital, it is now viewed, even by many of the early critics, as the preferred way to achieve clinical purpose. We changed the roles that many of our managers played; we recruited several key individuals to the organization in newly created leadership roles; and we developed team building skills and process improvement competencies. We are now beginning to deploy what has been "Comex Hospital" focused Service Lines throughout the Community Health System, since our results in the local market, at Comex Hospital, have been outstanding. For example, we have been named one of America's Top 100 Hospitals for the past four years; the three original Service Lines have

received national recognition; and our financial results have put us among the strongest hospitals in the country. These successes are due in large part to our Service Line transformation.

The Problem: "If we knew it all, it would not be creation, but dictation."- Gertrude Stein

The Board of Directors, the system management team, and many in our organization identify me as the architect of the organizational design, as well as its major champion. I view this as a design-built project with a constant flow of change orders being executed due to unforeseen conditions, planning errors, and market impacts. Maintaining the model, preventing a drift backwards, as well as continually moving the service lines forward have become my ongoing priorities. Yet, I am at a point in my career where I feel both the personal and professional need to "test my wings" in a newer, larger, and maybe even different arena. I have worked with my mentor, the senior executive, much of my professional life. We have very different operating styles yet we have been able to work effectively together. However, as I grow more restless, our differences in leadership style, philosophical substance, organizational image, psychological preferences, conflict management techniques, and strategic design are becoming more apparent and, from my perspective, less tolerable. I am experiencing the need to guide my "own" organization. In essence, I am left with a set of exit questions:

- When is it time to leave?
- How can I exit without damaging the organization and the people I have recruited?
- How do I assure I leave the organization prepared for its future challenges?
- What strategies will create the best options for me in finding the right position for my current capabilities as well as for my future development?
- How do I orchestrate a move so that it is compatible with family obligations?
- How do I make sure that my mentor and I remain professional colleagues and personal friends?

Conclusion:

Epilogue: "The way forward is paradoxically not to look ahead, but to look around."

- Joe Sealy Brown

How one leaves an organization is absolutely critical to how one defines the total experience one has had in that organization, no matter if it is a time span of twenty years or twenty months.

Therefore, in order to craft a healthy, humane, and positive exit strategy, we recommend that individuals develop axioms, actions, and practices into a systematic, career development and exit-scoping framework that combines and integrates (a) satisfaction to self in terms of personal development, career performance, and professional-enhancing options; (b) contributions to others by creating and mentoring a cadre of capable clinicians and managers in order to ensure that one has helped to prepare the next generation of leaders in the organization so as to guarantee a succession of legacy; and (c) benefits to the organization that anchor important conceptual continuities, operational guidelines, and productivity measures, thus making certain that you, your coworkers, and the organization are better off because you were there, regardless of when you choose to leave. Fundamentally that is the key…you must proactively be the one to choose how and when to exit. Remember, self-actualization, context, and timing are everything.

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