

Human-Centered Leadership Mastery Model

Leading people with humanity: A leadership approach that explicitly supports team members' cognitive, emotional, physical, and spiritual well-being so they can maximize their human and healing potential.

EXECUTIVE SUMMARY

To overcome the rising burnout epidemic and thrive in the continually changing technology, policy, science, and practice environment, healthcare leaders need a leadership model that fosters well-being and humanity. Vocera's Experience Innovation Network and its members call this human-centered leadership. This is as simple and complicated as leading people with humanity by explicitly supporting team members' cognitive, emotional, physical, and spiritual well-being so they can maximize their human and healing potential.

EXECUTIVE SUMMARY (cont'd)

Based on in-person discussions and design sessions as well as interviews with more than 75 executives, thought leaders, and academics in healthcare and well-being, this report defines the heartset, mindset, and skillset that enable leaders to support themselves, lead their teams, and drive sustainable organizational excellence. This model supports leaders in acknowledging that feelings matter, growth (individual and organizational) matters, and results matter.

Developing mastery in human-centered leadership (HCL) is not a one-size-fits-all journey. It is rooted in every team member and every part of the organization, not just formal leaders and managers. Where formal organizational development will tend to focus on the leadership that leads to mission mastery and achieving the business's key performance indicators, leaders aspiring to HCL will focus their personal learning and mentorship on personal mastery and relational mastery.

Measuring the impact of HCL remains a challenge, in part because it's hard to quantify the extent to which a person leads in a human-centered way, and in part because its impact is partly on subjective well-being as well as objective outcomes. And while many of those objective outcomes are achievable in the short-term via more draconian or even toxic management styles, the HCL approach has its greatest impact on the harder-to-measure workplace attributes of long-term sustainability, team member thriving, and humanity. Despite impact measurement challenges, members of the Experience Innovation Network community have identified and are successfully measuring proxies that imply HCL excellence.

Embracing HCL takes effort and commitment, especially for leaders who have experienced or are leading in cultures that have historically embraced more traditional leadership models. Human-centered leaders have to dig deep to connect with team members on a personal and human level. They have to confront biases and inequities (their own and those of other people) with grace and equanimity. However, if they do so, their organization will reap the rewards of authentic human connection, integrity, and shared purpose and accomplishment.

Because no leaders lead in a vacuum, our next work will focus on the organizational and cultural systems that support leaders in following a human-centered path. We believe that HCL will foster the kind of creativity, resilience, well-being, and joy in practice that will bring leaders, healthcare team members, and the industry as a whole to their highest healing potential.

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“For the culture of healthcare to change, those of us who believe in human-centered leadership have to talk about it, role model it, show it, and educate our boards.”

- Arden Krystal, MHA, CHE
 President & Chief Executive Officer, Southlake Regional Health Centre

BACKGROUND AND CONTEXT

The Experience Innovation Network exists to tackle the intractable challenges that present as barriers to a more humanized healthcare system – for patients and families, physicians, nurses, and other team members. Since our founding in 2010, our focus has always been on promoting well-being for all participants in healthcare.

In 2015 it became apparent that burnout and dissatisfaction among physicians and team members had reached crisis levels. We undertook two research reports, one in 2016 and one in 2017, in which we surveyed and interviewed healthcare leaders to understand how they were tackling the problems of burnout and how they were looking to drive system transformation in a more sustainable way.¹

In both research processes we focused not just on the reduction of burnout, but on the loftier goal of creating a system in which team members can thrive and achieve their highest healing potential. We outlined a three-part imperative for resilience, well-being, and joy, supported by a culture and an environment in which well-being is a priority embedded in every organizational decision:

1. **Overcome the inherent trauma of providing care.** Healthcare professionals are asked to dig deep into a finite well of compassion, caring, and giving. Given the inevitability of pain, loss, and sacrifice in healthcare, team members deserve resources and systems that allow them to replenish, recharge, and reconnect.
2. **Minimize the unnecessary trauma caused by poor systems.** Given the importance of caring and the critical value of care-giver well-being, leaders and decision-makers have an obligation to strive to create a system that minimizes hassles and supports thriving – through culture, process excellence, and technology.
3. **Connect to purpose and joy.** Beyond battling burnout, leaders who want their teams and organizations to thrive will reinforce purpose and joy in work at every turn.

A critical factor in each of the above is leadership. How leaders show up, what they prioritize, and how they contribute to a culture of well-being and thriving is a make-or-break for resilience, well-being, and joy.

In 2019, we undertook new research to delve into the kind of leadership that will deliver healthcare into a new era of transformation – a kind of leadership that centers on well-being and thriving for team members and those they serve to deliver on the promise of the Connected Healing Ecosystem.¹

We call this approach, **human-centered leadership (HCL)**. To understand what this leadership looks like, what impact it has, and how it is being embraced and spread, we interviewed more than 75 healthcare leaders from across organizations. We also reviewed leadership literature in medical journals, books, Harvard Business Review, and other resources.

WHAT IS HUMAN-CENTERED LEADERSHIP?

The Experience Innovation Network defines human-centered leadership as:

Leading people with humanity

Digging deeper, there is more to it:

Leadership that explicitly supports team members’ cognitive, emotional, physical, and spiritual well-being so they can maximize their human and healing potential.

1. To heal healthcare, we envision a Connected Healing Ecosystem of people, process, and technology that fosters respectful, empathetic interactions, builds trust, eases suffering, and restores the human connection to healthcare.

“It’s transforming to say, ‘My power as a leader is to bring you in and engage you to maximize your potential.’”

- Angela Goepferd, MD
Chief Education Officer
Children’s Minnesota

If we break this down, it’s a leadership concept focused on two core principles:

HCL Principle 1: Well-being. Healthcare demands a lot from those who are called to serve. Care team members give of themselves, manage complexity, and strive to deliver exceptional patient-centered care. They do so in an environment of imperfect information, communication, processes, and technology. It is incumbent on every healthcare leader – at every level – to lead in a way that maximizes well-being.

HCL Principle 2: Human and Healing Potential. The work of healthcare is healing – whether administrative or clinical. Healing cannot be reduced to procedures or codes. Successful leadership works to maximize team members’ individual and collective healing potential. People who work in healthcare are more than the product of their work. They deserve to build their own human potential and be recognized and cherished as full humans through work.²

Human-centered leadership is related to concepts such as Servant Leadership and Lean Leadership. Each of these approaches sets the leader’s role as one of empowering team members. Servant leadership even sets the growth and health of team members as persons as a success metric.³

Human-centered leadership borrows from Lean principles in the assumption that team members have a tremendous capacity for driving improvement. As Alpa Sanghavi, MD, chief quality and experience officer, explained, “The people who do the work know the best way to do their work. Our job as leaders is to ask them and help them standardize it. It comes out of respect for every human-being.” Human-centered leaders model curiosity, vulnerability, and courage, with the expectation that leader behavior will serve as a model for team members. “At a leadership level, we see staff as a reflection of us,” said Dr. Sanghavi. “If we don’t show up the way we want staff to show up, it will reflect in our culture.”

Angela Goepferd, MD, chief education officer at Children’s Minnesota, describes the distinction between servant leadership and human-centered leadership this way: “I think the distinction is around giving up the power. I think there’s something in servant leadership where you almost try to shed yourself of power and authority as much as possible. In human-centered leadership I don’t think it’s about shedding it. It’s transforming it to say, ‘My power as a leader is to bring you in and engage you to maximize your potential.’”

WHAT ARE THE MASTERIES OF HUMAN-CENTERED LEADERSHIP?

Our interviews with healthcare leaders and experts identified beliefs, behaviors, and skills that human-centered leaders strive to master. These centered around concepts such as authenticity, humility, courage, transparency, coaching, and stewardship of resources and well-being.

In July 2019 at Intermountain Healthcare, we collaborated with senior executives from Experience Innovation Network member organizations to organize, iterate, and consolidate these masteries into a meaningful framework (see Figure 1). At the core of this framework are two critical axes, each with three components:

- **Mastery focus.** The focus axis aligns masteries according to belief in: the complex humanity of those being led; their potential for growth; and their capacity to achieve great results. The three components of the mastery focus axis are:

- **Heartset: Feelings matter.** Human-centered leaders believe that people come to work as complete humans with complex needs, unique perspectives, and diverse capacities.
- **Mindset: Growth matters.** Human-centered leaders understand that that people come to work with unlimited potential, a need to connect to purpose and meaning, and the capacity to collaborate and succeed.
- **Skillset: Results matter.** Human-centered leaders cultivate a capacity to build skills in self and others in a way that drives toward accomplishment of the mission, business and outcomes success, and well-being of the person.
- **Mastery breadth.** The mastery application axis speaks to where and with whom the mastery applies – at the level of self, team, and organization.
 - **Individual mastery:** Leading self. Human-centered leaders cultivate a deep understanding of self, emotional intelligence, and the ability to self-regulate so that they can interact mindfully with others.
 - **Relational mastery:** Leading others. Human-centered leaders build their ability to empathize with and coach others to help them develop themselves toward personal and professional growth.
 - **Mission mastery:** Leading to organizational excellence. Human-centered leaders have a capacity to understand, embrace, and live the organizational mission and lead others to apply their brilliance in the pursuit of mission excellence and business success.

Figure 1: Human-Centered Leadership Mastery Model

Commitment to Human-Centered Leadership	 Individual Mastery leading self	 Relational Mastery leading others	 Mission Mastery leading to organizational excellence
 Heartset feelings matter	<ul style="list-style-type: none"> • Self-Awareness • Curiosity • Humility & Selflessness • Authenticity • Courage & Vulnerability 	<ul style="list-style-type: none"> • Accessibility & Approachability • Maximizing Positive Emotions • Trust & Trustworthiness • Empathy & Compassion • Attunement to Bias 	<ul style="list-style-type: none"> • Celebration & Recognition • Vision, Purpose, & Engagement
 Mindset growth matters	<ul style="list-style-type: none"> • Commitment to Self-Care • Situational Awareness • Growth Mindset • Adaptive Acumen • Polarity Management 	<ul style="list-style-type: none"> • Teamwork • Focus on the Why • Transparent Communication • Process Flexibility • Shared Accountability • Coach Mindset • Empowered Decision Making 	<ul style="list-style-type: none"> • Strategic Awareness • Organizational Acumen
 Skillset results matter	<ul style="list-style-type: none"> • Self-Regulation • Mindfulness Practice • Credibility 	<ul style="list-style-type: none"> • Active Listening • Empowered Delegation • Storytelling & Gathering • Feedback & Development • Coaching • Appreciative Inquiry 	<ul style="list-style-type: none"> • Co-defining Success • Strategic Analysis • Stewardship • Alliance & Teamwork • Empowered Innovation

See Appendix 1 for detailed definitions of each mastery and gradations in foundational, mid-level, and advanced masteries.

“To commit to care and caring I have to do all of the processes we know lead to safe and exceptional care and experience. I also have to become highly reliable at being present with you.”

- Shannon Phillips, MD, MPH
Chief Patient Experience
Officer, Intermountain
Healthcare

Mastery starts with commitment to the principles of human-centered leadership as the best way to lead. Human-centered leaders believe that leading in alignment with values will bring outcomes (quality, safety, finance, etc.). They also commit to creating a dialog about what cognitive, emotional, spiritual, and physical well-being look like and how to achieve them. Reciprocity (modeling desired traits) is central to HCL.⁴

“We have to not treat employees as simply employees,” explains Arden Krystal, MHA, CHE, president and CEO of Southlake Regional Health Centre. “They’re people. Stresses and strains impact their work. We have to help them, but also give them a break. As leaders we have to recognize and have higher awareness that team members don’t just come in and work for money.”

Barb O’Neil, BScN, M.Ad.Ed., CPCC, former CNE of Bluewater Health, described the mindset and heartset of human-centered leadership this way: “When we hold the assumption that everyone is naturally whole, creative, and resourceful, we are not fixing broken-ness. We’re finding what’s good and amplifying it. We see the whole person. People don’t compartmentalize their lives. They show up fully human. There’s no topic off limits. As human-centered leaders, we are visible, we are approachable, and people know what we stand for.”

Human-centered leadership rises to organizational excellence by marrying team member well-being and thriving with a commitment to live the organization’s values. Human-centered leadership strives for community and connection.

“When I think of community and leadership, a true organizational community doesn’t put the leader at the center,” explained Bob Henkel, LFACHE, former CEO of Ascension Health. “It puts the mission and purpose of the organization at the center. You have to get to a leadership community that is capable and willing to subjugate their individual ego to the purpose of the organization.”

HOW DO LEADERS DEVELOP HUMAN-CENTERED LEADERSHIP MASTERY?

Our interviewees stressed that developing the skills of human-centered leadership requires both ongoing personal growth and a commitment to building skills in others.

Most of our interviewees believe that the masteries of human-centered leadership can be developed in nearly anyone. There is also a prevailing belief that the skills and values traditionally taught in business and leadership training too often focus on results at the expense of people. Therefore, being intentional about the application of these masteries is critical.

In our discussion at Intermountain Healthcare, there was no absolute consensus about what constitutes a ‘basic skill’ (where training should begin) versus more advanced masteries. For example, because bias (conscious and unconscious) colors so many interactions between leaders and team members, some attendees argued that attunement to bias is foundational.⁵ Others felt that attunement to bias is an advanced mastery that depends on a strong underpinning of self-awareness, humility, and communication.

Ultimately, all HCL masteries are subject to continuous growth and development requiring intentional practice. For example, while many leaders assume they are self-aware, only 10-15% exhibit holistic self-awareness.⁶ Most of the masteries can be advanced through formal training programs, but

human-centered leaders will also seek to advance their mastery through a learning and growth mindset and daily practice. Development falls into three areas:

- **Self development:** Even mature human-centered leaders need to create intentional space for reflection, evolution, and adjustments in self-care.
- **Team development:** Building relational skills and developing HCL mastery in others – even those who don't hold formal leadership positions.
- **Organizational influence:** Human-centered leaders are more successful if they can work with and learn from fellow leaders who share their commitment to leading people with humanity.

Because formal training programs are likely to focus more on mission mastery, we recommend that individual leaders seeking to advance their HCL masteries focus on learning and mentorship that emphasize the individual and relational mastery arenas (see Figure 2).

It takes ongoing effort to maintain an HCL approach. “It’s harder,” explained Dr. Goepferd, “It takes more work up front. It takes more of you. It’s vulnerable. It’s uncomfortable. It takes time to change culture. Human-centered leadership is not the norm – and it’s not how most of us were taught. Most people have been led in a more authoritarian way. You have to find the inertia to overcome old patterns and habits.”

Figure 2: Seek individual and relational mastery resources to balance organizations’ mission focus



Training has to be intentional. “We need to be deliberate and thoughtful in investing and training our upcoming leaders and make these conversations more explicit,” said Annette Jones, MScN, VP, Patient Experience & Chief Nursing Officer at Southlake Regional Health Centre. “We train the concrete things like budgets and safety and as we move forward we need to embrace HCL as a must have. We must be deliberate in supporting our leaders to have difficult conversations in a caring and compassionate way.”

HOW DO YOU MEASURE THE IMPACT OF HUMAN-CENTERED LEADERSHIP?

Our interviewees believe universally that a human-centered approach to leadership yields significantly better results across well-being and key performance indicators including quality, safety, and financial performance. However, measuring the impact of HCL remains challenging. The first challenge is measuring the extent to which a given leader embodies the HCL masteries. The second challenge is then determining the impact that HCL has on other healthcare outcomes and well-being. This is often subjective.

At Intermountain Healthcare, the Office of Patient Experience worked with team members, patients, and families to create three experience promises: always safe; always present; and, always together. These promises apply to patients and families but also to team members, and so they provide useful guidance to human-centered leaders. Rather than pointing solely to datapoints that imply human-centered leadership, the office outlined “proofs” that define experience-focused attitudes and behaviors (see Figure 3). Though these feelings and behaviors are not measured per se, they create touchstones that guide conversations that support the team in constantly and consistently assessing whether leaders and team members align to core values and HCL.

Figure 3: Intermountain Healthcare’s experience promises and proofs



At San Mateo Medical Center leaders are expected to embrace the principles of LEAP leadership², including respect for individuals, focus on process, seek perfection through continuous improvement and scientific problem solving, and build resilience through seeking ways to learn and grow. Prior to Dr. Sanghavi’s performance evaluation, the CEO (to whom she reports) sends a questionnaire to other senior executives and managers asking for their input on Dr. Sanghavi’s leadership. One of the questions asks whether Dr. Sanghavi lives the principles of LEAP leadership.

At Stanford Children’s Health, leaders deployed an in-depth well-being survey that asks team members to assess topics such as professional fulfillment, self-compassion, burnout, and leadership. The survey will give Stanford Children’s a baseline from which to assess well-being changes in both clinical and non-clinical workforces. Greg Souza, MS, SPHR, Chief Human Resources Officer, explained, “A human-centered experience is based in people’s experience. The only way I can think to measure that is asking, ‘How’s the experience? Is it beneficial or not?’ Also, if we accept HCL as a management discipline, then the key metrics are the success of the organization.”

Other interviewees cited measures that capture team members’ sentiments and attitudes about leadership and work environment. These are generally captured via survey. Some organizations employ proxy measures that can be captured through operational metrics but reflect on leadership and well-being. Both types of measures are likely affected both by leadership masteries and the organization’s leadership, governance, and resource infrastructure.⁷

Figure 4: Sentiment, Attitude, and Proxy Measures for Human-Centered Leadership

Sentiment/Attitude Measures	Proxy Measures
<ul style="list-style-type: none"> • Team member engagement or satisfaction • Feelings at work (e.g. do you feel included in decision making?, is your voice heard?, are you afraid to speak up?, are you committed to your leader?) • Long-term career attachment (desire to stay in healthcare for the long term and whether current work is increasing or decreasing that desire) • Leadership questions on engagement surveys (e.g. my executive leadership/my manager cares about my well-being) • Activation and decompression (e.g. can you enjoy your life outside of work?, how much energy do you have for your life?) 	<ul style="list-style-type: none"> • Turnover • Attendance at voluntary organization and team events (e.g. town halls) • Number of ideas/innovations generated by individuals and teams • Sick days, workers' compensation • Health risk assessments • Early 401K withdrawals • EAP usage (non-identified and non-punitive) • Cantril's ladder⁸

Some pointed to less tangible outcomes, such as laughter, joy, and positive chatter in the workplace. Others spoke more about an attitude that comes with human-centered leadership. "I think human-centered leaders are more successful because the people they lead are equally invested in the outcomes," explained Dr. Goepferd. "Human-centered leaders make people feel like the change is their idea. They make a connection and create common points of validation. That way, the change doesn't feel like work, or meet as much resistance. When you're working toward a common goal, and you feel invested in the outcome, you're gaining something from creating change."

Ultimately, organizations and leaders need to embrace HCL and create ways to gauge and report effectiveness, both as a means of operational management and for bringing laggards on board.

"There are those among us that call HCL soft," said Emily Chapman, MD, Chief Medical Officer & Vice President of Medical Affairs, Children's Minnesota. "I think there's a cultural piece to that. It's an outdated corporate culture that says, 'Don't let anything about you and your life get in the way of performing for us.' I hope it's becoming aspirational to bring the strength of your entire world into the work you do. I'm better at what I do inside the walls of my hospital because of the things that I do outside of the hospital. And I think you can demonstrate that the old way leads to lack of idea sharing, higher incidence of error, a negative impact on quality and operational efficiencies, and poorly functioning teams."

Leadership metrics are often part of a system of "accountability." But Jeff Lindsay, MHA, EVP and Chief Operating Officer at Novant Health takes a different view. "I try to think of that more as ownership than accountability. With accountability I'm called to account for the things I said I would do. With ownership I will do whatever it takes to succeed and get around any barrier. Accountable managers are smart and good at what they do. When they reach a barrier, they can describe it in great detail because they've looked at it closely. But owners have found a way around it. They understand it for the purpose of getting around it. It's perfectly fine for them to come to me to say they can't figure out how to get around it. But they're grounded in the belief that we have to get around it. That's the difference."

2. LEAP is SMMC's custom approach to LEAN. LEAP stands for Learn, Engage, Aspire, Perfect.

“A lot of burned out leaders are creating the counterforce to emerging and aspiring leaders. It takes an investment in leadership and culture development to support them.”

- Leslee Thomson
former CEO, Kingston
General Hospital

WHAT MAKES HUMAN-CENTERED LEADERSHIP HARD?

Human-centered leadership is aspirational and has inherent challenges. In addition to the difficulty of measurement, our interviewees pointed to inherent tensions in HCL that bear vigilance.

Effort and Ubiquity

Effort

Leading in a human-centered way requires effort. It can be ‘easier’ for leaders under stress or pressure to ignore human factors and revert to command-and-control methods, especially if that’s the mode they learned as a default. Stress and fatigue can amplify the effort required to maintain a human-centered outlook and approach. A core tenant of HCL is situational awareness, which recognizes that a different approach may be warranted based on the relational or strategic context.⁹ The effort required to adapt and navigate these tensions can be fatiguing.

But interviewees agreed that the effort saved in the short run by not focusing on HCL costs effort in the long run due to an erosion in culture, trust, and creativity. As Dr. Goepferd explained, “I think I sometimes put on my authoritarian hat because it’s a short-cut. It’s just a little bit easier. ‘I’m tired – just do what I say.’ Like with parenting, you can spend the energy to get the toddler excited to get in the bath. Or you can stand at the stairs and say, ‘I’m going to count to 10.’ Sometimes you just don’t have the reserves. That’s how it is in leadership. Sometimes it’s just easier and takes less energy to be authoritarian. But you don’t get the ideal outcomes in the long run.”

In an industry that faces immense quality and financial pressure, grapples with life-and-death decisions daily, and is undergoing seismic change, leaders themselves are burned out. As Leslee Thomson, former CEO of Kingston General Hospital explained, “A lot of burned out leaders are creating the counterforce to emerging and aspiring leaders. Burned out leaders take shortcuts and contribute to the dysfunctional dynamic. We can’t leave it to them to become human-centered on their own. It takes an investment in leadership and culture development to support them.”

Ubiquity: Leadership at every level

Interviewees also acknowledged that HCL may not look the same at every level of the organization. Most of the senior executives we interviewed directly oversee other senior leaders who are mature, competent, and dedicated to the mission of the organization. While many non-management leaders also embody these characteristics, less experienced, less mature, and less skilled team members may require more direction than their more senior counterparts. In addition, mid-level managers are often either not given the authority or lack the heartset, mindset, and skillset to lead in a human-centered way.

One danger, given this complexity, is that rules become draconian or focused on bad actors. Dr. Chapman explained, “We manage to the least common denominator. The rules get built to prevent someone from working outside the boundaries of what’s acceptable. We torpedo the messaging of valuing the people.”

Nevertheless, HCL awareness and education should exist at all levels of the organization. Fostering a team that understands and embraces HCL principles serves not only to build a pipeline of future leaders, but also equips and empowers team members to hold their leaders to the standards of leading in a human-centered way.

“Leaders also need to be able to engage with people in the workplace to help them understand the decision that’s been made. If the reasoning is equitable, the outcome might not always look the same.”

- Greg Souza, MS, SPHR
Chief Human Resources
Officer, Stanford Children’s
Health

Leader selection must be intentional. At Genesis Healthcare, Chief Administrative Officer Dianna LeVeck, MHRM, SPHR, has instituted a new set of criteria for hiring into leadership positions. Leader development focuses less on whether a candidate has the right credential or degree. Rather, leaders are evaluated based on whether they demonstrate the right attitudes and behaviors. In deference to the expertise of the front line, all potential leaders are interviewed and evaluated by a panel of frontline staff who know what patients and team members need from their managers.

Bias and Inequity

A human-centered leadership approach is intended to treat people as individuals with unique abilities, interests, and well-being needs. In its very flexibility, however, it introduces a window in which bias and inequity can run rampant and leaders need to guard against them. When Francois Belanger, MD, Vice President, Quality & Chief Medical Officer, Alberta Health Services, and his team dug into diversity and equity, “We found that when a job is posted, men are willing to apply when they only fit 60-70% of the requirements. Women don’t apply unless they fit 90%. Leaders should ask themselves: “Are they aware of their own biases? Do they offer same opportunity to men and women? Do they write letters of reference the same way for men and women?”

A human-centered leadership approach requires that leaders be both thoughtful and transparent. Mr. Souza explained, “Can we train people to reduce their bias to treat everyone equitably? I don’t know. We can build awareness, which is a critical first step. Leaders also need to be able to engage with people in the workplace to help them understand the decision that’s been made. If the reasoning is equitable, the outcome might not always look the same.” The alternative is to create rules designed to manage risk more than unleash human potential and enable diversity and inclusion. Dr. Chapman explained, “I think what’s hard is the rules are also to protect against legal challenge. If you’re flexible, someone might say, ‘you enforced rule x in this situation, but not in that one.’ It leaves you vulnerable. Because of risk we start to legislate behavior. The flip side is you lose the talent that doesn’t do well in that kind of rigid environment.”

Leaders also need to be willing to talk with team members to find out whether they are experiencing bias and if team members and leaders are living up to organizational values – in a psychologically safe environment. Ms. O’Neil described her approach. “A number of years ago our CEO and I did new employee orientation together. We would explain, ‘These are our values, and this is what you will experience working here.’ Then about eight-weeks post-orientation, we gathered new hires for a lunch and conversation, using an appreciative inquiry. We asked them, ‘Are we who we said we were? Tell about a time when you saw our values being lived.’ It helped us make sure we were walking the talk.”

The value of inclusiveness is well-documented. According to research by BetterUp, “If workers feel like they belong, companies reap substantial bottom-line benefits. High belonging was linked to a whopping 56% increase in job performance, a 50% drop in turnover risk, and a 75% reduction in sick days.”

WHY NOW?

The concepts behind human-centered leadership are not new in healthcare, but they are more important now than ever. Given the pace of change, the levels of fatigue and burnout, and the need to continually improve both systems and humanity, human-centered leadership has risen from an optional style to an imperative.

CARING *greatly*

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Marie Judd, MBA, FACHE, SPHR, CPXP, National Vice President, Patient and Care Team Experience, Clinical Operations, Ascension places leadership at the top of the system’s strategic vision. “Our model starts with leadership. You can have the most wonderful, easy-to-manage processes and technology that’s not disruptive, but if you don’t have good leadership, good luck.”

“It’s critical that we embrace HCL because today’s approach is not sustainable,” said Alan Dubovsky, MBA, Chief Patient Experience Officer, Cedars-Sinai. “If we want to find engaged, productive, and happy employees, we have to create a culture of leadership that supports them. We can’t let what we need from them outpace what their well-being can tolerate. This is true for physicians, nurses, and all healthcare team members – and it has to start now.”

“One of the greatest challenges is to get the next generation of leaders to believe that this is what will be rewarded,” said Tripp Welch, MHA, Vice Chair, Quality Management Services at the Mayo Clinic. “When young leaders look at who’s been successful in their organizations, they don’t always see human-centered leaders. We have to break this cycle.”

Mr. Souza elaborated, “We used to say, it’s all about your people. Now, it’s more about your humans. That’s the aha! It’s okay for us to think of our workforce as humans. People are units. Humans are thinking, living, breathing, complete entities. We can’t just focus on the context of the workplace.”

WHAT’S NEXT?

Human-centered leaders don’t thrive in isolation. Their fellow leaders, organizational cultures, and infrastructure such as governance, resources, education, and merit systems all play into the ability of human-centered leaders to thrive and lead their teams to well-being and excellence.

As the next step in this research, the Experience Innovation Network’s Human-Centered Leadership Council will work to create a maturity model that defines the infrastructure and investments that lead to a culture of human-centered leadership. Stay tuned – and please reach out if you would like to participate and contribute to our ongoing efforts to humanize health.

In the meantime, we will continue to evangelize human-centered leadership and the leaders who embody its masteries. “For the culture of healthcare to change, those of us who believe in human-centered leadership have to talk about it, role model it, show it, and educate our boards,” Arden Krystal told us. “We have to show that HCL is connected to outcomes, so it’s not just seen as a soft skill. We do better when this is the way we lead.”



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APPENDIX 1: MASTERY DETAILS AND GRADATIONS



Heartset - feelings matter



Individual Mastery
leading self



Relational Mastery
leading others



Mission Mastery
leading to organizational excellence

Self-Awareness: Understanding of self, including strengths and weaknesses.

Curiosity: Deep desire to know more – to understand a situation, problem, opportunities, and examples. Commitment to know the why behind beliefs and behaviors.

Humility & Selflessness: Willingness to put the mission and success of the team ahead of personal recognition and power.

Authenticity: representing one's true nature or beliefs; true to oneself.

Courage & Vulnerability: Willingness to engage in what is difficult, including willingness to own errors and miscommunication.

Accessibility & Approachability: Willingness to minimize time and structural barriers to discussion; willingness to be fully present for every interaction.

Maximize Access to Positive Emotions: Understands the healing power of positive emotions and actively acts to incorporate them in daily work.

Trust & Trustworthiness: Trust in the basic desire and ability of all team members to do good work; Integrity to do what is right, guided by values and morals.

Empathy & Compassion: The ability to communicate, understand, and share feelings of another; sensitivity to suffering in self and others with a deep motivation to alleviate it.

Attunement to Bias: Understanding that implicit and explicit biases influence decisions, communication, and experience; and commitment to open discussions and structural reductions in bias.

Celebration & Recognition: Commitment to celebrate and recognize small and large successes, as well as learnings from 'failures' without blame.

Vision, Purpose, & Engagement: Ability to create a compelling vision of what's possible, aligned to purpose; ability to engage team members in pursuit of the vision with meaning and purpose.

Legend:

Foundational (foundational to future development)

Mid-level (should be developed throughout, but take time and maturity to master)

Advanced (should be developed throughout, but take the longest to master)



Mindset - growth matters



Individual Mastery

leading self



Relational Mastery

leading others



Mission Mastery

leading to organizational excellence

Commitment to Self-care:

Willingness to support personal cognitive, emotional, spiritual, and physical well-being and lead by example.

Situational Awareness: Ability to 'read the room' including detecting important relational and emotional dynamics.

Growth Mindset: Belief in team members' inherent ability to evolve, grow, and achieve; willingness to embrace 'failure' as learning opportunities.

Adaptive Acumen: Ability to learn quickly, internalize knowledge gained from mistakes and successes, and expand capacity by adapting to working in new conditions.

Polarity Management:

Willingness to adaptively engage with ongoing, chronic issues which are both unavoidable and unsolvable.

Teamwork: Commitment to supporting team members to speak up, collaborate, and reflect to achieve a common goal.

Focus on the Why: Helps team members understand the why behind decisions; paints a picture of the desired end result so team members can contribute to the how of achieving them.

Transparency & Communication:

Commitment to share all relevant and allowable information with the team.

Process Flexibility: Willingness to support team members in applying creativity to improve processes, especially when it comes to rote policies or procedures that cause unnecessary hassles.

Shared Accountability:

Willingness to hold self and others accountable for doing good work, adhering to values, and finding paths to move forward; co-owns accountability with team members.

Coach Mindset: Commitment to coaching team members to develop HCL skills, behaviors, and beliefs. The belief that all people are whole, resourceful, capable and creative.

Empowered Decision Making:

Commitment to include team members in difficult decisions, especially when they directly impact the team.

Legend:

Foundational (foundational to future development)

Mid-level (more advanced masteries)

Advanced (should be developed throughout, but take the longest to master)



Skillset - results matter



Individual Mastery

leading self



Relational Mastery

leading others



Mission Mastery

leading to organizational excellence

Credibility: Discipline to follow up on commitments, including the skill and willingness to set and reset expectations.

Self-Regulation: Ability to constructively manage emotions in times of stress or triggering situations.

Mindfulness Practice: Structured practice to build capacity for present-moment attention.

Active Listening: Focused, present listening with full attention.

Feedback & Development: Commitment to providing meaningful, actionable, growth-focused feedback on an ongoing basis; commitment to helping team members access resources that advance their personal and professional goals.

Empowered Delegation: Releases personal authority to empower team members to own outcomes; Able to engage team members to accept responsibility for the authority granted.

Storytelling & Gathering: Ability to use stories as teaching and culture-building tools. Commitment to teaching story gathering and telling skills to others.

Coaching: Guiding others to learn, grow, create, and develop toward their goals.

Appreciative Inquiry: Skill of asking questions as a means of uncovering new insights and avenues toward improvement and innovation.

Co-defining Success: Ability work with team members to clearly define success in simple terms, in terms of both what (objectives) and how (values).

Strategic Analysis: Ability to synthesize and create strategic information from data.

Stewardship: Effective and appropriate stewarding of the team's social, moral, financial, and material resources.

Alliance & Teamwork: Adept at building coalitions, supporting shared responsibility, and understanding and assembling the strengths required to achieve goals and adhere to values.

Empowered Innovation: Ability to apply an understanding of values and purpose that empowers team-members to creatively solve problems

Legend:

Foundational (foundational to future development)

Mid-level (more advanced masteries)

Advanced (should be developed throughout, but take the longest to master)

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